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

## SA3E Long Form

### STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

| FOR COPYRIGHT OFFICE USE ONLY |                      |  |  |  |  |  |  |  |  |
|-------------------------------|----------------------|--|--|--|--|--|--|--|--|
| DATE RECEIVED                 | AMOUNT               |  |  |  |  |  |  |  |  |
| 8-26-21                       | \$ ALLOCATION NUMBER |  |  |  |  |  |  |  |  |

Return completed workbook by email to:

coplicsoa@loc.gov

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

| Α                    | ACCOUNTING PERIOD COVERED BY THIS STATEMENT:   |                    |                              |               |  |  |  |  |  |  |
|----------------------|--|--------------------|------------------------------|---------------|--|--|--|--|--|--|
| Accounting<br>Period | 2021/1   |                    |                              |               |  |  |  |  |  |  |
| B<br>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. |                    |                              |               |  |  |  |  |  |  |
|                      | CABLE ONE, INC.  |                    |                              |               |  |  |  |  |  |  |
|                      |  |                    |                              | 00383820211   |  |  |  |  |  |  |
|                      | 210 E,. EARLL DRIVE<br>PHOENIX, AZ 85012-2626  |                    |                              | 202111        |  |  |  |  |  |  |
| С                    | INSTRUCTIONS: In line 1, give any business or trade names used to id names already appear in space B. In line 2, give the mailing address of   |                    |                              |               |  |  |  |  |  |  |
| System               | 1 IDENTIFICATION OF CABLE SYSTEM: SPARKLIGHT   |                    |                              | · ·           |  |  |  |  |  |  |
|                      | MAILING ADDRESS OF CABLE SYSTEM: 7501 NITA PLACE NE 2 (Number, street, rural route, apartment, or suite number)  |                    |                              |               |  |  |  |  |  |  |
|                      | RIO RANCHO, NM 87144<br>(City, town, state, zip code)  |                    |                              |               |  |  |  |  |  |  |
| D<br>Area            | Instructions: For complete space D instructions, see page 1b. Identify with all communities.   | only the frst comm | nunity served below and reli | st on page 1b |  |  |  |  |  |  |
| Served               | CITY OR TOWN   | STATE              |                              |               |  |  |  |  |  |  |
| First<br>Community   | RIO RANCHO   | NM                 |                              |               |  |  |  |  |  |  |
| Community            | Below is a sample for reporting communities if you report multiple cha   |                    |                              | OUR ORR#      |  |  |  |  |  |  |
|                      | CITY OR TOWN (SAMPLE)  Alda  | STATE<br>MD        | CH LINE UP  A                | SUB GRP#      |  |  |  |  |  |  |
| Sample               | Alliance   | MD                 | В                            | 2             |  |  |  |  |  |  |
|                      | Gering   | MD                 | В                            | 3             |  |  |  |  |  |  |
|                      |  |                    |                              |               |  |  |  |  |  |  |

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

| ORM SA3E. PAGE 1b.   |                   |            |            | ·   |  |  |  |  |  |  |  |
|--|-------------------|------------|------------|---|--|--|--|--|--|--|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:   |                   |            | SYSTEM ID# |   |  |  |  |  |  |  |  |
| CABLE ONE, INC.  |                   |            | 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 identification hereafter known as the "first community." Please use it as the first community on all future fillings.  |                   |            |            |   |  |  |  |  |  |  |  |
| 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-comm | a subscriber grou |            |            |   |  |  |  |  |  |  |  |
| CITY OR TOWN   | STATE             | CH LINE UP | SUB GRP#   |   |  |  |  |  |  |  |  |
| RIO RANCHO   | NM                |            |            | First                                       |  |  |  |  |  |  |  |
| SANDOVAL COUNTY  | NM                |            |            | 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: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

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

# F

#### Services Other Than Secondary Transmissions: Rates

#### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 003838 CABLE ONE. INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF CARRIAGE (Yes or No) NUMBER **STATION** (If Distant) KASA-1 27 No SANTA FE, NM I See instructions for additional information **KASY** 36 Ī No ALBUQUERQUE, NM on alphabetization. **KAZQ** Ε 17 No ALBUQUERQUE, NM **KCHF** 10 I No SANTA FE, NM **KNAT** 24 ı No ALBUQUERQUE, NM Ε **KNME** 35 No ALBUQUERQUE, NM **KOAT-1** 7 Ν No ALBUQUERQUE, NM **KOAT-2** 7 I-M No ALBUQUERQUE, NM KOAT-3 7 I-M No ALBUQUERQUE, NM **KOB** 26 Ν No ALBUQUERQUE, NM KOB-2 26 I-M No ALBUQUERQUE, NM KOB-3 26 I-M No ALBUQUERQUE, NM **KRPV** 27 ı No ROSWELL, NM **KRQE** 13 Ν No ALBUQUERQUE, NM KRQE-2 13 I-M No ALBUQUERQUE, NM **KTEL** 25 ı No CARLSBAD, NM I-M ALBUQUERQUE, NM KRQE-3 13 No

| LEGAL NAME OF O   | ··<br>WNER OF CABLE SY   | STEM:  |  |  | SYSTEM ID:   | #                                |
|---|--|--|--|--|--|----------------------------------|
| CABLE ONE,  |  | OTEIWI.  |  |  | 003838   | Namo                             |
| PRIMARY TRANSMIT  | TERS: TELEVISIO  | N  |  |  |  |                                  |
| carried by your cable FCC rules and regu 76.59(d)(2) and (4), substitute program I  | e system during thations in effect on<br>76.61(e)(2) and (basis, as explaine   | ne accounting<br>n June 24, 19<br>4), or 76.63 (r<br>d in the next   | period, except<br>81, permitting th<br>eferring to 76.61<br>paragraph.   | (1) stations carrie<br>e carriage of cert<br>I(e)(2) and (4))]; a  | and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a  | Primary Transmitters: Television |
| basis under specifc  Do not list the statistation was carrie  List the station her basis. For further in the paper SA3  Column 1: List each multicast streac ast stream as "WE  WETA-simulcast).  Column 2: Give its community of lice on which your cable Column 3: Indicated and station, (for independent multicast of the meaning of Column 4: If the planation of local seach column 5: If you cable system carried the distant sear it of a written agreement the cable system and tion "E" (exempt). For explanation of these Column 6: Give | FCC rules, regular on here in space and only on a subset, and also in space information concomments of the concomment of | ations, or auth G—but do listitute basis. In the state of the station acts at the station acts at the station acts at the station. In a station acts at the station. In a station acts at the station. In a station acts at the station. In a station acts at the station. In a station acts at the station acts at the station. In a station acts at the station acts at the station acts at the station acts at the station acts at the station acts at the station. In a station acts at the station acts at the station. It is see page (v) ch station. For the station acts at the station acts at the station acts at the station. It is a station acts at the s | torizations: tit in space I (the space I (the space I) (the space II) (the space II) (the space II) (the space II) (the space II) (the space II) (the space II) (the space II) (the space II) (the space II) (the space II) (the space II) (the space II) (the space II) (the space II) (the space III) (the | e Special Statem I both on a substins, see page (v) of a program service er-the-air designate column 1 (list each television statington, D.C. This rk station, an indefer entwork multion remarks located in the plete column 5, and Indicate by encitivated channel ubject to a royalty tween a cable system in the prima channel on any of instructions located in the prima channel on any of instructions located ist the community with | ent and Program Log)—if the tute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- h stream separately; for example tion for broadcasting over-the-air in may be different from the channel expendent station, or a noncommercial ast), "I" (for independent), "I-M" tommercial educational multicast). The paper SA3 form. The paper SA3 form. The stating the basis on which your tering "LAC" if your cable system capacity. To payment because it is the subject testem or an association representing try transmitter, enter the designa- ther basis, enter "O." For a further and in the paper SA3 form. To which the station is licensed by the months of the station is identifed. | Television                       |
| Note: If you are utili  | Zing multiple chai   |  | IEL LINE-UP  |  | опапно што-ар.   | -                                |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION   |                                  |
| KWBQ  | 29   | I  | No   | ,  | ALBUQUERQUE, NM  | 1                                |
| KNMD  | 8  | Е  | No   |  | SANTA FE, NM   | See instructions for             |
| KUPT  | 32   | ı  | No   |  | ALBUQUERQUE, NM  | additional information           |
| KRTN  | 18   | I  | No   |  | ALBUQUERQUE, NM  | on alphabetization.<br>          |
|   |  |  |  |  |  |                                  |

| LEGAL NAME OF OWN  | ER OF CARLE SY                      | STEM.                    |  |   | SYSTEM ID#  |      |  |  |  |
|--|-------------------------------------|--------------------------|--|---|---|------|--|--|--|
| CABLE ONE, IN  |                                     | STEW.                    |  |   | 003838  | Name |  |  |  |
| PRIMARY TRANSMITTE   | RS: TELEVISIO                       | N                        |  |   |   |      |  |  |  |
| 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 program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:  Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network multicast), "I" (for independent), "I-M" (for independent multicast). For five 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 dur |                                     |                          |  |   |   |      |  |  |  |
| Column 6: Give the   | e location of ea<br>Canadian statio | ch station. Fo           | r U.S. stations, I<br>e the name of th | ist the community e community with      | to which the station is licensed by the which the station is identifed. |      |  |  |  |
|  |                                     | CHANN                    | EL LINE-UP                             | AB                                      |   |      |  |  |  |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER      | 3. TYPE<br>OF<br>STATION | 4. DISTANT?<br>(Yes or No)             | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION  |      |  |  |  |
|  |                                     |                          |  |   |   |      |  |  |  |
|  | ļ                                   |                          |  |   |   |      |  |  |  |

| ER OF CABLE SY   | STEM:  |   |  | SYSTEM ID#  |  |  |  |  |  |
|--|--|---|--|---|--|--|--|--|--|
|  | OTEM.  |   |  | 003838  | Name   |  |  |  |  |
| RS: TELEVISIO  | N  |   |  |   |  |  |  |  |  |
| 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 program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:  Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).  For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.  Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.  Column 5: If you have entered "Yes" in colu |  |   |  |   |  |  |  |  |  |
| g multiple char  | •  | •   |  | channel line-up.  |  |  |  |  |  |
| 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF  | 4. DISTANT?<br>(Yes or No)  | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION  |  |  |  |  |  |
|  |  |   |  |   |  |  |  |  |  |
|  | RS: TELEVISIO 6, identify every ystem during the ons in effect or .61(e)(2) and (a sis, as explaine tations: With record or .61 (e) (e) and (e) sis, as explaine tations: With record or r | RS: TELEVISION  G, identify every television staystem during the accounting ons in effect on June 24, 196.61(e)(2) and (4), or 76.63 (nis, as explained in the next patations: With respect to any Crules, regulations, or authories in space G—but do list only on a substitute basis. and also in space I, if the state formation concerning substiture.  In station's call sign. Do not reassociated with a station accept. Simulcast streams must be channel number the FCC heart exercise the station. In each case whether the stem carried the station. In each case whether the stem terring the letter "N" (for neast), "E" (for noncommercial set terms, see page (v) of the attention is outside the local service area, see page (v) of the attention is outside the local service area, see page (v) of the attention is outside the local service area, see page (v) of the attention is outside the local service area, see page (v) of the attention is outside the local service area, see page (v) of the attention is outside the local service and a part-time basis because of a distant station during the attention of a distant multicast streentered into on or before Julia primary transmitter or an assimulcasts, also enter "E". If the rece categories, see page (v) election of each station. For canadian stations, if any, give grounding technical line-ups, CHANNEL OF | RS: TELEVISION 6, identify every television station (including to system during the accounting period, except ons in effect on June 24, 1981, permitting the .61(e)(2) and (4), or 76.63 (referring to 76.61 sis, as explained in the next paragraph. tations: With respect to any distant stations: Crules, regulations, or authorizations: here in space G—but do list it in space I (thoonly on a substitute basis. and also in space I, if the station was carried formation concerning substitute basis station formation concerning substitute basis station associated with a station according to its own-2". Simulcast streams must be reported in concerning the letter "N" (for network), "N-M" (for each, "E" (for noncommercial educational), esterms, see page (v) of the general instruction as outside the local service area, (i.e. "Go earea, see page (v) of the general instruction end in the station of a distant multicast stream that is not seen terred "Yes" in column 4, you must contend a distant station during the accounting period on on a part-time basis because of lack of a sion of a distant multicast stream that is not sentered into on or before June 30, 2009, bethe primary transmitter or an association repressimulcasts, also enter "E". If you carried the contend of each station. For U.S. stations, I canadian stations, if any, give the name of the grant of the contend of each station. For U.S. stations, I canadian stations, if any, give the name of the grant of the contend of each station. For U.S. stations, I canadian stations, if any, give the name of the grant of the contend of each station. For U.S. stations, I canadian stations, if any, give the name of the grant of the contend of each station. For U.S. stations, I canadian stations, if any, give the name of the grant of the contend of each station. For U.S. stations, I canadian stations, if any, give the name of the grant of the contend of each station. For U.S. stations, I canadian stations, If any, give the name of the grant of the contend of each station. | RS: TELEVISION  G, identify every television station (including translator stations system during the accounting period, except (1) stations carried ons in effect on June 24, 1981, permitting the carriage of certa .61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; arisis, as explained in the next paragraph.  **tations:** With respect to any distant stations carried by your carried system only on a substitute basis.  **here in space G—but do list it in space I (the Special Stateme only on a substitute basis.  **and also in space I, if the station was carried both on a substitute formation concerning substitute basis stations, see page (v) of fm.  **h station's call sign. Do not report origination program services associated with a station according to its over-the-air designati-2". Simulcast streams must be reported in column 1 (list each exchannel number the FCC has assigned to the television static exchannel number the FCC has assigned to the television static exchannel hetter "N" (for network), "N-M" (for network multicates), "E" (for noncommercial educational), or "E-M" (for noncommercial educational), or "E-M" (for noncommercial educational), or "E-M" (for noncommercial educations) located in the action is outside the local service area, (i.e. "distant"), enter "Yes carea, see page (v) of the general instructions located in the acce area, see page (v) of the general instructions located in the acce entered "Yes" in column 4, you must complete column 5, so the distant station during the accounting period. Indicate by entering the later that is not subject to a royalty entered into on or before June 30, 2009, between a cable syst a primary transmitter or an association representing the primary aprimary transmitter or an association representing the primary aprimary transmitter or an association representing the primary aprimary transmitter or an association representing the primary canadian stations, if any, give the name of the community with g multiple channel line-ups, use a separate space G | RS: TELEVISION 6, identify every television station (including translator stations and low power television stations) ystem during the accounting period, except (1) stations carried only on a part-time basis under ons in effect on June 24, 1981, permitting the carriage of certain network programs [sections .6.1(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a is, as explained in the next paragraph.  tations: With respect to any distant stations carried by your cable system on a substitute program tations: Writh respect to any distant stations carried by your cable system on a substitute program to rules, regulations, or authorizations: here in space 6—but do list it in space I (the Special Statement and Program Log)—if the only on a substitute basis.  and also in space I, if the station was carried both on a substitute basis and also on some other formation concerning substitute basis stations, see page (v) of the general instructions located m.  In station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify associated with a station according to its over-the-air designation. For example, report multi-2-2". Simulcast streams must be reported in column 1 (list each stream separately; for example exhannel number the FCC has assigned to the television station for broadcasting over-the-air in exhannel number the FCC has assigned to the television station for broadcasting over-the-air in exhannel report of the station. In each case whether the station is a network station, an independent station, or a noncommercial entering the letter "N" (for network), "N-M" (for network multicast). "I" (for independent), "I-M" east), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), see terms, see page (v) of the general instructions located in the paper SA3 form.  The paper of the station during the accounting period. Indicate by entering "LAC" if your cable system on an apart-time basis because of lack of |  |  |  |  |

| LEGAL NAME OF OWN  | ER OF CARLE SY  | STEM.   |   |  | SYSTEM ID#   |      |  |  |  |
|--|---|---|---|--|--|------|--|--|--|
| CABLE ONE, IN  |   | STEW.   |   |  | 003838   | Name |  |  |  |
| PRIMARY TRANSMITTE   | RS: TELEVISIO   | N   |   |  |  |      |  |  |  |
| 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 program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:  Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for retwork), "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 colu |   |   |   |  |  |      |  |  |  |
| tion "E" (exempt). For sexplanation of these the <b>Column 6:</b> Give the   | simulcasts, also<br>ree categories<br>e location of ea<br>Canadian statio | o enter "E". If y<br>, see page (v)<br>ch station. Fo<br>ns, if any, give | you carried the co<br>of the general in<br>r U.S. stations, I<br>e the name of th | channel on any oth<br>nstructions located<br>ist the community<br>e community with | er basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed. |      |  |  |  |
|  |   | CHANN   | EL LINE-UP  | AD   |  |      |  |  |  |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION  | 4. DISTANT?<br>(Yes or No)  | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION   |      |  |  |  |
|  |   |   |   |  |  |      |  |  |  |
|  |   |   |   |  |  |      |  |  |  |

| FURINI SAJE. PAGE 3.  |  |  |   |   |   |                               |
|---|--|--|---|---|---|-------------------------------|
| CABLE ONE, IN   |  | 'STEM:   |   |   | SYSTEM ID#<br>003838  | Name                          |
| PRIMARY TRANSMITTE  | RS: TELEVISIO  | N  |   |   |   |                               |
| carried by your cable s<br>FCC rules and regulati<br>76.59(d)(2) and (4), 76<br>substitute program bas  | ystem during the ons in effect or 6.61(e)(2) and (6.61), as explaine   | ne accounting<br>n June 24, 199<br>4), or 76.63 (r<br>d in the next p  | period, except<br>81, permitting th<br>eferring to 76.61<br>paragraph.  | (1) stations carried<br>e carriage of certa<br>I(e)(2) and (4))]; a   | and low power television stations) d only on a part-time basis under ain network programs [sections nd (2) certain stations carried on a  | G<br>Primary<br>Transmitters: |
| basis under specifc FC  Do not list the station station was carried  List the station here, basis. For further in in the paper SA3 fo Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you ha cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the | CC rules, regular here in space only on a substand also in spatformation concurr.  In station's call associated with associated with associated with a channel numbers of the concurrence of the concurrenc | ations, or auth G—but do listitute basis. ace I, if the staterning substitute basis. In a station acrostreams must be the FCC has station. Whether the station. Whether the station acrostreams must be the "N" (for nearly local servage (v) of the local servage (v) of the local servage (v) of the local servage in column the local servage in column the local servage (v) of | orizations: tit in space I (th ation was carriec cute basis station report origination cording to its ow be reported in o as assigned to t annel 4 in Wash ation is a netwo etwork), "N-M" (f deducational), o e general instruct vice area, (i.e. "c general instruct 4, you must con accounting peric ause of lack of a earn that is not s ne 30, 2009, be ssociation repre- you carried the o of the general i r U.S. stations, i e the name of th | e Special Statemer I both on a substitute, see page (v) on program service er-the-air designate column 1 (list each che television statifington, D.C. This rk station, an indefer network multicar "E-M" (for noncostions located in the plete column 5, so d. Indicate by entictivated channel of ubject to a royalty tween a cable systematical program of the primar channel on any of instructions locate list the community with | es". If not, enter "No". For an ex- expaper SA3 form. estating the basis on which your ering "LAC" if your cable system capacity. expaper says to be a system or an association representing experimental transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. expected to which the station is licensed by the which the station is identifed. | Television                    |
|   |  | CHANN  | EL LINE-UP  | AE  |   |                               |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)  | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION  |                               |
|   |  |  |   |   |   |                               |

| LEGAL NAME OF OWN   | ER OF CABLE SY                 | STEM:                    |                            |   | SYSTEM ID#  |      |  |  |  |
|---|--------------------------------|--------------------------|----------------------------|---|---|------|--|--|--|
| CABLE ONE, IN   |                                |                          |                            |   | 003838  | Name |  |  |  |
| PRIMARY TRANSMITTE  | RS: TELEVISIO                  | N                        |                            |   |   |      |  |  |  |
|   |                                |                          |                            |   |   |      |  |  |  |
| substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:  Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "1-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) are accounting period. Indicate by entering "LAC" if your cable system carried the distant station our |                                |                          |                            |   |   |      |  |  |  |
| FCC. For Mexican or C<br>Note: If you are utilizin  |                                |                          |                            | •                                       | which the station is identifed.<br>channel line-up. |      |  |  |  |
|   | ı                              | CHANN                    | EL LINE-UP                 | AF                                      |   |      |  |  |  |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER | 3. TYPE<br>OF<br>STATION | 4. DISTANT?<br>(Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION                              |      |  |  |  |
|   |                                |                          |                            |   |   |      |  |  |  |
|   |                                |                          |                            |   |   |      |  |  |  |
|   |                                |                          |                            |   |   |      |  |  |  |
|   |                                |                          |                            |   |   |      |  |  |  |
|   |                                |                          |                            |   |   |      |  |  |  |
|   |                                |                          |                            |   |   |      |  |  |  |
|   |                                |                          |                            |   |   |      |  |  |  |
|   |                                |                          |                            |   |   |      |  |  |  |
|   |                                |                          |                            |   |   |      |  |  |  |
|   |                                |                          |                            |   |   |      |  |  |  |
|   |                                |                          |                            |   |   |      |  |  |  |

| ER OF CABLE SY   | STEM:  |   |  | SYSTEM ID#  |  |
|--|--|---|--|---|--|
|  | OTEM.  |   |  | 003838  | Name   |
| RS: TELEVISIO  | N  |   |  |   |  |
| ystem during the ons in effect or .61(e)(2) and (4 is, as explaine   | ne accounting<br>n June 24, 198<br>4), or 76.63 (n<br>d in the next p  | period, except (<br>31, permitting the<br>eferring to 76.61<br>paragraph.   | (1) stations carried<br>e carriage of certa<br>(e)(2) and (4))]; ar  | l only on a part-time basis under<br>in network programs [sections<br>nd (2) certain stations carried on a  | Primary<br>Transmitters:   |
| C rules, regular here in space only on a substand also in spatformation concern. In station's call associated with associated with according to the case we entering the least), "E" (for not see terms, see particular station is outside the case we entered "Ye are distant station on a part-irron of a distant entered into on a primary transitimulcasts, also ree categories e location of ea | ations, or auth G—but do list titute basis. Ince I, if the staterning substitute sign. Do not read a station acceptate with the local server and the local server in column on during the amount of the local server in column on during the amount of the local server in column on during the amount of the local server in column on during the amount of the local server in column on during the amount of the local server in column on during the amount of the local server in column on during the amount of the local server in column or during the amount of the local server in column the loca | orizations:  It it in space I (the tition was carried ute basis station eport origination cording to its ove be reported in c as assigned to t annel 4 in Wash ation is a networ etwork), "N-M" (f educational), or e general instruct d, you must com accounting perior ause of lack of ta annel 30, 2009, be ssociation repres you carried the c of the general in r U.S. stations, I   | e Special Stateme I both on a substitute, see page (v) of a program services er-the-air designaticulum 1 (list each the television static ington, D.C. This r rk station, an indep or network multica r "E-M" (for noncor- stions located in the instant"), enter "Yes ons located in the plete column 5, s od. Indicate by ente ctivated channel c ubject to a royalty tween a cable syst senting the primary channel on any oth instructions located ist the community   | nt and Program Log)—if the  ute basis and also on some other the general instructions located  is such as HBO, ESPN, etc. Identify ion. For example, report multi- stream separately; for example on for broadcasting over-the-air in may be different from the channel  bendent station, or a noncommercial st), "I" (for independent), "I-M" mmercial educational multicast). e paper SA3 form. s". If not, enter "No". For an ex- paper SA3 form. tating the basis on which your ering "LAC" if your cable system apacity. payment because it is the subject teem or an association representing of transmitter, enter the designa- ter basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the   | Television   |
| g multiple char  |  |   | -  | channel line-up.  |  |
| 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF  | 4. DISTANT?<br>(Yes or No)  | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION  |  |
|  |  |   |  |   |  |
|  | RS: TELEVISIO 6, identify every ystem during the ons in effect or .61(e)(2) and (a sis, as explaine tations: With record or .61 (e) (e) and (e) sis, as explaine tations: With record or r | RS: TELEVISION  G, identify every television staystem during the accounting ons in effect on June 24, 196.61(e)(2) and (4), or 76.63 (nis, as explained in the next patations: With respect to any Crules, regulations, or authories in space G—but do list only on a substitute basis. and also in space I, if the state formation concerning substiture.  In station's call sign. Do not reassociated with a station accept. Simulcast streams must be channel number the FCC heart exercise the station. In each case whether the stem carried the station. In each case whether the stem terring the letter "N" (for neast), "E" (for noncommercial set terms, see page (v) of the attention is outside the local service area, see page (v) of the attention is outside the local service area, see page (v) of the attention is outside the local service area, see page (v) of the attention is outside the local service area, see page (v) of the attention is outside the local service area, see page (v) of the attention is outside the local service and a part-time basis because of a distant station during the attention of a distant multicast streentered into on or before Julia primary transmitter or an assimulcasts, also enter "E". If the rece categories, see page (v) election of each station. For canadian stations, if any, give grounding technical line-ups, CHANNEL OF | RS: TELEVISION 6, identify every television station (including to system during the accounting period, except ons in effect on June 24, 1981, permitting the .61(e)(2) and (4), or 76.63 (referring to 76.61 sis, as explained in the next paragraph. tations: With respect to any distant stations: Crules, regulations, or authorizations: here in space G—but do list it in space I (thoonly on a substitute basis. and also in space I, if the station was carried formation concerning substitute basis station formation concerning substitute basis station associated with a station according to its own-2". Simulcast streams must be reported in concerning the letter "N" (for network), "N-M" (for each, "E" (for noncommercial educational), esterms, see page (v) of the general instruction as outside the local service area, (i.e. "Go earea, see page (v) of the general instruction end in the station of a distant multicast stream that is not seen terred "Yes" in column 4, you must contend a distant station during the accounting period on on a part-time basis because of lack of a sion of a distant multicast stream that is not sentered into on or before June 30, 2009, bethe primary transmitter or an association repressimulcasts, also enter "E". If you carried the contend of each station. For U.S. stations, I canadian stations, if any, give the name of the grant of the contend of each station. For U.S. stations, I canadian stations, if any, give the name of the grant of the contend of each station. For U.S. stations, I canadian stations, if any, give the name of the grant of the contend of each station. For U.S. stations, I canadian stations, if any, give the name of the grant of the contend of each station. For U.S. stations, I canadian stations, if any, give the name of the grant of the contend of each station. For U.S. stations, I canadian stations, if any, give the name of the grant of the contend of each station. For U.S. stations, I canadian stations, If any, give the name of the grant of the contend of each station. | RS: TELEVISION  G, identify every television station (including translator stations system during the accounting period, except (1) stations carried ons in effect on June 24, 1981, permitting the carriage of certa .61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; arising, as explained in the next paragraph.  **tations:** With respect to any distant stations carried by your carried system only on a substitute basis.  **here in space G—but do list it in space I (the Special Stateme only on a substitute basis.  **and also in space I, if the station was carried both on a substitute formation concerning substitute basis stations, see page (v) of fm.  **h station's call sign. Do not report origination program services associated with a station according to its over-the-air designating.  **2". Simulcast streams must be reported in column 1 (list each experiment of the station.  **Annel number the FCC has assigned to the television station according to the television station according to the television station according to the television station.  **Annel number the station is a network station, an independent of the station.  **In each case whether the station is a network station, an independent of the station.  **In each case whether the station is a network station, an independent of the station is outside the local service area, (i.e. "distant"), enter "Yes carea, see page (v) of the general instructions located in the account is outside the local service area, (i.e. "distant"), enter "Yes carea, see page (v) of the general instructions located in the account of a distant multicast stream that is not subject to a royalty entered "Yes" in column 4, you must complete column 5, so the distant station during the accounting period. Indicate by entering the primary transmitter or an association representing the primary aprimary transmitter or an association representing the primary approach of each station. For U.S. stations, list the community and apprimary transmitter or an association representing the | RS: TELEVISION 6, identify every television station (including translator stations and low power television stations) ystem during the accounting period, except (1) stations carried only on a part-time basis under ons in effect on June 24, 1981, permitting the carriage of certain network programs [sections .6.1(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a is, as explained in the next paragraph.  tations: With respect to any distant stations carried by your cable system on a substitute program tations: With respect to any distant stations: here in space 6—but do list it in space I (the Special Statement and Program Log)—if the only on a substitute basis.  and also in space I, if the station was carried both on a substitute basis and also on some other formation concerning substitute basis stations, see page (v) of the general instructions located m.  In station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify associated with a station according to its over-the-air designation. For example, report multi-2-2". Simulcast streams must be reported in column 1 (list each stream separately; for example exhannel number the FCC has assigned to the television station for broadcasting over-the-air in exhannel number the FCC has assigned to the television station for broadcasting over-the-air in exhannel the station.  In each case whether the station is a network station, an independent station, or a noncommercial entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (asst), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), see terms, see page (v) of the general instructions located in the paper SA3 form.  see terms, see page (v) of the general instructions located in the paper SA3 form.  the distant station during the accounting period. Indicate by entering "LAC" if your cable system on an apart-time basis because of lack of activated channel capac |

| LEGAL NAME OF OWN   | ER OF CARLE SY  | STEM.  |   |  | SYSTEM ID#   |                               |
|---|---|--|---|--|--|-------------------------------|
| CABLE ONE, IN   |   | STEW.  |   |  | 003838   | Name                          |
| PRIMARY TRANSMITTE  | RS: TELEVISIO   | N  |   |  |  |                               |
| carried by your cable s<br>FCC rules and regulati<br>76.59(d)(2) and (4), 76<br>substitute program bas  | ystem during the ons in effect or (.61(e)(2) and (.6is, as explaine   | ne accounting<br>n June 24, 198<br>4), or 76.63 (n<br>d in the next p  | period, except (81, permitting the eferring to 76.61 paragraph.   | (1) stations carried<br>e carriage of certa<br>(e)(2) and (4))]; ar  | and low power television stations) I only on a part-time basis under in network programs [sections nd (2) certain stations carried on a  | G<br>Primary<br>Transmitters: |
| basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the staplanation of local servi | CC rules, regular here in space only on a substand also in spatformation concern. h station's call associated with a channel number of the channel number | ations, or auth G—but do list itute basis. Ince I, if the state arning substitute sign. Do not represent the station acceptation and station acceptation. The station whether the station. It is a station acceptation whether the station acceptation and station are the local server age (v) of the local server it is a station. | orizations: t it in space I (the tition was carried rute basis station report origination cording to its ove be reported in c as assigned to t annel 4 in Washi ation is a networ etwork), "N-M" (fi educational), or e general instruct rice area, (i.e. "d general instructi  | e Special Stateme both on a substitute, see page (v) of a program services er-the-air designaticulum 1 (list each the television static ington, D.C. This r rk station, an indep or network multica r "E-M" (for noncor tions located in the istant"), enter "Yes ons located in the | s". If not, enter "No". For an ex-   | Television                    |
| carried the distant stat<br>For the retransmiss<br>of a written agreement<br>the cable system and a<br>tion "E" (exempt). For<br>explanation of these th<br>Column 6: Give the  | ion on a part-tir<br>ion of a distant<br>entered into or<br>a primary transi<br>simulcasts, also<br>tree categories<br>e location of ea<br>Canadian statio  | me basis becamulticast streen or before Jumitter or an associated enter "E". If you see page (v) ch station. Fons, if any, give  | ause of lack of a<br>earn that is not some 30, 2009, bette association repressous carried the country of the general in the country of the general in the country of the general in the country of the general in the same of the name of the second secon | ctivated channel c<br>ubject to a royalty<br>tween a cable syst<br>senting the priman<br>channel on any oth<br>instructions located<br>ist the community<br>e community with   | payment because it is the subject tem or an association representing y transmitter, enter the designater basis, enter "O." For a further d in the paper SA3 form.  It which the station is licensed by the which the station is identifed. |                               |
|   |   | CHANN  | EL LINE-UP  | AH   |  |                               |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)  | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION   |                               |
|   |   |  |   |  |  |                               |
|   |   |  |   |  |  |                               |

| ER OF CABLE SY  | STEM:  |  |   | SYSTEM ID#  |  |
|---|--|--|---|---|--|
| IC.   |  |  |   | 003838  | Name   |
| RS: TELEVISIO   | )N   |  |   |   |  |
| ystem during the ons in effect or .61(e)(2) and (is, as explaine  | ne accounting<br>n June 24, 199<br>4), or 76.63 (r<br>d in the next p  | period, except (81, permitting the referring to 76.61 paragraph.   | (1) stations carried<br>e carriage of certa<br>l(e)(2) and (4))]; an  | l only on a part-time basis under<br>in network programs [sections<br>nd (2) certain stations carried on a  | G Primary Transmitters: Television   |
| here in space only on a substand also in spatformation concern. In station's call associated with -2". Simulcast e channel numbe. For example   | G—but do lisititute basis.  ace I, if the state erning substite sign. Do not rear a station acceptates must be the FCC hear, WRC is Char   |  |   |   |  |
| entering the letast), "E" (for no se terms, see pation is outside ce area, see pation entered "You en distant station on a part-time on on a part-time entered into on primary transsimulcasts, also ree categories e location of eatanadian statio | etter "N" (for no<br>concommercial<br>page (v) of the<br>the local servage (v) of the<br>es" in column<br>on during the a<br>me basis becar<br>multicast streen<br>or before Ju<br>mitter or an as<br>coenter "E". If<br>, see page (v)<br>ch station. Fo<br>ns, if any, give  | etwork), "N-M" (f<br>I educational), o<br>e general instruct<br>vice area, (i.e. "d<br>general instructi<br>4, you must con<br>accounting perio<br>ause of lack of a<br>eam that is not s<br>une 30, 2009, be<br>ssociation repre-<br>you carried the o<br>of the general in<br>or U.S. stations, le<br>the name of th   | for network multicar "E-M" (for noncontions located in the listant"), enter "Yerons located in the nplete column 5, sod. Indicate by entertivated channel of ubject to a royalty tween a cable systemating the primarchannel on any other instructions located list the community with  | ast), "I" (for independent), "I-M" mmercial educational multicast). e paper SA3 form. s". If not, enter "No". For an ex- paper SA3 form. tating the basis on which your ering "LAC" if your cable system apacity. payment because it is the subject tem or an association representing y transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.   |  |
|   | CHANN  | IEL LINE-UP  | Al  |   |  |
| 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION  |  |
|   |  |  |   |   |  |
|   | RS: TELEVISIO 6, identify every ystem during the ons in effect or .61(e)(2) and (exists, as explaine tations: With a CC rules, regula here in space only on a subs and also in spa formation concern. In station's call associated with -2". Simulcast explained the explain | RS: TELEVISION  G, identify every television st ystem during the accounting ons in effect on June 24, 19.61(e)(2) and (4), or 76.63 (rist, as explained in the next tations: With respect to any Crules, regulations, or authorie in space G—but do list only on a substitute basis. and also in space I, if the station concerning substitute. It is that it is | RS: TELEVISION  6, identify every television station (including the system during the accounting period, exceptions in effect on June 24, 1981, permitting the .61(e)(2) and (4), or 76.63 (referring to 76.61 sis, as explained in the next paragraph. tations: With respect to any distant stations: Crules, regulations, or authorizations: here in space G—but do list it in space I (thonly on a substitute basis. and also in space I, if the station was carried formation concerning substitute basis station rem.  In station's call sign. Do not report origination associated with a station according to its own-2". Simulcast streams must be reported in the experimental carried the station.  In each case whether the station is a network experimental the letter "N" (for network), "N-M" (for sast), "E" (for noncommercial educational), ose terms, see page (v) of the general instruction is outside the local service area, (i.e. "Carried entered "Yes" in column 4, you must contend distant station during the accounting period on on a part-time basis because of lack of a sion of a distant multicast stream that is not sentered into on or before June 30, 2009, be a primary transmitter or an association repressimulcasts, also enter "E". If you carried the cree categories, see page (v) of the general instruction of each station. For U.S. stations, it and align a stations, if any, give the name of the grandian stations, if any, give the name of the grandian stations, if any, give the name of the grandian stations, if any, give the name of the grandian stations, if any, give the name of the grandian stations, if any, give the name of the grandian stations, if any, give the name of the grandian stations, if any, give the name of the grandian stations. | RS: TELEVISION  G, identify every television station (including translator stations system during the accounting period, except (1) stations carried ons in effect on June 24, 1981, permitting the carriage of certa .61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and isia, as explained in the next paragraph.  Itations: With respect to any distant stations carried by your carried system only on a substitute basis.  In also in space G—but do list it in space I (the Special Stateme only on a substitute basis.  In also in space I, if the station was carried both on a substitute formation concerning substitute basis stations, see page (v) of m.  In station's call sign. Do not report origination program services associated with a station according to its over-the-air designat -2". Simulcast streams must be reported in column 1 (list each exchannel number the FCC has assigned to the television static e. For example, WRC is Channel 4 in Washington, D.C. This is stem carried the station.  In each case whether the station is a network station, an independent of the letter "N" (for network), "N-M" (for network multicates), "E" (for noncommercial educational), or "E-M" (for noncommercial educational), or "E-M" (for noncommercial educational), or "e-M" (for noncommercial educational), or "acceptance of the local service area, (i.e. "distant"), enter "Yes carea, see page (v) of the general instructions located in the station is outside the local service area, (i.e. "distant"), enter "Yes carea, see page (v) of the general instructions located in the station of a distant multicast stream that is not subject to a royalty entered "Yes" in column 4, you must complete column 5, are distant station during the accounting period. Indicate by enterior of a distant multicast stream that is not subject to a royalty entered into on or before June 30, 2009, between a cable syst a primary transmitter or an association representing the primary aprimary transmitter or an association representing the primary transmitter or an | RS: TELEVISION 6, identify every television station (including translator stations and low power television stations) ystem during the accounting period, except (1) stations carried only on a part-time basis under ons in effect on June 24, 1981, permitting the carriage of certain network programs [sections .61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a sis, as explained in the next paragraph.  tations: With respect to any distant stations carried by your cable system on a substitute program tations. With respect to any distant stations carried by your cable system on a substitute program Crules, regulations, or authorizations: here in space 6—but do list it in space I (the Special Statement and Program Log)—if the only on a substitute basis. and also in space I, if the station was carried both on a substitute basis and also on some other formation concerning substitute basis stations, see page (v) of the general instructions located m.  In station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify associated with a station according to its over-the-air designation. For example, report multi-2º. Simulcast streams must be reported in column 1 (list each stream separately; for example exhannel number the FCC has assigned to the television station for broadcasting over-the-air in exhannel number the FCC has assigned to the television station for broadcasting over-the-air in each case whether the station is a network station, an independent station, or a noncommercial entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (asst), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), see terms, see page (v) of the general instructions located in the paper SA3 form.  see terms, see page (v) of the general instructions located in the paper SA3 form.  see entered "Yes" in column 4, you must complete column 5, stating the basis on which your the dista |

| LEGAL NAME OF OWN  | ER OF CARLE SV  | STEM:   |  |   | SYSTEM ID#   |                               |
|--|---|---|--|---|--|-------------------------------|
| CABLE ONE, IN  |   | STEW.   |  |   | 003838   | Name                          |
| PRIMARY TRANSMITTE   | RS: TELEVISIO   | N   |  |   |  |                               |
| carried by your cable s<br>FCC rules and regulati<br>76.59(d)(2) and (4), 76<br>substitute program bas   | ystem during the ons in effect or .61(e)(2) and (4 sis, as explaine   | ne accounting<br>n June 24, 198<br>4), or 76.63 (n<br>d in the next p   | period, except (<br>81, permitting the<br>eferring to 76.61<br>paragraph.  | (1) stations carried<br>e carriage of certa<br>(e)(2) and (4))]; ar   | and low power television stations) only on a part-time basis under in network programs [sections and (2) certain stations carried on a | G<br>Primary<br>Transmitters: |
| basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you he cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For s | cc rules, regular here in space only on a substand also in spatformation concern. In station's call associated with a channel number of the case we entering the least, "E" (for not see terms, see particular station is outside to on a part-tirion of a distant entered into or a primary transisimulcasts, also | ations, or auth G—but do list itute basis. Ince I, if the state rining substitute sign. Do not read a station acceptate with the FCC has a station. In a station whether the station. In a station whether the station and the local serves age (v) of the ser in column on during the ame basis becamulticast stream or before Jumitter or an aspect of the local serves age (v) of the ser in column on during the ame basis becamulticast stream or before Jumitter or an aspect of the local serves age (v) of the ser in column on during the ame basis becamulticast stream or before Jumitter or an aspect of the local serves and the local serves are the local serves and the local serves are the local serves and the local serves are | tit in space I (the ation was carried tute basis station report origination cording to its over the sassigned to the annel 4 in Washination is a network ation is a network of the sassigned to the sassigned to the annel 4 in Washination is a network of the same and instructive area, (i.e. "digeneral instructive area, (i.e. "digeneral instructive area, (i.e. "digeneral instructive area, (i.e. "digeneral instructive area, (i.e. "digeneral instructive area, (i.e. "digeneral instructive area, instr | e Special Stateme both on a substitute, see page (v) of a program services er-the-air designation of the television station of the television station of the television station of the television, an indeport network multicar "E-M" (for noncortions located in the instant"), enter "Yes ons located in the inplete column 5, sind. Indicate by entectivated channel cubject to a royalty tween a cable system of the primary channel on any other | s". If not, enter "No". For an ex-<br>paper SA3 form.<br>tating the basis on which your<br>ering "LAC" if your cable system            | Television                    |
| Column 6: Give the   | e location of ea<br>Canadian statio   | ch station. Fo  | r U.S. stations, I<br>e the name of th   | ist the community e community with  | to which the station is licensed by the which the station is identifed.  |                               |
|  |   | CHANN   | EL LINE-UP   | AJ  |  |                               |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION  | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION   |                               |
|  |   |   |  |   |  |                               |
|  |   |   |  |   |  |                               |

| LEGAL NAME OF OWN   | ER OF CARLE SY  | STEM.  |  |   | SYSTEM ID#  |                               |
|---|---|--|--|---|---|-------------------------------|
| CABLE ONE, IN   |   | STEW.  |  |   | 003838  | Name                          |
| PRIMARY TRANSMITTE  | RS: TELEVISIO   | N  |  |   |   |                               |
| carried by your cable s<br>FCC rules and regulati<br>76.59(d)(2) and (4), 76<br>substitute program bas  | ystem during the ons in effect or (.61(e)(2) and (.6is, as explaine   | ne accounting<br>n June 24, 198<br>4), or 76.63 (n<br>d in the next p  | period, except (81, permitting the eferring to 76.61 paragraph.  | (1) stations carried<br>e carriage of certa<br>(e)(2) and (4))]; ar   | and low power television stations) I only on a part-time basis under in network programs [sections nd (2) certain stations carried on a | G<br>Primary<br>Transmitters: |
| basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you he cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a | CC rules, regular here in space only on a substand also in spatformation concern. In station's call associated with a section of a distant static ion on a part-tire in each case part on a garden of a distant static ion of a distant entered into or a primary transit | ations, or auth G—but do list itute basis. Ince I, if the state raining substitute sign. Do not read a station acceptate with the FCC has a station. In a station whether the station acceptage (v) of the about the local serves age (v) of the about the local serves in column and during the acceptage the basis because and the local serves age (v) of the about the local serves age (v) of the about the local serves age (v) of the about the local serves age (v) of the about the local serves age (v) of the about the local serves age (v) of the about the local serves are the basis because the local serves are the local | orizations: t it in space I (the tition was carried tute basis station report origination cording to its ove be reported in c as assigned to t annel 4 in Wash ation is a networ etwork), "N-M" (f el educational), or e general instruct vice area, (i.e. "d general instruct 4, you must com accounting perio ause of lack of ar eam that is not s ne 30, 2009, bet association repres | e Special Stateme both on a substitute, see page (v) of a program services er-the-air designative column 1 (list each the television static ington, D.C. This r rk station, an indep or network multica r "E-M" (for noncor tions located in the istant"), enter "Yes ons located in the plete column 5, s rd. Indicate by ente ctivated channel c ubject to a royalty tween a cable syst senting the primary | s". If not, enter "No". For an ex-<br>paper SA3 form.<br>tating the basis on which your<br>ering "LAC" if your cable system             | Television                    |
| explanation of these the  | ree categories<br>e location of ea<br>Canadian statio   | see page (v)<br>ch station. Fo<br>ns, if any, give   | of the general in<br>r U.S. stations, I<br>e the name of th  | nstructions located<br>ist the community<br>e community with  | d in the paper SA3 form. to which the station is licensed by the which the station is identifed.  |                               |
|   |   | CHANN  | EL LINE-UP   | AK  |   |                               |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION  |                               |
|   |   |  |  |   |   |                               |
|   |   |  |  |   |   |                               |

| ER OF CABLE SY  | STEM:  |  |  | SYSTEM ID#   |  |
|---|--|--|--|--|--|
| C.  |  |  |  | 003838   | Name   |
| RS: TELEVISIO   | )N   |  |  |  |  |
| ystem during the ons in effect or 61(e)(2) and (4 is, as explaine   | ne accounting<br>n June 24, 199<br>4), or 76.63 (r<br>d in the next p  | period, except (81, permitting the referring to 76.61 paragraph.   | (1) stations carried<br>e carriage of certa<br>(e)(2) and (4))]; and   | l only on a part-time basis under<br>in network programs [sections<br>nd (2) certain stations carried on a   | G Primary Transmitters: Television   |
| here in space only on a substand also in spatormation concom. In station's call associated with 2". Simulcast channel number. For example   | G—but do listitute basis.  ace I, if the stateming substitute sign. Do not rear a station acceptates must be the FCC hear, WRC is Char   |  |  |  |  |
| entering the le ast), "E" (for no se terms, see ption is outside area, see pave entered "Ye e distant static on on a part-tiron of a distant entered into or primary transsimulcasts, also ree categories location of ea anadian statio | etter "N" (for no<br>concommercial<br>page (v) of the<br>the local servage (v) of the<br>es" in column<br>on during the a<br>me basis becar<br>multicast streen<br>or before Ju<br>mitter or an as<br>coenter "E". If<br>, see page (v)<br>ch station. Fo<br>ns, if any, give  | etwork), "N-M" (f<br>I educational), o<br>e general instruct<br>vice area, (i.e. "d<br>general instructi<br>4, you must con<br>accounting perio<br>ause of lack of a<br>eam that is not s<br>une 30, 2009, be<br>ssociation repre-<br>you carried the o<br>of the general in<br>or U.S. stations, le<br>the name of th   | or network multicar "E-M" (for noncontions located in the listant"), enter "Yerons located in the nplete column 5, sod. Indicate by entectivated channel or ubject to a royalty tween a cable systemating the primarchannel on any other tructions located ist the community with  | st), "I" (for independent), "I-M" mmercial educational multicast). e paper SA3 form. s". If not, enter "No". For an ex- paper SA3 form. tating the basis on which your ering "LAC" if your cable system apacity. payment because it is the subject teem or an association representing y transmitter, enter the designa- ter basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.  |  |
|   | CHANN  | IEL LINE-UP  | AL   |  |  |
| 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION   |  |
|   |  |  |  |  |  |
|   | RS: TELEVISIO  i, identify every ystem during the consin effect or 61(e)(2) and (- is, as explaine tations: With in C rules, regula here in space only on a subs and also in spa- formation conc in in station's call associated with 2". Simulcast channel numb e. For example stem carried the in each case in entering the le ast), "E" (for ne intion is outside the area, see pa to on a part-tir on of a distant entered into or in primary transi imulcasts, also ree categories location of ea anadian statio g multiple char  2. B'CAST CHANNEL | RS: TELEVISION  i, identify every television structed during the accounting ons in effect on June 24, 19 61(e)(2) and (4), or 76.63 (is, as explained in the next tations: With respect to any C rules, regulations, or authere in space G—but do lisonly on a substitute basis. and also in space I, if the structure in the structure in space G. The structure in the st | RS: TELEVISION  i, identify every television station (including the system during the accounting period, except ones in effect on June 24, 1981, permitting the folio(2) and (4), or 76.63 (referring to 76.61 is, as explained in the next paragraph.  tations: With respect to any distant stations: Crules, regulations, or authorizations: here in space G—but do list it in space I (thonly on a substitute basis.  and also in space I, if the station was carried formation concerning substitute basis station associated with a station according to its own. 2". Simulcast streams must be reported in concerning the letter "N" (for network), "N-M" (for each case whether the station is a network entering the letter "N" (for network), "N-M" (for each case whether the station is a network entering the letter "N" (for network), "N-M" (for each case whether the station is a network entering the letter "N" (for network), "N-M" (for each case whether the station is a network entering the letter "N" (for network), "N-M" (for each case whether the station is a network entering the letter "N" (for network), "N-M" (for each case whether the station is a network entering the letter "N" (for network), "N-M" (for each case page (v) of the general instruction is outside the local service area, (i.e. "Go earea, see page (v) of the general instruction is outside the local service area, (i.e. "Go earea, see page (v) of the general instruction is outside the local service area, (i.e. "Go earea, see page (v) of the general instruction entered "Yes" in column 4, you must content edistant station during the accounting period on on a part-time basis because of lack of a content of a distant multicast stream that is not sentered into on or before June 30, 2009, be a primary transmitter or an association represimulcasts, also enter "E". If you carried the content of each station, for U.S. stations, I anadian stations, if any, give the name of the gmultiple channel line-ups, use a separate such as a separate such as a separate such as a separate such a | RS: TELEVISION  i, identify every television station (including translator stations ystem during the accounting period, except (1) stations carried ons in effect on June 24, 1981, permitting the carriage of certa 61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; arisis, as explained in the next paragraph.  tations: With respect to any distant stations carried by your carried or substitutions: With respect to any distant stations carried by your carried in space G—but do list it in space I (the Special Stateme only on a substitute basis.  and also in space I, if the station was carried both on a substitution or station's call sign. Do not report origination program services associated with a station according to its over-the-air designative. Simulcast streams must be reported in column 1 (list each channel number the FCC has assigned to the television station.  in each case whether the station is a network station, an independenting the letter "N" (for network), "N-M" (for network multication), "E-M" (for noncommercial educational), or "E-M" (for noncommercial educational), or "E-M" (for noncommercial educations), or "e-M" (for noncommercial educations), or "e-M" (for noncommercial educations), or "e-M" (for noncommercial educations), or "e-M" (for noncommercial educations), or "e-M" (for noncommercial educations), or "e-M" (for noncommercial educations), or "e-M" (for noncommercial educations), or "e-M" (for noncommercial educations), or "e-M" (for noncommercial educations), or "e-M" (for noncommercial educations), or "e-M" (for noncommercial educations), or "e-M" (for noncommercial educational), or "e-M" (for noncommercial educational), or "e-M" (for noncommercial educational), or "e-M" (for noncommercial educational), or "e-M" (for noncommercial educational), or "e-M" (for noncommercial educational), or "e-M" (for noncommercial educational), or "e-M" (for noncommercial educational), or "e-M" (for noncommercial educational), or "e-M" (for noncommercial educational), or "e-M" (for noncommercial ed | RS: TELEVISION  In identify every television station (including translator stations and low power television stations) ystem during the accounting period, except (1) stations carried only on a part-time basis under ones in effect on June 24, 1981, permitting the carriage of certain network programs [sections of 1(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a sexplained in the next paragraph.  Lations: With respect to any distant stations carried by your cable system on a substitute program to rules, regulations, or authorizations:  Nere in space G—but do list it in space I (the Special Statement and Program Log)—if the only on a substitute basis.  and also in space I, if the station was carried both on a substitute basis and also on some other formation concerning substitute basis stations, see page (v) of the general instructions located m.  In station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify associated with a station according to its over-the-air designation. For example, report multi-2°. Simulcast streams must be reported in column 1 (list each stream separately; for example channel number the FCC has assigned to the television station for broadcasting over-the-air in e. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel stem carried the station.  In each case whether the station is a network station, an independent station, or a noncommercial entering the letter "N" (for network), "N-M" (for network multicast). "I' (for independent), "I-M" ast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). See terms, see page (v) of the general instructions located in the paper SA3 form.  In each case whether the station is a network station, enter "Yes". If not, enter "No". For an exagance as see page (v) of the general instructions located in the paper SA3 form.  In each case seed the local service area, (i.e. "distant"), enter "Yes". If not, |

| LEGAL NAME OF OWN   | ER OF CABLE SY   | STEM:  |  |   | SYSTEM ID#   |                                |
|---|--|--|--|---|--|--------------------------------|
| CABLE ONE, IN   | IC.  |  |  |   | 003838   | Name                           |
| PRIMARY TRANSMITTE  | RS: TELEVISIO  | N  |  |   |  |                                |
| carried by your cable s<br>FCC rules and regulati<br>76.59(d)(2) and (4), 76<br>substitute program bas  | ystem during the ons in effect or .61(e)(2) and (4 sis, as explaine  | ne accounting<br>n June 24, 198<br>4), or 76.63 (r<br>d in the next p  | period, except (<br>81, permitting the<br>eferring to 76.61<br>paragraph.  | (1) stations carried<br>e carriage of certa<br>(e)(2) and (4))]; ar   | and low power television stations) I only on a part-time basis under in network programs [sections and (2) certain stations carried on a | <b>G</b> Primary Transmitters: |
| Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the ste planation of local servi Column 5: If you ha cable system carried th carried the distant stati For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For s explanation of these the | catations: With recording to the control of the con | respect to any trions, or auth G—but do list titute basis. Ince I, if the state erning substitute sign. Do not rear a station accept reams must be the FCC heart station. The station whether the station. The station accept (v) of the cest in column and basis because in or before Jumitter or an associated (v) and the station or before Jumitter or an associated (v) and the station or before Jumitter or an associated (v) and the station or before Jumitter or an associated (v) and the station or before Jumitter or an associated (v) and the station or before Jumitter or an associated (v) and the station or before Jumitter or an associated (v) and the station or before Jumitter or an associated (v) and the station of the st | r distant stations orizations: tit in space I (the ation was carried tute basis station report origination cording to its over the report origination cording to its over the reported in cording to its over the reported in cording to its over the reported in cording to its over the reported in cording to its over the reported in cordinal assigned to the reported in | e Special Stateme both on a substitute, see page (v) of a program services er-the-air designaticulum 1 (list each the television static ington, D.C. This r rk station, an indep or network multicar "E-M" (for noncortions located in the istant"), enter "Yes ons located in the publete column 5, s id. Indicate by ente ctivated channel c ubject to a royalty tween a cable syst senting the primary channel on any oth instructions located | s". If not, enter "No". For an ex-<br>paper SA3 form.<br>tating the basis on which your<br>ering "LAC" if your cable system              | Television                     |
| Note: If you are utilizin   |  |  |  |   | which the station is identifed.<br>channel line-up.  |                                |
|   |  | CHANN  | EL LINE-UP   | AM  |  |                                |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION   |                                |
|   |  |  |  |   |  |                                |
|   |  |  |  |   |  |                                |
|   |  |  |  |   |  |                                |
|   |  |  |  |   |  |                                |

| LEGAL NAME OF OWN  | ER OF CARLE SY  | STEM.  |  |  | SYSTEM ID#  |                               |
|--|---|--|--|--|---|-------------------------------|
| CABLE ONE, IN  |   | STEW.  |  |  | 003838  | Name                          |
| PRIMARY TRANSMITTE   | RS: TELEVISIO   | N  |  |  |   |                               |
| carried by your cable s<br>FCC rules and regulati<br>76.59(d)(2) and (4), 76<br>substitute program bas   | ystem during the ons in effect or (.61(e)(2) and (.6is, as explaine   | ne accounting<br>n June 24, 198<br>4), or 76.63 (n<br>d in the next p  | period, except (81, permitting the eferring to 76.61 paragraph.  | (1) stations carried<br>e carriage of certa<br>(e)(2) and (4))]; ar  | and low power television stations) I only on a part-time basis under in network programs [sections nd (2) certain stations carried on a | G<br>Primary<br>Transmitters: |
| basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you he cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a | CC rules, regular here in space only on a substand also in spatformation concern. In station's call associated with a section of a distant static ion on a part-tire in each case part on a garden of a distant static ion of a distant entered into or a primary transit | ations, or auth G—but do list itute basis. Ince I, if the state raining substitute sign. Do not read a station acceptate with the FCC has a station. In a station whether the station acceptage (v) of the about the local serves age (v) of the about the local serves in column and during the acceptage the basis because and the local serves age (v) of the about the local serves age (v) of the about the local serves age (v) of the about the local serves age (v) of the about the local serves age (v) of the about the local serves age (v) of the about the local serves are the basis because the local serves are the local | orizations: t it in space I (the tition was carried tute basis station report origination cording to its ove be reported in c as assigned to t annel 4 in Wash ation is a networ etwork), "N-M" (f el educational), or e general instruct vice area, (i.e. "d general instruct 4, you must com accounting perio ause of lack of ar eam that is not s ne 30, 2009, bet association repres | e Special Stateme both on a substitute, s, see page (v) of a program services er-the-air designation of the television station of the television station of the television station of the television station of the television, an indeport network multicar "E-M" (for noncortions located in the istant"), enter "Yes ons located in the inplete column 5, sind. Indicate by entectivated channel cubject to a royalty tween a cable system in the primary the primary is senting the primary of the program of the primary is senting the primary of the program of the primary of the program of the primary of the program of the primary of the program of the primary of the program of the primary of the primar | s". If not, enter "No". For an ex-<br>paper SA3 form.<br>tating the basis on which your<br>ering "LAC" if your cable system             | Television                    |
| explanation of these the   | iree categories<br>e location of ea<br>Canadian statio  | see page (v)<br>ch station. Fo<br>ns, if any, give   | of the general in<br>r U.S. stations, I<br>e the name of th  | nstructions located<br>ist the community<br>e community with   | t in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.                                  |                               |
|  |   | CHANN  | EL LINE-UP   | AN   |   |                               |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION  |                               |
|  |   |  |  |  |   |                               |
|  |   |  |  |  |   |                               |

| LEGAL NAME OF OWN  | ER OF CARLE SY   | STEM.   |  |  | SYSTEM ID#   |                               |
|--|--|---|--|--|--|-------------------------------|
| CABLE ONE, IN  |  | STEW.   |  |  | 003838   | Name                          |
| PRIMARY TRANSMITTE   | RS: TELEVISIO  | N   |  |  |  |                               |
| carried by your cable s<br>FCC rules and regulati<br>76.59(d)(2) and (4), 76<br>substitute program bas   | ystem during the ons in effect or (.61(e)(2) and (.6is, as explaine  | ne accounting<br>n June 24, 198<br>4), or 76.63 (n<br>d in the next p   | period, except (<br>81, permitting the<br>eferring to 76.61<br>paragraph.  | (1) stations carried<br>e carriage of certa<br>(e)(2) and (4))]; ar  | and low power television stations) I only on a part-time basis under in network programs [sections nd (2) certain stations carried on a      | G<br>Primary<br>Transmitters: |
| basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the sta planation of local servi Column 5: If you ha cable system carried th carried the distant stat For the retransmiss of a written agreement | CC rules, regular here in space only on a substand also in spatformation concern. In the station's call associated with a channel number of the channel nu | ations, or auth G—but do list itute basis. Ince I, if the state arning substitute sign. Do not represent the FCC has streams must be the FCC has streams must be the FCC has streams must be at the local server the local server in column on during the ame basis becamulticast stream or before Ju | tit in space I (the ation was carried tute basis station report origination cording to its over the sassigned to the ation is a network ation is a network ation is a network general instructive area, (i.e. "digeneral instructi | e Special Stateme both on a substitute, see page (v) of a program services er-the-air designaticulum 1 (list each the television static ington, D.C. This r rk station, an indep or network multicar r "E-M" (for noncor tions located in the istant"), enter "Yes ons located in the plete column 5, s od. Indicate by ente ctivated channel c ubject to a royalty tween a cable syst | s". If not, enter "No". For an ex-<br>paper SA3 form.<br>tating the basis on which your<br>ering "LAC" if your cable system                  | Television                    |
| tion "E" (exempt). For sexplanation of these the <b>Column 6:</b> Give the   | simulcasts, also<br>ree categories<br>e location of ea<br>Canadian statio  | o enter "E". If y<br>, see page (v)<br>ch station. Fo<br>ns, if any, give   | you carried the co<br>of the general in<br>or U.S. stations, I<br>e the name of th   | channel on any oth<br>nstructions located<br>ist the community<br>e community with   | er basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed. |                               |
|  |  | CHANN   | EL LINE-UP   | AO   |  |                               |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION  | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION   |                               |
|  |  |   |  |  |  |                               |
|  |  |   |  |  |  |                               |

| LEGAL NAME OF OWN   | IER OF CABLE SY  | STEM:   |  |  | SYSTEM ID#  |                                |
|---|--|---|--|--|---|--------------------------------|
| CABLE ONE, IN   | NC.  |   |  |  | 003838  | Name                           |
| PRIMARY TRANSMITTE  | RS: TELEVISIO  | N   |  |  |   |                                |
| carried by your cable s<br>FCC rules and regulat<br>76.59(d)(2) and (4), 76<br>substitute program base  | system during the ions in effect or 6.61(e)(2) and (4 sis, as explaine   | ne accounting<br>n June 24, 199<br>4), or 76.63 (r<br>d in the next p   | period, except (<br>81, permitting the<br>eferring to 76.61<br>paragraph.  | (1) stations carried<br>e carriage of certa<br>(e)(2) and (4))]; and   | and low power television stations) I only on a part-time basis under in network programs [sections nd (2) certain stations carried on a   | <b>G</b> Primary Transmitters: |
| Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further ir in the paper SA3 fc Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give th its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multi- For the meaning of the Column 4: If the st planation of local serv Column 5: If you h cable system carried t carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or 0 | Stations: With in CC rules, regular here in space only on a substant also in spation and also in spation and also in spation associated with A-2". Simulcast e channel numbers. For example ystem carried the in each case we renter a spation is outside ice area, see pation is outside ice area, see pation is outside ice on a partial station on a partial tentered into on a primary transis simulcasts, also aree categories e location of each canadian station. | respect to any attons, or auth G—but do listitute basis. Ince I, if the state erning substitute sign. Do not real a station act attents whether the station. In the station and the station. In the local service (v) of the | distant stations orizations: tit in space I (the ation was carried tute basis station report origination cording to its over the reported in containing to its over the reported in containing to its over the reported in containing to its over the reported in containing to its over the reported in containing to its over the reported in containing to its over the reported in containing to its over the reported in containing the reported in the r | e Special Statemer less that on a substitute, see page (v) of a program services er-the-air designation of the television station of the television of t | s". If not, enter "No". For an expaper SA3 form. tating the basis on which your ering "LAC" if your cable system apacity. payment because it is the subject tem or an association representing y transmitter, enter the designater basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed. | Television                     |
| Note: If you are utilizing  | ng multiple char   |   |  |  | channel line-up.  |                                |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION  | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION  |                                |
|   |  |   |  |  |   |                                |

| ER OF CARLE SY   | STEM:  |  |  | SYSTEM ID#   |  |
|--|--|--|--|--|--|
| IC.  | OTLIVI.  |  |  | 003838   | Name   |
| RS: TELEVISIO  | N  |  |  |  |  |
| ystem during the ons in effect or .61(e)(2) and (4 is, as explaine   | ne accounting<br>n June 24, 199<br>4), or 76.63 (r<br>d in the next p  | period, except (81, permitting the referring to 76.61 paragraph.   | (1) stations carried<br>e carriage of certa<br>(e)(2) and (4))]; ar  | l only on a part-time basis under<br>in network programs [sections<br>nd (2) certain stations carried on a   | <b>G</b> Primary Transmitters:   |
| C rules, regular here in space only on a substand also in spatformation concern. In station's call associated with associated with associated with associated with a channel numbers. For example, stem carried the in each case wentering the least), "E" (for no se terms, see part on is outside the carea, see part on a part-triin on of a distant entered into on a primary transistimulcasts, also ree categories | ations, or auth G—but do listitute basis. ace I, if the staterning substitute basis. In a station across treams must be the FCC has station. Whether the station. Whether the station. Whether the station across across across because (v) of the local servage (v) of the local servage (v) of the across because in column on during the across because in or before Jumitter or an across column across acros | tit in space I (the ation was carried tute basis station report origination cording to its over the reported in contast assigned to the assassigned to the annel 4 in Wash tation is a network etwork), "N-M" (for I educational), one general instruction 4, you must confuse accounting period accounting  | e Special Statemer l both on a substitute, see page (v) of a program services er-the-air designaticulum 1 (list each the television staticington, D.C. This refer the station, an independent of the station, and independent of the station, and independent of the station, and independent of the station, and independent of the station, and indicated in the instant"), enter "Yes ons located in the insplete column 5, so d. Indicate by entectivated channel cubject to a royalty tween a cable systemating the primarchannel on any other structions located   | nt and Program Log)—if the  ute basis and also on some other the general instructions located  s such as HBO, ESPN, etc. Identify ion. For example, report multi- stream separately; for example on for broadcasting over-the-air in may be different from the channel  bendent station, or a noncommercial st), "I" (for independent), "I-M" mmercial educational multicast). e paper SA3 form. s". If not, enter "No". For an ex- paper SA3 form. tating the basis on which your ering "LAC" if your cable system apacity. payment because it is the subject tem or an association representing y transmitter, enter the designa- ter basis, enter "O." For a further if in the paper SA3 form.  | Television   |
|  |  |  |  |  |  |
|  | CHANN  | IEL LINE-UP  | AQ   |  |  |
| 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION   |  |
|  |  |  |  |  |  |
|  | RS: TELEVISIO  is, identify every yestem during the consin effect or consin effect or consin effect or consin effect or consin effect or consin effect or consin effect or consin effect or consin effect or considerations: With a C rules, regula here in space conly on a subs and also in space formation concorn.  In station's call consociated with consociated with consideration each case we entering the least), "E" (for no entering the least), "E" (for no entering the least), "E" (for no entering the least), "E" (for no entering the least), see pation is outside the area, see pation on a part-tire on on a part-tire on of a distant entered into or en | RS: TELEVISION  is, identify every television structed by the accounting one in effect on June 24, 19, 61(e)(2) and (4), or 76.63 (is, as explained in the next tations: With respect to any C rules, regulations, or authories in space G—but do lisonly on a substitute basis. and also in space I, if the stationary of the station concerning substitute. In station's call sign. Do not associated with a station action action of a case whether the site entering the letter "N" (for nast), "E" (for noncommercial se terms, see page (v) of the station is outside the local service area, see page (v) of the one on a part-time basis because of a distant multicast structure of a distant multicast stru | RS: TELEVISION  i, identify every television station (including the system during the accounting period, except ones in effect on June 24, 1981, permitting the acfole) (2) and (4), or 76.63 (referring to 76.61 is, as explained in the next paragraph.  tations: With respect to any distant stations: C rules, regulations, or authorizations: here in space G—but do list it in space I (thouly on a substitute basis.  and also in space I, if the station was carried formation concerning substitute basis station formation concerning substitute basis station associated with a station according to its own.  The station's call sign. Do not report origination associated with a station according to its own.  The channel number the FCC has assigned to the ending the letter "N" (for network), "N-M" (for each case whether the station is a network entering the letter "N" (for network), "N-M" (for east), "E" (for noncommercial educational), esterms, see page (v) of the general instruction is outside the local service area, (i.e. "does area, see page (v) of the general instruction and in the content of a distant station during the accounting period on on a part-time basis because of lack of a son of a distant multicast stream that is not sentered into on or before June 30, 2009, be a primary transmitter or an association representation of each station. For U.S. stations, I canadian stations, if any, give the name of the ground stations are applied to the content of the cont | RS: TELEVISION  is, identify every television station (including translator stations system during the accounting period, except (1) stations carried ons in effect on June 24, 1981, permitting the carriage of certa (61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; are is, as explained in the next paragraph.  tations: With respect to any distant stations carried by your carried consists. With respect to any distant stations carried by your carried also in space G—but do list it in space I (the Special Stateme only on a substitute basis.  and also in space I, if the station was carried both on a substitute formation concerning substitute basis stations, see page (v) of fim.  In station's call sign. Do not report origination program services associated with a station according to its over-the-air designatic-2". Simulcast streams must be reported in column 1 (list each exchannel number the FCC has assigned to the television static exchannel number the FCC has assigned to the television static exchannel has testion.  In each case whether the station is a network station, an independent of the station.  In each case whether the station is a network station, an independent in the letter "N" (for network), "N-M" (for network multicated), "E" (for noncommercial educational), or "E-M" (for noncommercial educational), or "E-M" (for noncommercial educations) is outside the local service area, (i.e. "distant"), enter "Yes carea, see page (v) of the general instructions located in the station is outside the local service area, (i.e. "distant"), enter "Yes carea, see page (v) of the general instructions located in the station is outside the local service area, i.e. "distant"), enter "Yes carea, see page (v) of the general instructions located in the station is outside the local service area, i.e. "distant"), enter "Yes carea, see page (v) of the general instructions located in the station of a distant multicast stream that is not subject to a royalty entered into on or before June 30, 2009, between a cable syst | RS: TELEVISION  is, identify every television station (including translator stations and low power television stations) ystem during the accounting period, except (1) stations carried only on a part-time basis under ones in effect on June 24, 1981, permitting the carriage of certain network programs [sections of 1(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a is, as explained in the next paragraph.  tations: With respect to any distant stations carried by your cable system on a substitute program Corules, regulations, or authorizations: here in space G—but do list it in space I (the Special Statement and Program Log)—if the only on a substitute basis. and also in space I, if the station was carried both on a substitute basis and also on some other formation concerning substitute basis stations, see page (v) of the general instructions located m.  In station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify associated with a station according to its over-the-air designation. For example, report multi-2-2. Simulcast streams must be reported in column 1 (list each stream separately; for example channel number the FCC has assigned to the television station for broadcasting over-the-air in e. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel stem carried the station.  In each case whether the station is a network station, an independent station, or a noncommercial entering the letter "N" (for network), "N-M" (for network multicast). "I' (for independent), "I-M" ast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), see terms, see page (v) of the general instructions located in the paper SA3 form.  It is each station during the accounting period. Indicate by entering "LAC" if your cable system on an apart-time basis because of lack of activated channel capacity.  On of a distant multicast stream that is not subject to a royalty payment because it is |

| CABLE ONE, INC.  PRIMARY TRANSMITTERS: TELEVISION  In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:  Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example   | LEGAL NAME OF OWNER OF CABLE  |
|--|---|
| In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:  Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example   | CABLE ONE, INC.   |
| carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:  • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example   | PRIMARY TRANSMITTERS: TELEVIS   |
| <ul> <li>basis under specifc FCC rules, regulations, or authorizations:</li> <li>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.</li> <li>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.</li> <li>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example</li> </ul>  | carried by your cable system during<br>FCC rules and regulations in effect<br>76.59(d)(2) and (4), 76.61(e)(2) and<br>substitute program basis, as explain  |
| 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"  | Do not list the station here in space station was carried only on a sultilist the station here, and also in subasis. For further information coin the paper SA3 form.      Column 1: List each station's caleach multicast stream associated worked tream as "WETA-2". Simulcast WETA-simulcast).      Column 2: Give the channel nuits community of license. For example on which your cable system carried Column 3: Indicate in each case educational station, by entering the |
| (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).  For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.  Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.  Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.  For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.  Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.  Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. | For the meaning of these terms, se Column 4: If the station is outside planation of local service area, see Column 5: If you have entered "cable system carried the distant station on a particular for the retransmission of a distate of a written agreement entered into the cable system and a primary traition "E" (exempt). For simulcasts, a explanation of these three categories Column 6: Give the location of FCC. For Mexican or Canadian states.                     |
| CHANNEL LINE-UP AR   |   |
| 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF CHANNEL NUMBER STATION 6. LOCATION OF STATION (Yes or No) (If Distant)   | SIGN CHANNE   |
|  |   |

| LEGAL NAME OF OWN  | IER OF CABLE SY  | STEM:  |  |  | SYSTEM ID#  |                                |
|--|--|--|--|--|---|--------------------------------|
| CABLE ONE, IN  |  |  |  |  | 003838  | Name                           |
| PRIMARY TRANSMITTE   |  | N  |  |  |   |                                |
| in General: In space of carried by your cable s<br>FCC rules and regulat<br>76.59(d)(2) and (4), 76  | G, identify every<br>system during the<br>ions in effect or<br>i.61(e)(2) and (  | v television sta<br>ne accounting<br>n June 24, 196<br>1), or 76.63 (r   | period, except (81, permitting the eferring to 76.61)  | (1) stations carried<br>e carriage of certa  | and low power television stations) I only on a part-time basis under iin network programs [sections and (2) certain stations carried on a | <b>G</b> Primary Transmitters: |
| basis under specifc FC  Do not list the station station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you he cable system carried the carried the distant stat For the retransmiss of a written agreement the cable system and | Stations: With recovery control of a distant station of a distant station of a distant entered into or a primary transite entered into or a primary transite entered into or a primary transite. | respect to any titions, or auth G—but do list titute basis. Ince I, if the state erning substitute sign. Do not rear a station acceptate when the FCC heart station. Whether the station whether the station whether the station acceptage (v) of the local serving (v) of the local serving the local serving he basis becamulticast stream or before Jumitter or an asset to a station or station and the local serving the local serving the local serving and the local serving the local se | r distant stations orizations: t it in space I (the atton was carried tute basis station report origination cording to its over be reported in coas assigned to the annel 4 in Wash atton is a network), "N-M" (fel educational), one general instruction is a network of a compart of the annel of | e Special Statemer l both on a substitute, see page (v) of a program services er-the-air designate column 1 (list each the television static ington, D.C. This ington, D.C. This ington, an independent of "E-M" (for nonconstitutions located in the inglete column 5, seed. Indicate by entectivated channel cubject to a royalty tween a cable system in the primar in the primar in the primar in the primar in the primar in the primar in the primar in the primar in the primar in the primar in the primar in the program in the primar in the | s". If not, enter "No". For an ex-<br>paper SA3 form.<br>tating the basis on which your<br>ering "LAC" if your cable system               | Transmitters: Television       |
| Column 6: Give the   | e location of ea<br>Canadian statio  | ch station. Fo   | r U.S. stations, l<br>e the name of th   | ist the community e community  | d in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up.                         |                                |
|  |  | CHANN  | EL LINE-UP   | AS   |   |                                |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION  |                                |
|  |  |  |  |  |   |                                |
|  |  |  |  |  |   |                                |
|  |  |  |  |  |   |                                |

| LEGAL NAME OF OWN   | IER OF CABLE SY   | STEM:  |  |  | SYSTEM ID#  |                                |
|---|---|--|--|--|---|--------------------------------|
| CABLE ONE, IN   |   |  |  |  | 003838  | Name                           |
| PRIMARY TRANSMITTE  |   | N  |  |  |   |                                |
| In General: In space (carried by your cable s   | G, identify every<br>system during the<br>ions in effect or<br>i.61(e)(2) and (   | television stane accounting<br>June 24, 19<br>June 76.63 (r  | period, except (81, permitting the eferring to 76.61)  | (1) stations carried<br>e carriage of certa  | and low power television stations) I only on a part-time basis under in network programs [sections nd (2) certain stations carried on a | <b>G</b> Primary Transmitters: |
| Substitute Basis S basis under specific FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multi- For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried ti carried the distant stat For the retransmiss of a written agreement the cable system and | Stations: With a CC rules, regular here in space only on a substand also in spation and also in spation and also in spation and also in spation and also in spation and also in spation and associated with a community and a | respect to any ations, or auth G—but do listitute basis. Incell, if the staterning substitute sign. Do not in a station active astreams must be the FCC here. WRC is Charles station. Whether the station active from the local sential column on during the energy and the local sential column on during the me basis became to before Jumitter or an astations. | r distant stations orizations: t it in space I (the atton was carried tute basis station report origination cording to its over be reported in coas assigned to the annel 4 in Wash atton is a network), "N-M" (fel educational), one general instruction is a network of a compart of the annel of | e Special Statemer less both on a substitute, see page (v) of a program services er-the-air designate column 1 (list each the television stationington, D.C. This interest of the service of the television stations located in the distant"), enter "Ye ons located in the applete column 5, sed. Indicate by entictivated channel coubject to a royalty tween a cable system in the primar the primar in the primar in the primar in the primar in the primar in the substitution of the primar in the program in the primar in the program in the primar in the program in the primar in the primar in the program in the primar in the primar in the program in the primar in th | s". If not, enter "No". For an ex-<br>paper SA3 form.<br>tating the basis on which your<br>ering "LAC" if your cable system             | Transmitters: Television       |
| Column 6: Give the  | e location of ea<br>Canadian statio   | ch station. Fo   | r U.S. stations, l<br>e the name of th   | ist the community e community  | d in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up.                       |                                |
|   |   | CHANN  | EL LINE-UP   | AT   |   |                                |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION  |                                |
|   |   |  |  |  |   |                                |
|   |   |  |  |  |   |                                |

| FURM SASE, PAGE 3.   |   |   |  |   |   |                               |
|--|---|---|--|---|---|-------------------------------|
| CABLE ONE, IN  | _   | STEM:   |  |   | SYSTEM ID#<br>003838  | Name                          |
| PRIMARY TRANSMITTER  | RS: TELEVISIO   | N   |  |   |   |                               |
| carried by your cable sy<br>FCC rules and regulation<br>76.59(d)(2) and (4), 76.<br>substitute program basi  | estem during the<br>ons in effect or<br>61(e)(2) and (a<br>s, as explaine   | ne accounting<br>n June 24, 198<br>4), or 76.63 (r<br>d in the next p   | period, except (81, permitting the eferring to 76.61 paragraph.  | (1) stations carried<br>e carriage of certa<br>l(e)(2) and (4))]; a   | and low power television stations) d only on a part-time basis under hin network programs [sections and (2) certain stations carried on a   | G<br>Primary<br>Transmitters: |
| basis under specifc FCt  Do not list the station station was carried of  List the station here, a basis. For further infining the paper SA3 for Column 1: List each each multicast stream as "WETA-WETA-simulcast).  Column 2: Give the its community of license on which your cable systed educational station, by (for independent multicated educational station, by (for independent multicated the meaning of these Column 4: If the state planation of local service Column 5: If you have cable system carried the carried the distant station for the retransmission of a written agreement of the cable system and a tion "E" (exempt). For siexplanation of these three Column 6: Give the | C rules, regular here in space only on a substant also in space or matter conditions and also in space or matter carried the cast, "E" (for no see terms, see particular to no fa distant tentered into or primary transitudicasts, also see categories location of ea anadian statio | ations, or auth G—but do list titute basis. Ince I, if the staterning substitute sign. Do not read a station acceptate station. In a station acceptate station. In a station acceptate station. In a station acceptate station. In a station acceptate station. In a station acceptate station. In a station acceptate station. In a station acceptate station acceptate station acceptate station acceptate station acceptate station acceptate station acceptate station acceptate station. In a see page (v) ch station. For ans, if any, given acceptate in a station. For ans, if any, given acceptate in a station. | orizations: tit in space I (the tition was carried tute basis station report origination cording to its own be reported in c as assigned to t annel 4 in Wash ation is a netwo etwork), "N-M" (f deducational), o e general instruct vice area, (i.e. "d general instruct 4, you must con accounting peric ause of lack of a earn that is not s one 30, 2009, be ssociation repres you carried the c of the general i r U.S. stations, I e the name of the | e Special Statemer I both on a substitute, see page (v) on program service: er-the-air designation of the television statifington, D.C. This indicate of the television statifington, D.C. This rk station, an indefor network multicar "E-M" (for noncostions located in the inplete column 5, so d. Indicate by entictivated channel of ubject to a royalty tween a cable systemating the primar channel on any otinstructions locate list the community with | s". If not, enter "No". For an expaper SA3 form.  Itating the basis on which your ering "LAC" if your cable system capacity.  Itating the basis on which your ering "LAC" if your cable system capacity.  Italian is the subject tem or an association representing y transmitter, enter the designation basis, enter "O." For a further d in the paper SA3 form.  It to which the station is licensed by the which the station is identifed. | Television                    |
|  |   | CHANN   | EL LINE-UP   | ΔU  |   |                               |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION  | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION  |                               |
|  |   |   |  |   |   |                               |

| LEGAL NAME OF OWN   | IER OF CABLE SY  | STEM: |  |  | SYSTEM ID#             |      |  |
|---|------------------|-------|--|--|------------------------|------|--|
| CABLE ONE, IN   | IC.              |       |  |  | 003838                 | Name |  |
| PRIMARY TRANSMITTE  | RS: TELEVISIO    | N .   |  |  |                        |      |  |
| 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 program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:  Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as swETA-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), "" (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 |                  |       |  |  |                        |      |  |
| Note: II you are utilizin   | ig multiple char |       |  |  | manner line-up.        |      |  |
| 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BAS CHANNEL OF (Yes or No) CAR NUMBER STATION (If D  |                  |       |  |  | 6. LOCATION OF STATION |      |  |
|   |                  |       |  |  |                        |      |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  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]   | ne  |
|--|-----|
| 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   |     |
| 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   |     |
| 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.  | ary |
| Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis, as explained in the next paragraph.  **Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  **List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  **Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  **Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.  **Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).  **For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.  **Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.  **Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your ca |     |
| 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 AW   |     |
| 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF CARRIAGE (If Distant) 6. LOCATION OF STATION   |     |
|  |     |

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 003838 CABLE ONE, INC. PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

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

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

| TOTAL SACE TAGE 5.  |              |                  |                              |               |                              | Accountine      | 3 F LINIOD: 2021/1                      |
|---|--------------|------------------|------------------------------|---------------|------------------------------|-----------------|---|
| CABLE ONE, INC.   | CABLE SYST   | EM:              |                              |               | 5                            | 003838          | Name                                    |
| SUBSTITUTE CARRIAGE   | : SPECIA     | L STATEMEN       | T AND PROGRAM LOG            |               |                              |                 |   |
| In General: In space I, identi<br>substitute basis during the ac<br>explanation of the programm   | counting pe  | riod, under spec | cific present and former FC0 | rules, regula | itions, or authorizations. F | or a further    | Substitute                              |
| 1. SPECIAL STATEMENT  | CONCER       | NING SUBST       | ITUTE CARRIAGE               |               |                              |                 | Carriage:                               |
| During the accounting per<br>broadcast by a distant sta   |              | r cable system   | carry, on a substitute basi  | s, any nonne  | •                            | ☑No             | Special<br>Statement and<br>Program Log |
| <b>Note:</b> If your answer is "No log in block 2.  | ", leave the | rest of this pag | e blank. If your answer is ' | 'Yes," you mu | ust complete the progran     | n               |   |
| 2. LOG OF SUBSTITUTE  | PROGRA       | MS               |                              |               |                              |                 |   |
| 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 preffect on October 19, 1976.  |              | , ,              | F                            |               |                              |                 |   |
|   |              |                  |                              |               | EN SUBSTITUTE                | 7. REASON       |   |
| 1. TITLE OF PROGRAM   | 2. LIVE?     | 3. STATION'S     |                              | 5. MONTH      | 6. TIMES                     | FOR<br>DELETION |   |
|   | Yes or No    | CALL SIGN        | 4. STATION'S LOCATION        | AND DAY       | FROM — TO                    |                 |   |
|   |              |                  |                              |               |                              |                 |   |
|   | <del> </del> |                  |                              |               |                              |                 |   |
|   | <b></b>      |                  |                              |               |                              |                 |   |
|   |              |                  |                              |               | _                            |                 |   |
|   |              |                  |                              |               |                              |                 |   |
|   | <del> </del> |                  |                              |               |                              | .               |   |
|   | <b></b>      |                  |                              |               |                              |                 |   |
|   |              |                  |                              |               | _                            |                 |   |
|   |              |                  |                              |               |                              |                 |   |
|   | <b></b>      |                  |                              |               |                              | t               |   |
|   | <b></b>      |                  |                              |               |                              |                 |   |
|   | ļ            |                  |                              |               | _                            |                 |   |
|   |              |                  |                              |               | _                            |                 |   |
|   | <b> </b>     |                  |                              |               |                              |                 |   |
|   | <b></b>      | <b></b>          |                              |               |                              | +               |   |
|   | ļ            |                  |                              |               |                              | ļ               |   |
|   |              |                  |                              |               | _                            |                 |   |
|   |              |                  |                              |               |                              |                 |   |
|   |              |                  |                              |               |                              | <b>+</b>        |   |
|   | <b></b>      |                  |                              |               |                              |                 |   |
|   | <b></b>      |                  |                              |               |                              |                 |   |
|   |              |                  |                              |               | _                            |                 |   |
|   |              |                  |                              |               |                              |                 |   |
|   | <del> </del> |                  |                              |               |                              | <del> </del>    |   |

ACCOUNTING PERIOD: 2021/1 FORM SA3E. PAGE 6

| ACCOUNTING P                      | EKIOD: 2021/1  |      |              |   |      |               |       | FUI            | RIVI SAJE. PAGE 6. |  |
|-----------------------------------|--|------|--------------|---|------|---------------|-------|----------------|--------------------|--|
| Name                              | CABLE ONE  |      | SYSTEM:      |   |      |               |       |                | SYSTEM ID# 003838  |  |
| J<br>Part-Time<br>Carriage<br>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 (Nates and hours of carriage): For each station, list the dates and hours when part-time carriage occ- |      |              |   |      |               |       |                |                    |  |
|                                   |  |      | DA           | ATES AND HOURS                                | OF F | PART-TIME CAR | RIAGE |                |                    |  |
|                                   | CALL SIGN  | WHEN | I CARRIAGE C | OCCURRED<br>HOURS                             |      | CALL SIGN     | MHEI  | N CARRIAGE OCC | CURRED<br>JRS      |  |
|                                   |  | DATE | FROM         | ТО  |      |               | DATE  | FROM           | ТО                 |  |
|                                   |  |      |              | _   |      |               |       | _              | _                  |  |
|                                   |  |      |              | _   |      |               |       | _              | _                  |  |
|                                   |  |      |              | _   |      |               |       | _              | _                  |  |
|                                   |  |      |              |   |      |               |       |                |                    |  |
|                                   |  |      |              | <del></del>                                   |      |               |       |                |                    |  |
|                                   |  |      |              | <u> </u>                                      |      |               |       |                |                    |  |
|                                   |  |      |              | <u> </u>                                      |      |               |       |                |                    |  |
|                                   |  |      |              |   |      |               |       |                |                    |  |
|                                   |  |      |              |   |      |               |       |                |                    |  |
|                                   |  |      |              |   |      |               |       |                | _                  |  |
|                                   |  |      |              | _   |      |               |       | _              | _                  |  |
|                                   |  |      |              |   |      |               |       | _              | _                  |  |
|                                   |  |      |              | _   |      |               |       | _              | _                  |  |
|                                   |  |      |              |   |      |               |       |                |                    |  |
|                                   |  |      |              |   |      |               |       |                |                    |  |
|                                   |  |      |              |   |      |               |       |                |                    |  |
|                                   |  |      |              |   |      |               |       |                |                    |  |
|                                   |  |      |              | <u>. –                                   </u> |      |               |       |                |                    |  |
|                                   |  |      |              |   |      |               |       |                |                    |  |
|                                   |  |      |              |   |      |               |       |                |                    |  |
|                                   |  |      |              |   |      |               |       | _              | _                  |  |
|                                   |  |      |              |   |      |               |       | _              |                    |  |
|                                   |  |      |              | _   |      |               |       | _              | _                  |  |
|                                   |  |      |              |   |      |               |       | _              | _                  |  |
|                                   |  |      |              |   |      |               |       |                | _                  |  |
|                                   |  |      |              |   |      |               |       |                | _                  |  |
|                                   |  |      |              |   |      |               |       |                |                    |  |
|                                   |  |      |              |   |      |               |       | -              |                    |  |
|                                   |  |      |              |   |      |               |       | -              | -                  |  |
|                                   |  |      |              |   |      |               |       |                | -                  |  |
|                                   |  |      |              |   |      |               |       |                |                    |  |
|                                   |  |      |              | _   |      |               |       | _              | _                  |  |

| LEG  | SYSTEM ID# BLE ONE, INC.  SYSTEM ID# 003838   | Name   |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|
| all a<br>(as<br>pag  | Coss receipts  ructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of mounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service identified in space E) during the accounting period. For a further explanation of how to compute this amount, see in (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s)  during the accounting period.  Technology  The figure you give in this space determines the form you fle and the amount you pay. Enter the total of mounts (pross receipts) and the amount you pay. Enter the total of mounts (pross receipts) | <b>K</b><br>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. |   |  |  |  |  |  |  |  |
| bloc  If pa 3 be   | art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of k 3 below.  Int 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block elow.  Int 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line block 4 below.  MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at  |  |  |  |  |  |  |  |
| 1  | 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  Line 2. Multiply the amount in line 1 by 0.01064  Enter the result here.  This is your minimum fee.  \$ 716,528.30  \$ 7,623.86   |  |  |  |  |  |  |  |
| Block<br>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   |  |  |  |  |  |  |  |
|  | 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 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  | Cable systems submitting additional                                    |  |  |  |  |  |  |
|  | zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)   | deposits under<br>Section 111(d)(7)<br>should contact<br>the Licensing |  |  |  |  |  |  |
|  | Line 4. FILING FEE  | additional fees. Division for the appropriate                          |  |  |  |  |  |  |
|  | TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here  | form for submitting the additional fees.                               |  |  |  |  |  |  |
|  | Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See page (i) of the general instructions located in the paper SA3 form for more information.)   |  |  |  |  |  |  |  |

| Maria                              | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYST  | EM ID# |  |  |  |  |  |  |  |  |
|------------------------------------|--|--------|--|--|--|--|--|--|--|--|
| Name                               | CABLE ONE, INC.  | 03838  |  |  |  |  |  |  |  |  |
| M<br>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.  |        |  |  |  |  |  |  |  |  |
| Chamieis                           | 1. Enter the total number of channels on which the cable system carried television broadcast stations  |        |  |  |  |  |  |  |  |  |
|                                    | Enter the total number of activated channels     on which the cable system carried television broadcast stations     and nonbroadcast services   |        |  |  |  |  |  |  |  |  |
| N<br>Individual to<br>Be Contacted | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)  |        |  |  |  |  |  |  |  |  |
| for Further<br>Information         | 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   |        |  |  |  |  |  |  |  |  |
| 0                                  | CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)   |        |  |  |  |  |  |  |  |  |
| Certifcation                       | • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , 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 identified as owner of the cable system in line 1 of space B.  |        |  |  |  |  |  |  |  |  |
|                                    | I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]   |        |  |  |  |  |  |  |  |  |
|                                    | X /s/ Raymond Storck   |        |  |  |  |  |  |  |  |  |
|                                    | Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings. |        |  |  |  |  |  |  |  |  |
|                                    | Typed or printed name: RAYMOND STORCK  |        |  |  |  |  |  |  |  |  |
|                                    | Title: VICE PRESIDENT (Title of official position held in corporation or partnership)  |        |  |  |  |  |  |  |  |  |
|                                    | Date: August 27, 2021  |        |  |  |  |  |  |  |  |  |

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

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM II  00383   | Nama  |
|---|---|
| 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 following 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 subscribers 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 | Special<br>Statement<br>Concerning<br>Gross Receipts<br>Exclusion |
| Name Mailing Address Mailing Address Mailing Address  |   |
| INTEREST ASSESSMENTS  You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.  For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.   | Q   |
| Line 1 Enter the amount of late payment or underpayment   | Interest Assessment   |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here   | _   |
| Line 3 Multiply line 2 by the number of days late and enter the sum here  | _   |
| Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,  space L, (page 7)   | _   |
| * To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance 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  |   |

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

**ACCOUNTING PERIOD: 2021/1** 

DSE SCHEDULE. PAGE 11. (CONTINUED)

| 1                    | LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  |                     |                      |                 |                        |  |  |  |  |  |  |
|----------------------|--|---------------------|----------------------|-----------------|------------------------|--|--|--|--|--|--|
|                      | CABLE ONE, INC. 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                   |  |  |  |  |  |  |
|                      | Instructions: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column |                     |                      |                 |                        |  |  |  |  |  |  |
| Computation          | of space G (page 3).  In the column headed "DSE": mercial educational station, give  |                     |                      | as "1.0"; for e | ach network or noncom- |  |  |  |  |  |  |
| Category "O"         | mercial educational station, give  | e tile DSE as .2    | CATEGORY "O" STATION | IS: DSFs        |                        |  |  |  |  |  |  |
| Stations             | CALL SIGN  | DSE                 | CALL SIGN            | DSE             | CALL SIGN              | DSE  |  |  |  |  |  |
|                      | 0.122.2.0.1  |                     |                      |                 |                        |  |  |  |  |  |  |
|                      |  |                     |                      |                 |                        |  |  |  |  |  |  |
|                      |  |                     |                      |                 |                        |  |  |  |  |  |  |
|                      |  |                     |                      |                 |                        |  |  |  |  |  |  |
|                      |  |                     |                      |                 |                        |  |  |  |  |  |  |
| Add rows as          |  |                     |                      |                 |                        | ······                                       |  |  |  |  |  |
| necessary.           |  |                     |                      |                 |                        |  |  |  |  |  |  |
| Remember to copy all |  |                     |                      |                 |                        |  |  |  |  |  |  |
| formula into new     |  |                     |                      |                 |                        |  |  |  |  |  |  |
| rows.                |  |                     |                      |                 |                        |  |  |  |  |  |  |
|                      |  |                     |                      |                 |                        |  |  |  |  |  |  |
|                      |  |                     |                      |                 |                        |  |  |  |  |  |  |
|                      |  |                     |                      |                 |                        |  |  |  |  |  |  |
|                      |  |                     |                      |                 |                        |  |  |  |  |  |  |
|                      |  |                     |                      |                 |                        |  |  |  |  |  |  |
|                      |  |                     |                      |                 |                        |  |  |  |  |  |  |
|                      |  |                     |                      |                 |                        |  |  |  |  |  |  |
|                      |  |                     |                      |                 |                        |  |  |  |  |  |  |
|                      |  |                     |                      |                 |                        |  |  |  |  |  |  |
|                      |  |                     |                      |                 |                        |  |  |  |  |  |  |
|                      |  |                     |                      |                 |                        |  |  |  |  |  |  |
|                      |  |                     |                      |                 |                        |  |  |  |  |  |  |
|                      |  |                     |                      |                 |                        |  |  |  |  |  |  |
|                      |  |                     |                      |                 |                        |  |  |  |  |  |  |
|                      |  |                     |                      |                 |                        |  |  |  |  |  |  |
|                      |  |                     |                      |                 |                        |  |  |  |  |  |  |
|                      |  |                     |                      |                 |                        |  |  |  |  |  |  |
|                      |  |                     |                      |                 |                        |  |  |  |  |  |  |
|                      |  |                     |                      |                 |                        |  |  |  |  |  |  |
|                      |  |                     |                      |                 |                        | <br>   |  |  |  |  |  |
|                      |  |                     |                      |                 |                        |  |  |  |  |  |  |
|                      |  |                     |                      |                 |                        |  |  |  |  |  |  |
|                      |  |                     |                      |                 |                        |  |  |  |  |  |  |
|                      |  |                     |                      |                 |                        |  |  |  |  |  |  |
|                      |  |                     |                      |                 |                        |  |  |  |  |  |  |
|                      |  |                     |                      |                 |                        | <br>   |  |  |  |  |  |
|                      |  |                     |                      |                 |                        | <br>   |  |  |  |  |  |
|                      |  |                     |                      |                 |                        |  |  |  |  |  |  |
|                      |  |                     |                      |                 |                        |  |  |  |  |  |  |
|                      |  |                     |                      | L               |                        | <u>                                     </u> |  |  |  |  |  |

|  | <br>P | p | <del> </del> |  |
|--|-------|---|--------------|--|
|  |       |   |              |  |
|  |       |   |              |  |
|  |       |   |              |  |

| Name  | CABLE ONE, II  | NER OF CABLE SYSTEM:   |   |   |  |   | (  | 003838 |
|---|--|--|---|---|--|---|--|--------|
| Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel | Column 2: F<br>figure should cor<br>Column 3: F<br>Column 4: D<br>be carried out at<br>Column 5: F<br>give the type-val<br>Column 6: M | he call sign of all distar<br>for each station, give the<br>trespond with the inform<br>or each station, give the<br>divide the figure in column<br>least to the third decimn<br>or each independent some as ".25."<br>Multiply the figure in column | e number of he nation given in the total number mn 2 by the figural point. This is tation, give the furn 4 by the figuran 4 by the figuran 4 by the figuran 5 fixed the nation. | ours your cable systen space J. Calculate on of hours that the staticure in column 3, and g s the "basis of carriage" "type-value" as "1.0."                        | n carried the stati-<br>ly one DSE for ea<br>on broadcast ove<br>ive the result in d<br>e value" for the sta<br>For each network   | on during the accounting ach station.  r the air during the accoulecimals in column 4. This   | nting period. figure must ational station, |        |
| Capacity  |  | (  | CATEGORY  | LAC STATIONS:   | COMPUTATI  | ON OF DSEs  |  |        |
|   | 1. CALL<br>SIGN  | 2. NUMBEI<br>OF HOU<br>CARRIE<br>SYSTEM  | IRS<br>D BY<br>//   | 3. NUMBER<br>OF HOURS<br>STATION<br>ON AIR  | 4. BASIS OF<br>CARRIAG<br>VALUE  | SE VALUI  |  | SE .   |
|   |  |  | ÷   |   | =  | x<br>x  | = =  |        |
|   |  |  | ÷   |   | =  | x   | =  |        |
|   |  |  | ÷   |   | =  | x<br>x  | =  |        |
|   |  |  | ÷   |   | =  | x   | =  |        |
|   |  |  | ÷   |   | =  | x<br>x  | =  |        |
|   | Add the DSEs of  | F CATEGORY LAC S1<br>each station.<br>here and in line 2 of pa   |   | edule,  |  | 0.00  |  |        |
| Computation of DSEs for Substitute-Basis Stations                                   | Column 1: Give to Was carried by tions in effect • Broadcast one space I). Column 2: For at your option. Thi Column 3: Ent             | on October 19, 1976 (a<br>or more live, nonnetwor<br>each station give the is<br>is figure should correster the number of days<br>ride the figure in column  | tution for a project shown by the programs du number of live, pond with the in the calendar of by the figure.   | gram that your system e letter "P" in column 7 ring that optional carria nonnetwork programs nformation in space I. r year: 365, except in a e in column 3, and giv | was permitted to of space I); and age (as shown by the carried in substitute a leap year. The the result in column in the carried in substitute the result in column in the carried in substitute in the result in column in the carried in substitute in the result in column in the carried in th | ograms) if that station: delete under FCC rules a he word "Yes" in column 2 of tution for programs that w umn 4. Round to no less the general instructions in the | of<br>ere deleted<br>than the third        | 1).    |
|   |  | SL   | IBSTITUTE:  | BASIS STATION   | IS: COMPUTA  | ATION OF DSEs   | 1  | _      |
|   | 1. CALL 2<br>SIGN  | 2. NUMBER<br>OF<br>PROGRAMS  | 3. NUMBE<br>OF DAY<br>IN YEAF   | S   | 1. CALL<br>SIGN  | 2. NUMBER<br>OF<br>PROGRAMS   | 3. NUMBER<br>OF DAYS<br>IN YEAR            | 4. DSE |
|   |  | <u>-</u>   |   | =   |  |   |  |        |
|   |  | ÷  |   | =   |  | ÷   |  |        |
|   |  | ÷  |   | =   |  | ÷   |  | =      |
|   |  | ÷  |   | =   |  | ÷   |  |        |
|   | Add the DSEs of  | F SUBSTITUTE-BASIS   | S STATIONS:   |   |  | 0.00  | ]  |        |
| 5   |  | OF DSEs: Give the amo  |   | poxes in parts 2, 3, and  | 4 of this schedule   | and add them to provide the   | ne total                                   |        |
| Total Number  | 1. Number of   | DSEs from part 2 ●   |   |   |  | <b>&gt;</b>   | 0.00                                       |        |
| of DSEs   | 2. Number of   | DSEs from part 3 ●   |   |   |  | <b>&gt;</b>   | 0.00                                       |        |
|   | 3. Number of   | DSEs from part 4 ●   |   |   |  | <b>-</b>  | 0.00                                       |        |
|   | TOTAL NUMBER   | OF DSEs  |   |   |  |   |  | 0.00   |

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

| EGAL NAME OF O                                 | OWNER OF CABLE S  | SYSIEM:   |   |  |   |   | S`<br>  | YSTEM ID#<br>003838 | Name  |
|--|---|---|---|--|---|---|---|---------------------|---|
| structions: Bloc                               | ck A must be comp   | leted.  |   |  |   |   |   |                     |   |
| block A:<br>f your answer if                   | "Yes," leave the re   | mainder of pa   | ırt 6 and part 7  | of the DSE schedu  | ıle blank and d   | complete part   | 8, (page 16) of the                             |                     | 6   |
| chedule.<br>If your answer if                  | "No," complete blo  | cks B and C t   | pelow.  |  |   |   |   |                     |   |
|  |   |   | BLOCK A:  | TELEVISION MA  | ARKETS  |   |   |                     | Computation 3.75 Fee                                |
| the cable syster<br>fect on June 24,           | ,   | utside of all m   | ajor and smalle   | er markets as define   | ed under sect   | ion 76.5 of FC  | C rules and regula                              | tions in            |   |
| Yes—Com  | plete part 8 of the   | schedule—D0   | O NOT COMPI   | LETE THE REMAIN  | IDER OF PAF   | RT 6 AND 7.   |   |                     |   |
| X No—Comp                                      | olete blocks B and  | C below.  |   |  |   |   |   |                     |   |
|  |   | BLO   | CK B: CARF  | RIAGE OF PERM  | /IITTED DS  | Es  |   |                     |   |
| Column 1:<br>CALL SIGN                         | FCC rules and re  | gulations pric<br>e DSE Sched   | r to June 25, 1<br>lule. (Note: The   | part 2, 3, and 4 of th<br>981. For further exp<br>e letter M below refe<br>Act of 2010.)   | planation of pe   | ermitted statio   | ns, see the                                     | •                   |   |
| Column 2:<br>BASIS OF<br>PERMITTED<br>CARRIAGE | (Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommeric D Grandfatherec instructions fo E Carried pursua *F A station previous carries *F A station previous carries *F A station previous carries | les and reguled pursuant to on as defined all educational station (76.6 r DSE scheduant to individu | ations cited be the FCC mark in 76.5(kk) (76 station [76.59 to ]) (see paragrule). all waiver of FC don a part-time | is on which you car<br>low pertain to those<br>ket quota rules [76.3<br>5.59(d)(1), 76.61(e)(c), 76.61(d), 76.63<br>aph regarding subs<br>CC rules (76.7)<br>e or substitute basis<br>ontour, [76.59(d)(5) | e in effect on J<br>57, 76.59(b), 7<br>(1), 76.63(a) r<br>(a) referring to<br>stitution of gran | tune 24, 1981. 76.61(b)(c), 76 eferring to 76. o 76.61(d)] ndfathered sta | .63(a) referring to<br>61(e)(1)<br>tions in the |                     |   |
| Column 3:                                      |   | stations ider   | tified by the le  | parts 2, 3, and 4 of<br>tter "F" in column 2,  |   |   | ksheet on page 14                               | of<br>3. DSE        |   |
| SIGN   | BASIS   |   | SIGN  | BASIS  |   | SIGN  | BASIS   |                     |   |
|  |   |   |   |  |   |   |   |                     |   |
|  |   |   |   |  |   |   |   |                     |   |
|  |   |   |   |  |   |   |   |                     |   |
|  |   |   |   |  |   |   |   |                     |   |
|  |   |   |   |  |   |   |   | 0.00                |   |
|  |   | E   | BLOCK C: CC   | MPUTATION OF   | 3.75 FEE  |   |   |                     |   |
| ne 1: Enter the                                | e total number of I   | DSEs from p   | art 5 of this s   | chedule  |   |   |   |                     |   |
| o 2. Entar tha                                 | cum of permitte   | d DSEs from   | blook P ober  |  |   |   |   |                     |   |
|  | sum of permitted  |   |   |  |   |   |   |                     |   |
| a 2. Cubtraat                                  | line 2 from line 1.   |   |   | of DSEs subject to   |   | te.   |   | 0.00                |   |
|  | eave lines 4–7 bl   | ank and pro   | ceed to part <i>i</i>   | of this schedule)  |   |   |   | 0.00                |   |
| (If zero, le                                   | eave lines 4–7 bl   |   |   | of this schedule)  |   |   |   |                     | •   |
| (If zero, l                                    | oss receipts from   | space K (pa   | ge 7)   | of this schedule)  |   |   | x 0.03  |                     | DSEs represe  |
| (If zero, lone 4: Enter gro                    |   | space K (pa   | ge 7)   | 7 of this schedule)  |   |   |   |                     | DSEs represe<br>partially<br>permited/<br>partially |
| (If zero, lender 4: Enter gro                  | oss receipts from   | space K (pa   | ge 7)<br>n here   | 7 of this schedule)  |   |   | x 0.03  |                     | permited/   |

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

ACCOUNTING PERIOD: 2021/1

| EGAL NAME OF    | OWNER OF CABLES, INC. | SYSTEM: |                 |                       |           |                 | S                  | YSTEM ID#<br>003838 | Name                    |
|-----------------|-----------------------|---------|-----------------|-----------------------|-----------|-----------------|--------------------|---------------------|-------------------------|
|                 |                       | BLOCK   | A: TELEVI       | SION MARKETS          | S (CONTIN | UED)            |                    |                     | _                       |
| 1. CALL<br>SIGN | 2. PERMITTED<br>BASIS | 3. DSE  | 1. CALL<br>SIGN | 2. PERMITTED<br>BASIS |           | 1. CALL<br>SIGN | 2. PERMITTED BASIS | 3. DSE              | 6                       |
|                 |                       |         |                 |                       |           |                 |                    |                     | Computation of 3.75 Fee |
|                 |                       |         |                 |                       |           |                 |                    |                     | 3.75 Fee                |
|                 |                       |         |                 |                       |           |                 |                    |                     |                         |
|                 |                       |         |                 |                       |           |                 |                    |                     |                         |
|                 |                       |         |                 |                       |           |                 |                    |                     |                         |
|                 |                       |         |                 |                       |           |                 |                    |                     |                         |
|                 |                       |         |                 |                       |           |                 |                    |                     |                         |
|                 |                       |         |                 |                       |           |                 |                    |                     |                         |
|                 |                       |         |                 |                       |           |                 |                    |                     |                         |
|                 |                       |         |                 |                       |           |                 |                    |                     |                         |
|                 |                       |         |                 |                       |           |                 |                    |                     |                         |
|                 |                       |         |                 |                       | l         |                 |                    |                     |                         |
|                 |                       |         |                 |                       |           |                 |                    |                     |                         |
|                 |                       |         |                 |                       |           |                 |                    |                     |                         |
|                 |                       |         |                 |                       |           |                 |                    |                     |                         |
|                 |                       |         |                 |                       |           |                 |                    |                     |                         |
|                 |                       |         |                 |                       |           |                 |                    |                     |                         |
|                 |                       |         |                 |                       |           |                 |                    |                     |                         |
|                 |                       |         |                 |                       |           |                 |                    |                     |                         |
|                 |                       |         |                 |                       |           |                 |                    |                     |                         |
|                 |                       |         |                 |                       |           |                 |                    |                     |                         |
|                 |                       |         |                 |                       |           |                 |                    |                     |                         |
|                 |                       |         |                 |                       |           |                 |                    |                     |                         |
|                 |                       |         |                 |                       |           |                 |                    |                     |                         |
|                 |                       |         |                 |                       |           |                 |                    |                     |                         |
|                 |                       |         |                 |                       |           |                 |                    |                     |                         |
|                 |                       |         |                 |                       |           |                 |                    |                     |                         |
|                 |                       |         |                 |                       |           |                 |                    |                     |                         |
|                 |                       |         |                 |                       |           |                 |                    |                     |                         |
|                 |                       |         |                 |                       |           |                 |                    |                     |                         |
|                 |                       |         |                 |                       |           |                 |                    |                     |                         |
|                 |                       |         |                 |                       |           |                 |                    |                     |                         |
|                 |                       |         |                 |                       | <u> </u>  |                 |                    |                     |                         |
|                 |                       |         |                 |                       |           |                 |                    |                     |                         |
|                 |                       |         |                 |                       |           |                 |                    |                     |                         |
|                 |                       |         |                 |                       |           |                 |                    |                     |                         |
|                 |                       |         |                 |                       |           |                 |                    |                     |                         |
|                 |                       |         |                 |                       |           |                 |                    |                     |                         |
|                 |                       |         |                 |                       |           |                 |                    |                     |                         |
|                 |                       |         |                 |                       |           |                 |                    |                     |                         |
|                 |                       |         |                 |                       |           |                 |                    |                     |                         |
|                 |                       |         |                 |                       |           |                 |                    |                     |                         |
|                 |                       |         |                 |                       | ļ         |                 |                    |                     |                         |
|                 |                       |         |                 |                       | <u> </u>  |                 |                    |                     |                         |
|                 |                       |         |                 |                       |           |                 |                    |                     |                         |
|                 |                       |         |                 |                       |           |                 |                    |                     |                         |
|                 |                       |         |                 |                       |           |                 |                    |                     |                         |
|                 |                       |         |                 |                       |           |                 |                    |                     |                         |
|                 |                       |         |                 |                       | <u> </u>  |                 |                    |                     |                         |

| Name  | CABLE ONE, IN   |  | SYSTEM:  |   |  |  |   |  | S`                 | 903838<br>003838 |
|---|---|--|--|---|--|--|---|--|--------------------|------------------|
| Worksheet for<br>Computating<br>the DSE<br>Schedule for<br>Permitted<br>Part-Time and<br>Substitute<br>Carriage | A—Part-time spr<br>B—Late-night pr<br>S—Substitute ca<br>Column 5: Indicate to<br>Column 6: Compare | ar to June 25, 1 call sign for each the DSE for the the accounting the basis of cac CC rules and recialty program 76.59(d)(1),76. ogramming: C76.61(e)(3)). arriage under cageneral instructhe station's Details the DSE figuiolock B, columninformation you are the programming to the station's Details are the DSE figuiolock B, columninformation you are the DSE figuiolo | 1981, under form ch distant station is station for a sign period and year period and year prize on which egulations cited anning: Carriage, 61(e)(1), or 76.6 arriage under FC pertain FCC rules tions in the pape SE for the currer res listed in column 3 of part 6 for it ugive in columns. | er FCC rules gove identifed by the lengle accounting per in which the carriche station was capelow pertain to thon a part-time bas 3 (referring to 76.6°C rules, sections in FSA3 form.  In the accounting perions 2 and 5 and 1 in this station. | rning part<br>etter "F" in<br>eriod, occu<br>age and D<br>rried by lis<br>ose in effe<br>is, of spe-<br>61(e)(1)).<br>76.59(d)(3<br>uthorization<br>ad as com-<br>st the small | -time and substicolumn 2 of par<br>urring between J<br>SE occurred (e.<br>sting one of the fect on June 24, cialty programm<br>3), 76.61(e)(3), cons. For further exputed in parts 2,<br>aller of the two figures. | tute carriage<br>t 6 of the Dalanuary 1, 1<br>g., 1981/1).<br>ollowing lett<br>1981.)<br>ing under For<br>76.63 (refrexplanation,<br>3, and 4 of<br>gures here. | e.) SE schedule. 978 and June 3 ers: CC rules, section erring to see page (vi) on this schedule. This figure sho | 0, 1981. ons f the |                  |
|   |   | DEDMIT   | TED DOE FOR C  | TATIONIO OADDI  | ED ON A  | DADT TIME AND  | ID OU IDOTIT  | THE BACK   |                    |                  |
|   | 1. CALL<br>SIGN   | 2. PRIC  | OR 3. A  | TATIONS CARRI<br>ACCOUNTING<br>PERIOD   | 4. [   | PART-TIME AN<br>BASIS OF<br>ARRIAGE  | 5. PF   | RESENT<br>DSE  | 6. PI              | ERMITTED<br>DSE  |
|   |   |  |  |   |  |  |   |  |                    |                  |
|   |   |  |  |   |  |  |   |  |                    |                  |
|   |   |  |  |   |  |  |   |  |                    |                  |
|   |   |  |  |   |  |  |   |  |                    |                  |
|   |   |  |  |   |  |  |   |  |                    |                  |
|   |   |  |  |   |  |  |   |  |                    |                  |
|   |   |  |  |   |  |  |   |  |                    |                  |
|   |   |  |  |   |  |  |   |  |                    |                  |
|   |   |  |  |   |  |  |   |  |                    |                  |
| <b>7</b> Computation of the   | Instructions: Block A In block A: If your answer is If your answer is                               | "Yes," comple  | te blocks B and o  | nk and complete p   |  |  |   |  |                    |                  |
| Syndicated<br>Exclusivity   |   |  | BLC  | OCK A: MAJOR  | TELEVI   | ISION MARKI  | ET  |  |                    |                  |
| Surcharge   | Is any portion of the contractions  | cable system w   | ithin a top 100 m  | ajor television mark  | et as defn   | ed by section 76   | .5 of FCC ru  | les in effect Jun  | e 24, 198          | 31?              |
|   | X Yes—Complete  | blocks B and   | C .  |   | <u>                                   </u>   | No—Proceed to  | part 8  |  |                    |                  |
|   | BLOCK B: C  | arriage of VHI   | -/Grade B Conto  | ur Stations   |  | BLOC   | K C: Compι  | ıtation of Exem <sub>l</sub>   | ot DSEs            |                  |
|   | Is any station listed in<br>commercial VHF station<br>or in part, over the cal                      | on that places   | . ,  |   | nity se  | any station listed<br>erved by the cab<br>ner FCC rule 76.   | le system pr  | •  | •                  |                  |
|   | Yes—List each st  X No—Enter zero a   |  | n its appropriate po<br>art 8.   | ermitted DSE  |  | Yes—List each sta<br>No—Enter zero ar  |   |  | e permitte         | ed DSE           |
|   | CALL SIGN   | DSE  | CALL SIGN  | DSE   |  | CALL SIGN  | DSE   | CALL SIG   | N                  | DSE              |
|   |   |  |  |   |  |  |   |  |                    |                  |
|   |   |  |  |   |  |  |   |  |                    |                  |
|   |   |  |  |   |  |  |   |  |                    |                  |
|   |   |  |  |   |  |  |   |  |                    |                  |
|   |   |  |  |   |  |  |   |  |                    |                  |
|   |   |  | TOTAL DSEs   | 0.00  |  |  | <u> </u>  | TOTAL DS   | Es                 | 0.00             |

| LEGAL NA      | ME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.   | 003838     | Name                      |
|---------------|---|------------|---------------------------|
|               | BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE  |            |                           |
| Section<br>1  | Enter the amount of gross receipts from space K (page 7)  | 716,528.30 | 7                         |
| Section<br>2  | A. Enter the total DSEs from block B of part 7  | 0.00       | Computation of the        |
|               | B. Enter the total number of exempt DSEs from block C of part 7   | 0.00       | Syndicated<br>Exclusivity |
|               | C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8  | 0.00       | Surcharge                 |
| • Is an       | y portion of the cable system within a top 50 television market as defined by the FCC?  Yes—Complete section 3 below.  X No—Complete section 4 below.   |            |                           |
|               | SECTION 3: TOP 50 TELEVISION MARKET   |            |                           |
| Section<br>3a | Did your cable system retransmit the signals of any partially distant television stations during the accounting period?      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<br>3b | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.  |            |                           |
|               | A. Enter 0.00599 of gross receipts (the amount in section 1)  |            |                           |
|               | B. Enter 0.00377 of gross receipts (the amount in section 1) ▶ _ \$   |            |                           |
|               | C. Multiply line B by 3.000 and enter here  |            |                           |
|               | D. Enter 0.00178 of gross receipts (the amount in section 1)  |            |                           |
|               | E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here   |            |                           |
|               | F. Multiply line D by line E and enter here   |            |                           |
|               | G. Add lines A, C, and F. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge  |            |                           |
|               | SECTION 4: SECOND 50 TELEVISION MARKET  |            |                           |
|               | Did your cable system retransmit the signals of any partially distant television stations during the accounting period?   |            |                           |
| Section<br>4a | 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  |   | ME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  0038   |
|---|---|---|
| Computation<br>of the<br>Syndicated<br>Exclusivity<br>Surcharge | Section<br>4b   | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.  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                                  | You m 6 was In blo If you If you blank What i were lo | ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5.  ck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.  r answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.  r answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below  s a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers becated within that station's local service area and others were located outside that area. For the definition of a station's "local e area," see page (v) of the general instructions.  BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS  our cable system retransmit the signals of any partially distant television stations during the accounting period?  Yes—Complete part 9 of this schedule. |
|   | Section 1 Section 2                                   | BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE  Enter the amount of gross receipts from space K (page 7)   |
|   | Section 3   | If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank.  NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.  A. Enter 0.01064 of gross receipts (the amount in section 1).  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.   |

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

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

|                           | AME OF OWNER OF CABLE SYSTEM:  SYSTEM  O03   | Name Name                          |
|---------------------------|--|------------------------------------|
| Section                   | If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.  |                                    |
| 4                         | A. Enter 0.01064 of gross receipts  (the amount in section 1)  **State   | 8                                  |
|                           | B. Enter 0.00701 of gross receipts  (the amount in section 1)   ▶ \$   | Computation<br>of<br>Base Rate Fee |
|                           | C. Multiply line B by 3.000 and enter here <b>&gt;</b>   | Dasc Nate 1 cc                     |
|                           | 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 <b>&gt;</b> \$   |                                    |
|                           | 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  \$ 0.0  | 00                                 |
|                           | TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals so be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in G.  |                                    |
| In Gen<br>receipt         | eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage con, you must:   | e Computation of Base Rate Fee     |
| station<br>DSEs a         | Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the numbe and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each grou: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system. | er of Syndicated                   |
| also co                   | If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you impute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. Howevalle system is wholly located outside all major television markets, complete block A only.   | must Partially                     |
| Step 1                    | Identify a Subscriber Group for Partially Distant Stations: For each community served, determine the local service area of each wholly distant and each partially distant station you to that community.   | Permitted<br>Stations              |
| outside                   | For each wholly distant and each partially distant station you carried, determine which of your subscribers were located the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, ne token, the station is distant to the subscriber.)  | by                                 |
| subscri                   | Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable will have only one subscriber group when the distant stations it carried have local service areas that coincide.   |                                    |
| Compu<br>groups           | uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber.   | criber                             |
| In each                   | section:   |                                    |
| • Give t                  | fy the communities/areas represented by each subscriber group.  the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the bers in the group.   |                                    |
| , -                       | system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3  | 3, and                             |
| 2) any                    | s schedule; or,<br>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,<br>6 of this schedule.   |                                    |
| •                         | ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.   |                                    |
| • Calcu                   | late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions paper SA3 form.   | ;                                  |
| • Comp<br>page.<br>DSEs f | bute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding lan making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the to or that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show calculations on the form.   |                                    |

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

| CABLE ONE, INC.           | R OF CABLE    | SYSTEM:                 |             |                         |          | SY               | O03838 | Name             |
|---------------------------|---------------|-------------------------|-------------|-------------------------|----------|------------------|--------|------------------|
| В                         | LOCK A:       | COMPUTATION OF          | BASE RA     | TE FEES FOR EACH        | SUBSCRIE | BER GROUP        |        |                  |
|                           |               | SUBSCRIBER GROUF        |             |                         |          | SUBSCRIBER GROUP |        |                  |
| COMMUNITY/ AREA           |               |                         | 0           | COMMUNITY/ AREA         |          |                  | 0      | 9<br>Computation |
| CALL SIGN                 | DSE           | CALL SIGN               | DSE         | CALL SIGN               | DSE      | CALL SIGN        | DSE    | of               |
| 07.122.01011              | 552           | 07.22 0.0.1             |             | 07.22 0.0.1             | 562      | 5/ LEE 5/6/1     | 302    | Base Rate Fee    |
|                           |               |                         |             |                         |          |                  |        | and              |
|                           |               |                         |             |                         |          | _                |        | Syndicated       |
|                           |               |                         |             |                         |          |                  |        | Exclusivity      |
|                           |               |                         |             |                         |          |                  |        | Surcharge        |
|                           |               |                         |             |                         |          |                  |        | for              |
|                           |               |                         |             |                         |          |                  |        | Partially        |
|                           |               |                         |             |                         |          |                  |        | Distant          |
|                           |               |                         |             |                         |          |                  |        | Stations         |
|                           |               |                         |             |                         |          | _                |        |                  |
|                           |               |                         |             |                         |          | _                |        |                  |
|                           |               |                         |             |                         |          |                  |        |                  |
|                           |               |                         |             |                         |          |                  |        |                  |
|                           |               |                         |             |                         |          |                  |        |                  |
|                           |               |                         |             |                         |          |                  |        |                  |
| Total DSEs                |               |                         | 0.00        | Total DSEs              |          |                  | 0.00   |                  |
| Gross Receipts First Gro  | un            | \$                      | 0.00        | Gross Receipts Second   | l Group  | \$               | 0.00   |                  |
| Closs Necepts First Clo   | м             | <u>Ψ</u>                | 0.00        | Gross Receipts Gecome   | ГОГОЦР   | Ψ                | 0.00   |                  |
| Base Rate Fee First Gro   | up            | \$                      | 0.00        | Base Rate Fee Second    | l 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    |                  |
|                           |               |                         |             |                         |          |                  |        |                  |
|                           |               |                         |             |                         |          |                  |        |                  |
|                           |               |                         |             |                         |          |                  |        |                  |
|                           |               |                         |             |                         |          |                  |        |                  |
|                           |               |                         |             |                         |          |                  |        |                  |
|                           |               |                         |             |                         |          |                  |        |                  |
|                           |               |                         |             |                         |          |                  |        |                  |
|                           |               |                         |             |                         | ļ        |                  |        |                  |
|                           |               |                         |             |                         | ļ        |                  |        |                  |
|                           |               |                         |             |                         | <u>.</u> |                  |        |                  |
|                           |               |                         |             |                         |          |                  |        |                  |
|                           |               |                         |             |                         |          |                  |        |                  |
|                           |               |                         |             |                         |          |                  |        |                  |
|                           |               |                         |             |                         |          |                  |        |                  |
| Total DSEs                |               |                         | 0.00        | Total DSEs              |          |                  | 0.00   |                  |
| Gross Receipts Third Gro  | oup           | \$                      | 0.00        | Gross Receipts Fourth   | Group    | \$               | 0.00   |                  |
|                           |               |                         |             |                         |          |                  |        |                  |
| Base Rate Fee Third Gro   | oup           | \$                      | 0.00        | Base Rate Fee Fourth    | Group    | \$               | 0.00   |                  |
| Base Rate Fee: Add the    | base rate     | fees for each subscrib- | er group as | shown in the boxes abov | e.       |                  |        |                  |
| Enter here and in block 3 | B, line 1, sp | ace L (page 7)          | Jp 40       | 2 3 2                   |          | \$               | 0.00   |                  |

| CABLE ONE, INC.                                | R OF CABLI | E SYSTEM:       |              |                          |         | S                | O03838   | Name                     |
|--|------------|-----------------|--------------|--------------------------|---------|------------------|----------|--------------------------|
|  | I UCK V·   | COMPLITATION OF | BASE DA      | ATE FEES FOR EACH        | SHBSCDI | RER GROUD        |          |                          |
| В  |            | SUBSCRIBER GROU |              |                          |         | SUBSCRIBER GROUF | >        |                          |
| COMMUNITY/ AREA                                |            |                 | 0            | COMMUNITY/ AREA          |         |                  | 0        | 9<br>Computation         |
| CALL SIGN                                      | DSE        | CALL SIGN       | DSE          | CALL SIGN                | DSE     | CALL SIGN        | DSE      | Computation<br>of        |
|  |            |                 |              |                          |         |                  |          | Base Rate Fee            |
|  |            |                 |              |                          |         |                  |          | and                      |
|  |            |                 |              |                          |         |                  |          | Syndicated               |
|  |            |                 |              |                          |         |                  |          | Exclusivity<br>Surcharge |
|  |            |                 |              |                          |         |                  |          | for                      |
|  |            |                 |              |                          |         |                  |          | Partially                |
|  |            |                 |              |                          |         |                  |          | Distant                  |
|  |            |                 |              |                          |         | -                |          | Stations                 |
|  |            |                 | <u> </u>     |                          |         |                  |          |                          |
|  |            |                 |              |                          |         |                  | <u>-</u> |                          |
|  |            |                 | ļ            |                          |         |                  | -        |                          |
|  |            |                 |              |                          |         |                  |          |                          |
|  |            |                 |              |                          |         |                  |          |                          |
| Total DSEs                                     |            |                 | 0.00         | Total DSEs               |         | -                | 0.00     |                          |
| Gross Receipts First Gro                       | oup        | \$              | 0.00         | Gross Receipts Second    | I Group | \$               | 0.00     |                          |
|  |            |                 |              |                          |         |                  |          |                          |
| Base Rate Fee First Gro                        | oup        | \$              | 0.00         | Base Rate Fee Second     | l Group | \$               | 0.00     |                          |
|  | SEVENTH    | SUBSCRIBER GROU | P            |                          | EIGHTH  | SUBSCRIBER GROUP | <b>D</b> |                          |
| COMMUNITY/ AREA                                |            |                 | 0            | COMMUNITY/ AREA          |         |                  | 0        |                          |
| CALL SIGN                                      | DSE        | CALL SIGN       | DSE          | CALL SIGN                | DSE     | CALL SIGN        | DSE      |                          |
|  |            |                 |              |                          |         |                  |          |                          |
|  |            |                 |              |                          |         | <b> </b>         |          |                          |
|  |            |                 |              |                          |         | H                | ···      |                          |
|  |            |                 |              |                          |         |                  |          |                          |
|  |            |                 |              |                          |         |                  |          |                          |
|  |            |                 |              |                          |         |                  |          |                          |
|  |            |                 | ļ            |                          |         |                  | <u></u>  |                          |
|  |            |                 |              |                          |         |                  | -        |                          |
|  |            |                 |              |                          |         |                  |          |                          |
|  |            |                 |              |                          |         |                  |          |                          |
|  | ļ          |                 |              |                          |         |                  |          |                          |
|  |            |                 |              |                          |         |                  | <u> </u> |                          |
| Total DSEs                                     |            |                 | 0.00         | Total DSEs               | •       |                  | 0.00     |                          |
| Gross Receipts Third Gr                        | oup        | \$              | 0.00         | Gross Receipts Fourth    | Group   | \$               | 0.00     |                          |
|  |            |                 |              |                          |         |                  |          |                          |
| Base Rate Fee Third Gr                         | oup        | \$              | 0.00         | Base Rate Fee Fourth     | Group   | \$               | 0.00     |                          |
|  |            |                 |              |                          |         |                  |          |                          |
| Base Rate Fee: Add the Enter here and in block |            |                 | per group as | s shown in the boxes abo | ve.     | \$               |          |                          |
|  |            |                 |              |                          |         | L                |          |                          |

| LEGAL NAME OF OWNER CABLE ONE, INC.              | R OF CABLI | E SYSTEM:       |              |                           |         | SY               | STEM ID#<br>003838 | Name              |
|--|------------|-----------------|--------------|---------------------------|---------|------------------|--------------------|-------------------|
|  | LOCK A:    | COMPUTATION OF  | BASE RA      | TE FEES FOR EACH          | SUBSCRI | BER GROUP        |                    |                   |
|  |            | SUBSCRIBER GROU |              |                           |         | SUBSCRIBER GROUP |                    | Δ                 |
| COMMUNITY/ AREA                                  |            |                 | 0            | COMMUNITY/ AREA           |         |                  | 0                  | 9                 |
| CALL SIGN  | DSE        | CALL SIGN       | DSE          | CALL SIGN                 | DSE     | CALL SIGN        | DSE                | Computation<br>of |
| CALL SIGIV                                       | DOL        | CALL GIGIN      | DOL          | CALL SIGIV                | DOL     | CALE GIGIT       | DOL                | Base Rate Fee     |
|  |            |                 |              |                           |         |                  |                    | and               |
|  |            |                 |              |                           |         |                  |                    | Syndicated        |
|  |            |                 |              |                           |         |                  |                    | Exclusivity       |
|  |            |                 |              |                           |         |                  |                    | Surcharge         |
|  |            |                 |              |                           |         |                  |                    | for<br>Partially  |
|  |            |                 |              |                           |         |                  |                    | Distant           |
|  |            |                 |              |                           |         |                  |                    | Stations          |
|  |            |                 |              |                           |         |                  |                    |                   |
|  |            |                 | ļ            |                           |         |                  |                    |                   |
|  |            |                 |              |                           |         |                  |                    |                   |
|  |            |                 |              |                           |         |                  | <u> </u>           |                   |
|  |            |                 |              |                           |         |                  |                    |                   |
| T + 1 DOE  |            |                 | 0.00         | T / LD05                  | ı       |                  | 0.00               |                   |
| Total DSEs                                       |            |                 | 0.00         | Total DSEs                |         |                  | 0.00               |                   |
| Gross Receipts First Gro                         | oup        | \$              | 0.00         | Gross Receipts Second     | l Group | \$               | 0.00               |                   |
| Base Rate Fee First Gro                          | oup        | \$              | 0.00         | Base Rate Fee Second      | Group   | \$               | 0.00               |                   |
| EL   | EVENTH     | SUBSCRIBER GROU | Р            |                           | TWELVTH | SUBSCRIBER GROUP | 1                  |                   |
| COMMUNITY/ AREA                                  |            |                 | 0            | COMMUNITY/ AREA           |         |                  | 0                  |                   |
| CALL SIGN  | DSE        | CALL SIGN       | DSE          | CALL SIGN                 | DSE     | CALL SIGN        | DSE                |                   |
|  |            |                 |              |                           |         |                  |                    |                   |
|  |            |                 |              |                           |         |                  |                    |                   |
|  |            |                 |              |                           |         |                  | -                  |                   |
|  |            |                 |              |                           |         |                  |                    |                   |
|  |            |                 |              |                           |         |                  |                    |                   |
|  |            |                 |              |                           |         |                  |                    |                   |
|  |            |                 |              |                           |         |                  |                    |                   |
|  |            |                 | ļ            |                           |         |                  | <u>-</u>           |                   |
|  |            |                 | ļ            |                           |         |                  |                    |                   |
|  |            |                 |              |                           |         |                  |                    |                   |
|  |            |                 |              |                           |         |                  |                    |                   |
|  |            |                 |              |                           |         |                  |                    |                   |
| Total DSEs                                       |            |                 | 0.00         | Total DSEs                |         |                  | 0.00               |                   |
| Gross Receipts Third Gr                          | oup        | \$              | 0.00         | Gross Receipts Fourth     | Group   | \$               | 0.00               |                   |
|  |            |                 |              |                           |         |                  |                    |                   |
| Base Rate Fee Third Gr                           | oup        | \$              | 0.00         | Base Rate Fee Fourth (    | Group   | \$               | 0.00               |                   |
|  |            |                 |              |                           |         |                  |                    |                   |
| Base Rate Fee: Add the Enter here and in block 3 |            |                 | per group as | s shown in the boxes abov | ve.     | \$               |                    |                   |

| CABLE ONE, INC.                                 | R OF CABLI | E SYSTEM:       |              |                          |          | S                | O03838        | Name                 |
|---|------------|-----------------|--------------|--------------------------|----------|------------------|---------------|----------------------|
| В   | LOCK A:    | COMPUTATION OF  | BASE RA      | TE FEES FOR EACH         | SUBSCRI  | BER GROUP        |               |                      |
|   |            | SUBSCRIBER GROU |              |                          |          | SUBSCRIBER GROUP | )             |                      |
| COMMUNITY/ AREA                                 |            |                 | 0            | COMMUNITY/ AREA          |          |                  | 0             | <b>9</b> Computation |
| CALL SIGN                                       | DSE        | CALL SIGN       | DSE          | CALL SIGN                | DSE      | CALL SIGN        | DSE           | of                   |
|   |            |                 |              |                          |          |                  |               | Base Rate Fee        |
|   |            |                 |              |                          |          |                  |               | and                  |
|   |            |                 |              |                          |          |                  |               | Syndicated           |
|   |            |                 |              |                          |          |                  |               | Exclusivity          |
|   |            |                 |              |                          |          |                  |               | Surcharge            |
|   |            |                 |              |                          |          |                  |               | for                  |
|   |            |                 |              |                          |          |                  |               | Partially            |
|   |            |                 |              |                          |          |                  |               | Distant              |
|   |            |                 |              |                          |          |                  |               | Stations             |
|   |            |                 |              |                          |          |                  |               |                      |
|   |            |                 |              |                          |          |                  |               |                      |
|   |            |                 |              |                          |          |                  |               |                      |
|   |            |                 |              |                          |          |                  |               |                      |
|   |            |                 |              |                          |          |                  |               |                      |
|   |            |                 |              |                          |          |                  |               |                      |
| Total DSEs                                      |            |                 | 0.00         | Total DSEs               | •        |                  | 0.00          |                      |
| Gross Receipts First Gro                        | oup        | \$              | 0.00         | Gross Receipts Second    | Group    | \$               | 0.00          |                      |
|   |            |                 |              |                          |          |                  | 1             |                      |
| Base Rate Fee First Gro                         | oup        | \$              | 0.00         | Base Rate Fee Second     | Group    | \$               | 0.00          |                      |
| FII   | TEENTH     | SUBSCRIBER GROU | Р            | S                        | IXTEENTH | SUBSCRIBER GROUP | )             |                      |
| COMMUNITY/ AREA                                 |            |                 | 0            | COMMUNITY/ AREA          |          |                  | 0             |                      |
| CALL SIGN                                       | DSE        | CALL SIGN       | DSE          | CALL SIGN                | DSE      | CALL SIGN        | DSE           |                      |
|   |            |                 |              |                          |          |                  |               |                      |
|   |            |                 |              |                          |          |                  |               |                      |
|   |            |                 |              |                          |          |                  |               |                      |
|   |            |                 |              |                          |          |                  |               |                      |
|   |            |                 |              |                          |          |                  |               |                      |
|   |            |                 |              |                          |          |                  |               |                      |
|   |            |                 |              |                          |          |                  |               |                      |
|   |            |                 |              |                          | <b></b>  |                  | <u></u>       |                      |
|   |            |                 | ļ            |                          |          |                  | <u></u>       |                      |
|   |            |                 | ļ            |                          |          |                  | <u></u>       |                      |
|   |            |                 | <b></b>      |                          |          |                  | <u></u>       |                      |
|   |            |                 | ļ            |                          |          |                  | <u></u>       |                      |
|   |            |                 | <b></b>      |                          |          |                  | <u></u>       |                      |
|   |            |                 |              |                          |          |                  |               |                      |
| Total DSEs                                      |            |                 | 0.00         | Total DSEs               |          |                  | 0.00          |                      |
| Gross Receipts Third Gr                         | oup        | \$              | 0.00         | Gross Receipts Fourth    | Group    | \$               | 0.00          |                      |
|   |            |                 |              |                          |          |                  | $\overline{}$ |                      |
| Base Rate Fee Third Gr                          | oup        | \$              | 0.00         | Base Rate Fee Fourth     | Group    | \$               | 0.00          |                      |
|   |            |                 |              | Ш                        |          |                  |               |                      |
| Base Rate Fee: Add the Enter here and in block: |            |                 | per group as | s shown in the boxes abo | ve.      | \$               |               |                      |
|   |            | ,               |              |                          |          |                  |               |                      |

| Base Rate   And   Syndicate   Exclusivity   Syndicate   Syndicate   Exclusivity   Syndicate   Exclusivity   Syndicate  | Di                     | OCK V      | COMPLITATION C | E BASE D    | TE FEES FOR EAC                 | H SLIBSCP   | IRER GROUD      |          |             |
|--|------------------------|------------|----------------|-------------|---------------------------------|-------------|-----------------|----------|-------------|
| COMMUNITY AREA   0   COMMUNITY AREA   0   COMMUNITY AREA   0   COMMUNITY AREA   0   COMMUNITY AREA   0   COMMUNITY AREA   0   COMMUNITY AREA   0   COMMUNITY AREA   0   COMMUNITY AREA   COMMUN   |                        |            |                |             |                                 |             |                 | JP       |             |
| CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE ARTE I BASE ARTE FEE First Group 1 0.00 Base Rate Fee Second Group 2 0.00 See Rate Fee First Group 1 0.00 Base Rate Fee Second Group 2 0.00 COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 CALL SIGN DSE CALL   |                        |            |                |             | ii –                            |             |                 |          | 9           |
| Base Rate See First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 See Rate Fee Second Group \$ 0.0 |                        |            |                |             |                                 |             |                 |          | Computati   |
| and Syndicate Exclusivity Surcharg for Partially Distant Stations  | CALL SIGN              | DSE        | CALL SIGN      | DSE         | CALL SIGN                       | DSE         | CALL SIGN       | DSE      | of          |
| Syndicate Exclusivity Surcharge for Partially Distant Stations  Anal DSEs  O.00 Total DSEs  O.00 Sines Rate Fee First Group  Sines Rate Fee First Group  Sines Rate Fee First Group  COMMUNITY/ AREA  OCMMUNITY/ AREA  OCMUNITY/ AREA  OCMUNITY/ AREA  OCMUNITY/ AREA   |                        |            |                |             |                                 |             |                 |          | Base Rate I |
| Exclusivity Surcharg for Partially Distant Stations  Mal DSEa  0.00  For a DSE  0.00  Gross Receipts First Group  0.00  Sase Rate Fee First Group  1.00  Sase Rate Fee First Group  1.00  Sase Rate Fee Scond Group  1.00  Sase Rate Fe   |                        |            |                |             |                                 |             |                 |          |             |
| Surcharg for Partially Distant Stations  Mai DSEs  |                        |            |                |             |                                 |             |                 |          |             |
| tal DSEs   |                        |            |                |             |                                 |             |                 |          |             |
| Total DSEs  Lai DSEs  O.00  See Rate Fee First Group  NINTEENTH SUBSCRIBER GROUP  NINTEENTH SUBSCRIBER GROUP  COMMUNITY/AREA  OCMMUNITY/AREA   |                        |            |                |             |                                 |             |                 |          | Surcharg    |
| Total DSEs  See Rate Fee First Group  See Rate Fee First Group  SININTEENTH SUBSCRIBER GROUP  MIMUNITY/ AREA  O  COMMUNITY/ AR   |                        |            | <b> </b>       |             |                                 |             | H               |          |             |
| Stations  Statio   |                        |            |                |             |                                 |             | H               |          |             |
| tal DSEs  as Receipts First Group  Source Receipts First Group  Source Receipts First Group  Source Receipts First Group  Source Receipts First Group  Source Receipts First Group  Source Receipts First Group  Source Receipts First Group  Source Receipts First Group  Source Receipts First Group  Source Receipts First Group  Source Receipts First Group  Source Receipts First Group  Source Receipts Fourth Group  Source Receip   |                        |            |                |             |                                 |             |                 |          |             |
| See Rate Fee First Group  See Rate Fee First Group  See Rate Fee First Group  See Rate Fee First Group  See Rate Fee First Group  See Rate Fee First Group  See Rate Fee First Group  See Rate Fee First Group  See Rate Fee First Group  See Rate Fee First Group  See Rate Fee First Group  See Rate Fee First Group  See Rate Fee First Group  See Rate Fee Second Group  See Rat   |                        |            |                |             |                                 |             |                 | ·····    | Stations    |
| See Rate Fee First Group  See Rate Fee First Group  See Rate Fee First Group  See Rate Fee First Group  See Rate Fee First Group  See Rate Fee First Group  See Rate Fee First Group  See Rate Fee First Group  See Rate Fee First Group  See Rate Fee First Group  See Rate Fee Second Group  See  |                        |            | <b> </b>       |             |                                 |             | H               |          |             |
| Se Rate Fee First Group  Se Rate Fee First Group  Se Rate Fee First Group  Se Rate Fee First Group  Se Rate Fee First Group  Se Rate Fee First Group  Se Rate Fee First Group  Se Rate Fee First Group  Se Rate Fee First Group  Se Rate Fee Second Group  S   |                        | <b></b>    |                | <del></del> |                                 |             | H               |          |             |
| See Rate Fee First Group  See Rate Fee First Group  See Rate Fee First Group  See Rate Fee First Group  See Rate Fee First Group  See Rate Fee First Group  See Rate Fee First Group  See Rate Fee First Group  See Rate Fee Second Group  TWENTIER Rate Rate Rate Rate Rate Rate Rate Rat   |                        | l          |                | -           |                                 |             | -               |          |             |
| See Rate Fee First Group  See Rate Fee First Group  See Rate Fee First Group  See Rate Fee First Group  See Rate Fee First Group  See Rate Fee First Group  See Rate Fee Second Group  See Rate Fee Second Group  See Rate Fee Second Group  TWENTIETH SUBSCRIBER GROUP  COMMUNITY/ AREA  OCCUMUNITY/ AREA   |                        |            |                | -           |                                 |             | 1               |          |             |
| See Rate Fee First Group  See Rate Fee First Group  See Rate Fee First Group  See Rate Fee First Group  See Rate Fee First Group  See Rate Fee First Group  See Rate Fee First Group  See Rate Fee First Group  See Rate Fee Second Group  TWENTIETH SUBSCRIBER GROUP  COMMUNITY/ AREA  OCCUMUNITY/ AREA  OC   |                        | l          |                |             |                                 |             | 1               |          |             |
| See Rate Fee First Group  See Rate Fee First Group  See Rate Fee First Group  See Rate Fee First Group  See Rate Fee First Group  See Rate Fee First Group  See Rate Fee First Group  See Rate Fee First Group  See Rate Fee Second Group  TWENTIETH SUBSCRIBER GROUP  COMMUNITY/ AREA  OCCUMUNITY/ AREA  OC   | A-I DOE                | <u> </u>   |                | 0.00        | T-4-1 DOE                       |             | h I             | 0.00     |             |
| ASSER RATE FEE FIRST Group  NINTEENTH SUBSCRIBER GROUP  DOMMUNITY/ AREA  O  CALL SIGN  DSE  CA   | otal DSEs              |            |                | 0.00        | Total DSEs                      |             |                 | 0.00     |             |
| NINTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIGN  | oss Receipts First Gro | up         | \$             | 0.00        | Gross Receipts Seco             | nd Group    | \$              | 0.00     |             |
| NINTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIGN  |                        |            |                |             |                                 |             |                 | 1        |             |
| NINTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE   | ase Rate Fee First Gro | up         | s              | 0.00        | Base Rate Fee Seco              | nd Group    | s               | 0.00     |             |
| OMMUNITY/ AREA  O COMMUNITY/ AREA  O CALL SIGN  DSE  CALL SIGN  DSE  O LOS  O CALL SIGN  DSE  O LOS  O CALL SIGN  DSE  O LOS  O CALL SIGN  DSE  O LOS  O CALL SIGN  DSE  O LOS  O CALL SIGN  DSE  O LOS  O CALL SIGN  DSE  O LOS  O CALL SIGN  DSE  O LOS  O CALL SIGN  DSE  O LOS  O CALL SIGN  DSE  O LOS  O CALL SIGN  DSE  O LOS  O CALL SIGN  DSE  O LOS  O CALL SIGN  DSE  O LOS  O CALL SIGN  DSE  O LOS  O CALL SIGN  DSE  O LOS  O CALL SIGN  DSE  O LOS  O CALL SIGN  DSE  O LOS  O LOS  O CALL SIGN  DSE  O LOS  O LOS  O CALL SIGN  DSE  O LOS  O L   |                        | <b>-</b> - | *              | 0.00        |                                 |             |                 | *        |             |
| CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  AND DSE CALL SIGN DSE CALL SIGN DSE  AND DSE CALL SIGN DSE CALL SIGN DSE  AND DSE CALL SIGN DSE CALL SIGN DSE  AND DSE CALL SIGN DSE CALL SIGN DSE  AND DSE CALL SI   | NIN                    | TEENTH     | SUBSCRIBER GRO | UP          |                                 | TWENTIETH   | SUBSCRIBER GROU | JP       |             |
| otal DSEs  O.00  Total DSEs  O.00  Gross Receipts Third Group  \$ 0.00  Gross Receipts Fourth Group  \$ 0.00   | OMMUNITY/ AREA         |            |                | 0           | COMMUNITY/ AREA                 |             |                 | ^        |             |
| otal DSEs  O.00  Total DSEs  O.00  Gross Receipts Third Group  \$ 0.00  Gross Receipts Fourth Group  \$ 0.00   |                        |            |                |             |                                 |             |                 | U        |             |
| ross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00  |                        |            |                |             |                                 |             |                 | <u>U</u> |             |
| ross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00  | CALL SIGN              | DSE        | CALL SIGN      |             | CALL SIGN                       |             | CALL SIGN       |          |             |
| ross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00  | CALL SIGN              | DSE        | CALL SIGN      |             | CALL SIGN                       |             | CALL SIGN       |          |             |
| ross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00  | CALL SIGN              | DSE        | CALL SIGN      |             | CALL SIGN                       |             | CALL SIGN       |          |             |
| ross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00  | CALL SIGN              | DSE        | CALL SIGN      |             | CALL SIGN                       |             | CALL SIGN       |          |             |
| oss Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00   | CALL SIGN              | DSE        | CALL SIGN      |             | CALL SIGN                       |             | CALL SIGN       |          |             |
| oss Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00   | CALL SIGN              | DSE        | CALL SIGN      |             | CALL SIGN                       |             | CALL SIGN       |          |             |
| oss Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00   | CALL SIGN              | DSE        | CALL SIGN      |             | CALL SIGN                       |             | CALL SIGN       |          |             |
| oss Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00   | CALL SIGN              | DSE        | CALL SIGN      |             | CALL SIGN                       |             | CALL SIGN       |          |             |
| oss Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00   | CALL SIGN              | DSE        | CALL SIGN      |             | CALL SIGN                       |             | CALL SIGN       |          |             |
| oss Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00   | CALL SIGN              | DSE        | CALL SIGN      |             | CALL SIGN                       |             | CALL SIGN       |          |             |
| ross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00  | CALL SIGN              | DSE        | CALL SIGN      |             | CALL SIGN                       |             | CALL SIGN       |          |             |
| ross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00  | CALL SIGN              | DSE        | CALL SIGN      |             | CALL SIGN                       |             | CALL SIGN       |          |             |
| ross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00  | CALL SIGN              | DSE        | CALL SIGN      |             | CALL SIGN                       |             | CALL SIGN       |          |             |
| ross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00  | CALL SIGN              | DSE        | CALL SIGN      |             | CALL SIGN                       |             | CALL SIGN       |          |             |
| oss Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00   | CALL SIGN              | DSE        | CALL SIGN      |             | CALL SIGN                       |             | CALL SIGN       |          |             |
|  |                        | DSE        | CALL SIGN      | DSE         |                                 |             | CALL SIGN       | DSE      |             |
| se Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00   | atal DSEs              |            | CALL SIGN      | 0.00        | Total DSEs                      | DSE         | CALL SIGN       | DSE      |             |
| ase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00  | otal DSEs              |            |                | 0.00        | Total DSEs                      | DSE         |                 | DSE      |             |
| 0.00   | otal DSEs              |            |                | 0.00        | Total DSEs                      | DSE         |                 | DSE      |             |
| ii   | ·                      | oup        | \$             | DSE         | Total DSEs Gross Receipts Fourt | DSE h Group | \$              | DSE      |             |

| TWENTY-FIRST SUBSCRIBER GROUP  COMMUNITY/ AREA  0 COMMUNITY/ AREA  0 CALL SIGN DSE CAL | BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP |                 |  |  |  |  |  |  |
|--|--|-----------------|--|--|--|--|--|--|
| COMMUNITY/AREA  O COMMUNITY/AR | TWENTY-FIRST SUBSCI  |                 |  |  |  |  |  |  |
| Total DSEs  Octal  |  | 0 9<br>Computat |  |  |  |  |  |  |
| Gross Receipts First Group \$ 0.00  Base Rate Fee First Group \$ 0.00  TWENTY-THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0  | DSE CALL   |                 |  |  |  |  |  |  |
| Gross Receipts First Group  Sase Rate Fee First Group  Sase Rate Fee First Group  TWENTY-THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  O  Gross Receipts Second Group  Sase Rate Fee Second Group  TWENTY-FOURTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  COMMUNITY/ AREA  O   |  | Base Rate       |  |  |  |  |  |  |
| ross Receipts First Group  \$ 0.00  Gross Receipts Second Group  \$ 0.00  Base Rate Fee Second Group  \$ 0.00  TWENTY-THIRD SUBSCRIBER GROUP  OMMUNITY/ AREA  0 COMMUNITY/ AREA  0   |  | and             |  |  |  |  |  |  |
| ase Rate Fee First Group  \$ 0.00  Base Rate Fee Second Group  \$ 0.00  TWENTY-THIRD SUBSCRIBER GROUP  OMMUNITY/ AREA  O COMMUNITY/ AREA  O COMMUNITY/ AREA  O COMMUNITY/ AREA   |  | Syndicate       |  |  |  |  |  |  |
| ross Receipts First Group  \$ 0.00  Gross Receipts Second Group  \$ 0.00  Base Rate Fee Second Group  \$ 0.00  TWENTY-THIRD SUBSCRIBER GROUP  OMMUNITY/ AREA  0 COMMUNITY/ AREA  0   |  | Exclusivi       |  |  |  |  |  |  |
| ross Receipts First Group  \$ 0.00  Gross Receipts Second Group  \$ 0.00  Base Rate Fee Second Group  \$ 0.00  TWENTY-THIRD SUBSCRIBER GROUP  OMMUNITY/ AREA  0 COMMUNITY/ AREA  0   |  | Surcharç        |  |  |  |  |  |  |
| ross Receipts First Group  \$ 0.00  Gross Receipts Second Group  \$ 0.00  Base Rate Fee Second Group  \$ 0.00  TWENTY-THIRD SUBSCRIBER GROUP  OMMUNITY/ AREA  0 COMMUNITY/ AREA  0   |  | for             |  |  |  |  |  |  |
| ross Receipts First Group  \$ 0.00  Gross Receipts Second Group  \$ 0.00  Base Rate Fee Second Group  \$ 0.00  TWENTY-THIRD SUBSCRIBER GROUP  OMMUNITY/ AREA  0 COMMUNITY/ AREA  0   |  | Partially       |  |  |  |  |  |  |
| ross Receipts First Group  \$ 0.00  Gross Receipts Second Group  \$ 0.00  Base Rate Fee Second Group  \$ 0.00  TWENTY-THIRD SUBSCRIBER GROUP  TWENTY-FOURTH SUBSCRIBER GROUP  COMMUNITY/ AREA  0  COMMUNITY/ AREA  0   |  | Distant         |  |  |  |  |  |  |
| ross Receipts First Group  \$ 0.00  Gross Receipts Second Group  \$ 0.00  Base Rate Fee Second Group  \$ 0.00  TWENTY-THIRD SUBSCRIBER GROUP  TWENTY-FOURTH SUBSCRIBER GROUP  COMMUNITY/ AREA  0  COMMUNITY/ AREA  0   |  | Stations        |  |  |  |  |  |  |
| ross Receipts First Group  \$ 0.00  Gross Receipts Second Group  \$ 0.00  Base Rate Fee Second Group  \$ 0.00  TWENTY-THIRD SUBSCRIBER GROUP  OMMUNITY/ AREA  0 COMMUNITY/ AREA  0   |  |                 |  |  |  |  |  |  |
| ross Receipts First Group  \$ 0.00  Gross Receipts Second Group  \$ 0.00  Base Rate Fee Second Group  \$ 0.00  TWENTY-THIRD SUBSCRIBER GROUP  OMMUNITY/ AREA  0 COMMUNITY/ AREA  0   |  |                 |  |  |  |  |  |  |
| ase Rate Fee First Group  \$ 0.00  Base Rate Fee Second Group  \$ 0.00  TWENTY-THIRD SUBSCRIBER GROUP  OMMUNITY/ AREA  O COMMUNITY/ AREA  O COMMUNITY/ AREA  O COMMUNITY/ AREA   |  |                 |  |  |  |  |  |  |
| Gross Receipts First Group \$ 0.00  Gross Receipts Second Group \$ 0.00  Base Rate Fee Second Group \$ 0.00  TWENTY-THIRD SUBSCRIBER GROUP  TWENTY-FOURTH SUBSCRIBER GROUP  COMMUNITY/ AREA  0 COMMUNITY/ AREA  0  |  |                 |  |  |  |  |  |  |
| ross Receipts First Group  \$ 0.00  Gross Receipts Second Group  \$ 0.00  Base Rate Fee Second Group  \$ 0.00  TWENTY-THIRD SUBSCRIBER GROUP  OMMUNITY/ AREA  0 COMMUNITY/ AREA  0   |  |                 |  |  |  |  |  |  |
| ross Receipts First Group  \$ 0.00  Gross Receipts Second Group  \$ 0.00  Base Rate Fee Second Group  \$ 0.00  TWENTY-THIRD SUBSCRIBER GROUP  OMMUNITY/ AREA  0 COMMUNITY/ AREA  0   |  | 0.00            |  |  |  |  |  |  |
| ase Rate Fee First Group \$ 0.00  TWENTY-THIRD SUBSCRIBER GROUP  OMMUNITY/ AREA  0  Dase Rate Fee Second Group \$ 0.00  TWENTY-FOURTH SUBSCRIBER GROUP  COMMUNITY/ AREA  0   | iret Group \$  | 0.00            |  |  |  |  |  |  |
| TWENTY-THIRD SUBSCRIBER GROUP  OMMUNITY/ AREA  O  COMMUNITY/ AREA  O  O  O  O  O  O  O  O  O  O  O  O  O   | iist Gloup <u>*</u>  |                 |  |  |  |  |  |  |
| OMMUNITY/ AREA 0 COMMUNITY/ AREA 0   | ïrst Group <b>\$</b>   | 0.00            |  |  |  |  |  |  |
| OMMUNITY/ AREA 0 COMMUNITY/ AREA 0   | TWENTY-THIRD SUBSCI  |                 |  |  |  |  |  |  |
|  |  | 0               |  |  |  |  |  |  |
| CALL SIGN  DSE |  |                 |  |  |  |  |  |  |
|  | DSE CALL   | DSE             |  |  |  |  |  |  |
|  |  |                 |  |  |  |  |  |  |
|  |  |                 |  |  |  |  |  |  |
|  |  |                 |  |  |  |  |  |  |
|  |  |                 |  |  |  |  |  |  |
|  |  |                 |  |  |  |  |  |  |
|  |  |                 |  |  |  |  |  |  |
|  |  |                 |  |  |  |  |  |  |
|  |  |                 |  |  |  |  |  |  |
|  |  |                 |  |  |  |  |  |  |
|  |  |                 |  |  |  |  |  |  |
|  | ······   |                 |  |  |  |  |  |  |
|  |  |                 |  |  |  |  |  |  |
|  |  |                 |  |  |  |  |  |  |
|  |  |                 |  |  |  |  |  |  |
| otal DSEs 0.00 Total DSEs 0.00   |  | 0.00            |  |  |  |  |  |  |
| cross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00   | hird Group \$  | 0.00            |  |  |  |  |  |  |
|  |  | <del></del>     |  |  |  |  |  |  |
| Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00   | l  | 0.00            |  |  |  |  |  |  |
|  | hird Group \$  |                 |  |  |  |  |  |  |

| LEGAL NAME OF OWNER CABLE ONE, INC.              | OF CABL | E SYSTEM:       |              |                            |          | S'               | O03838       | Name                 |
|--|---------|-----------------|--------------|----------------------------|----------|------------------|--------------|----------------------|
| BI   | LOCK A: | COMPUTATION OF  | BASE RA      | TE FEES FOR EACH           | SUBSCRI  | BER GROUP        |              |                      |
|  |         | SUBSCRIBER GROU |              |                            |          | SUBSCRIBER GROUP | )            |                      |
| COMMUNITY/ AREA                                  |         |                 | 0            | COMMUNITY/ AREA            |          |                  | 0            | <b>9</b> Computation |
| CALL SIGN  | DSE     | CALL SIGN       | DSE          | CALL SIGN                  | DSE      | CALL SIGN        | DSE          | of                   |
|  |         |                 |              |                            |          |                  |              | Base Rate Fee        |
|  |         |                 |              |                            |          |                  |              | and                  |
|  |         |                 |              |                            |          |                  |              | Syndicated           |
|  |         |                 |              |                            |          |                  |              | Exclusivity          |
|  |         |                 |              |                            |          |                  |              | Surcharge            |
|  |         |                 |              |                            |          |                  |              | for                  |
|  |         |                 |              |                            |          |                  |              | Partially            |
|  |         |                 | ļ            |                            |          |                  |              | Distant              |
|  |         |                 |              |                            |          |                  |              | Stations             |
|  |         |                 |              |                            | ļ        |                  |              |                      |
|  |         |                 |              |                            |          |                  | <u></u>      |                      |
|  |         |                 | <b>.</b>     |                            | ļ        |                  | <u></u>      |                      |
|  |         |                 |              |                            |          |                  |              |                      |
|  |         |                 |              |                            |          |                  |              |                      |
|  |         |                 |              |                            |          |                  |              |                      |
| Total DSEs                                       |         |                 | 0.00         | Total DSEs                 |          |                  | 0.00         |                      |
| Gross Receipts First Gro                         | up      | \$              | 0.00         | Gross Receipts Second      | Group    | \$               | 0.00         |                      |
|  |         |                 |              |                            |          |                  |              |                      |
| Base Rate Fee First Gro                          | up      | \$              | 0.00         | Base Rate Fee Second       | Group    | \$               | 0.00         |                      |
| TWENTY-S   | EVENTH  | SUBSCRIBER GROU | Р            | TWENT                      | Y-EIGHTH | SUBSCRIBER GROUP | )            |                      |
| COMMUNITY/ AREA                                  |         |                 | 0            | COMMUNITY/ AREA            |          |                  | 0            |                      |
| CALL SIGN  | DSE     | CALL SIGN       | DSE          | CALL SIGN                  | DSE      | CALL SIGN        | DSE          |                      |
|  |         |                 |              |                            |          |                  |              |                      |
|  |         |                 |              |                            |          |                  |              |                      |
|  |         |                 |              |                            |          |                  |              |                      |
|  |         |                 |              |                            |          |                  |              |                      |
|  |         |                 |              |                            |          |                  | <u></u>      |                      |
|  |         |                 |              |                            |          |                  | <del></del>  |                      |
|  |         |                 |              |                            |          |                  | <u></u>      |                      |
|  |         |                 | <del> </del> |                            |          |                  | <del> </del> |                      |
|  |         |                 |              |                            |          |                  |              |                      |
|  |         |                 | <b></b>      |                            |          |                  | <u> </u>     |                      |
|  |         |                 | <b>†</b>     |                            |          |                  | <u> </u>     |                      |
|  |         |                 | <b>†</b>     |                            |          |                  |              |                      |
|  |         |                 | 1            |                            |          |                  |              |                      |
|  |         |                 |              |                            |          |                  |              |                      |
| Total DSEs                                       |         |                 | 0.00         | Total DSEs                 |          |                  | 0.00         |                      |
| Gross Receipts Third Gro                         | oup     | \$              | 0.00         | Gross Receipts Fourth      | Group    | \$               | 0.00         |                      |
|  |         |                 |              |                            |          |                  |              |                      |
| Base Rate Fee Third Gro                          | oup     | \$              | 0.00         | Base Rate Fee Fourth (     | Group    | \$               | 0.00         |                      |
|  |         |                 |              |                            |          |                  |              |                      |
| Base Rate Fee: Add the Enter here and in block 3 |         |                 | per group as | s shown in the boxes above | ve.      | \$               |              |                      |

| LEGAL NAME OF OWNER CABLE ONE, INC.                 | R OF CABLE | E SYSTEM:       |              |                            |          | SY               | O03838        | Name                 |
|---|------------|-----------------|--------------|----------------------------|----------|------------------|---------------|----------------------|
| В   | LOCK A:    | COMPUTATION OF  | BASE RA      | TE FEES FOR EACH           | SUBSCRI  | BER GROUP        |               |                      |
|   |            | SUBSCRIBER GROU |              |                            |          | SUBSCRIBER GROUP | )             |                      |
| COMMUNITY/ AREA                                     |            |                 | 0            | COMMUNITY/ AREA            |          |                  | 0             | <b>9</b> Computation |
| CALL SIGN   | DSE        | CALL SIGN       | DSE          | CALL SIGN                  | DSE      | CALL SIGN        | DSE           | of                   |
|   |            |                 |              |                            |          |                  |               | Base Rate Fee        |
|   |            |                 |              |                            |          |                  |               | and                  |
|   |            |                 |              |                            |          |                  |               | Syndicated           |
|   |            |                 |              |                            |          |                  |               | Exclusivity          |
|   |            |                 |              |                            |          |                  |               | Surcharge            |
|   |            |                 |              |                            |          |                  |               | for                  |
|   |            |                 |              |                            |          |                  |               | Partially            |
|   |            |                 | ļ            |                            |          |                  |               | Distant              |
|   |            |                 |              |                            |          |                  |               | Stations             |
|   |            |                 | ļ            |                            |          |                  | <u></u>       |                      |
|   |            |                 | ļ            |                            |          |                  |               |                      |
|   |            |                 |              |                            |          |                  | <u> </u>      |                      |
|   |            |                 |              |                            |          |                  |               |                      |
|   |            |                 |              |                            |          |                  |               |                      |
| Total DSEs  | l l        |                 | 0.00         | Total DSEs                 |          |                  | 0.00          |                      |
|   |            |                 |              |                            |          |                  | -             |                      |
| Gross Receipts First Gro                            | oup        | \$              | 0.00         | Gross Receipts Second      | l Group  | \$               | 0.00          |                      |
| Base Rate Fee First Gro                             | up         | \$              | 0.00         | Base Rate Fee Second       | Group    | \$               | 0.00          |                      |
| THIR  | TY-FIRST   | SUBSCRIBER GROU | Р            | THIRTY                     | /-SECOND | SUBSCRIBER GROUP | )             |                      |
| COMMUNITY/ AREA                                     |            |                 | 0            | COMMUNITY/ AREA            |          |                  | 0             |                      |
| CALL SIGN   | DSE        | CALL SIGN       | DSE          | CALL SIGN                  | DSE      | CALL SIGN        | DSE           |                      |
|   |            |                 |              |                            |          |                  |               |                      |
|   |            |                 |              |                            |          |                  |               |                      |
|   |            |                 |              |                            |          |                  | <u></u>       |                      |
|   |            |                 |              |                            |          |                  |               |                      |
|   |            |                 |              |                            |          |                  | <del>  </del> |                      |
|   |            |                 |              |                            |          |                  | -             |                      |
|   |            |                 |              |                            |          |                  |               |                      |
|   |            |                 |              |                            |          |                  |               |                      |
|   |            |                 |              |                            |          |                  |               |                      |
|   |            |                 |              |                            |          |                  |               |                      |
|   |            |                 | ļ            |                            |          |                  |               |                      |
|   |            |                 | ļ            |                            | ļ        |                  |               |                      |
|   |            |                 |              |                            |          |                  |               |                      |
| Total DSEs  | 1          |                 | 0.00         | Total DSEs                 | I        |                  | 0.00          |                      |
| Gross Receipts Third Gr                             | oup        | \$              | 0.00         | Gross Receipts Fourth      | Group    | \$               | 0.00          |                      |
|   | •          |                 |              | ,                          | •        |                  |               |                      |
| Base Rate Fee Third Gre                             | oup        | \$              | 0.00         | Base Rate Fee Fourth (     | Group    | \$               | 0.00          |                      |
|   |            |                 |              |                            |          |                  |               |                      |
| Base Rate Fee: Add the<br>Enter here and in block 3 |            |                 | oer group as | s shown in the boxes above | ve.      | \$               |               |                      |

| CABLE ONE, INC.                                     | R OF CABLI | E SYSTEM:       |              |                           |           | SY               | STEM ID#<br>003838 | Name                 |
|---|------------|-----------------|--------------|---------------------------|-----------|------------------|--------------------|----------------------|
| В   | LOCK A:    | COMPUTATION OF  | BASE RA      | TE FEES FOR EACH          | SUBSCRI   | BER GROUP        |                    |                      |
|   |            | SUBSCRIBER GROU |              |                           |           | SUBSCRIBER GROUP | )                  |                      |
| COMMUNITY/ AREA                                     |            |                 | 0            | COMMUNITY/ AREA           |           |                  | 0                  | <b>9</b> Computation |
| CALL SIGN   | DSE        | CALL SIGN       | DSE          | CALL SIGN                 | DSE       | CALL SIGN        | DSE                | of                   |
|   |            |                 |              |                           |           |                  |                    | Base Rate Fee        |
|   |            |                 |              |                           |           |                  |                    | and                  |
|   |            |                 |              |                           |           |                  |                    | Syndicated           |
|   |            |                 |              |                           |           |                  |                    | Exclusivity          |
|   |            |                 |              |                           |           |                  |                    | Surcharge            |
|   |            |                 |              |                           |           |                  |                    | for                  |
|   |            |                 |              |                           |           |                  |                    | Partially            |
|   |            |                 |              |                           |           |                  | <u></u>            | Distant              |
|   |            |                 |              |                           |           |                  | <u></u>            | Stations             |
|   |            |                 |              |                           | ļ         |                  | <u></u>            |                      |
|   |            |                 |              |                           |           |                  | <u>-</u>           |                      |
|   |            |                 | <b> </b>     |                           | ļ         |                  | <u>-</u>           |                      |
|   |            |                 |              |                           |           |                  | <u></u>            |                      |
|   |            |                 |              |                           |           |                  | <u></u>            |                      |
|   |            |                 |              |                           |           |                  |                    |                      |
| Total DSEs  |            |                 | 0.00         | Total DSEs                |           |                  | 0.00               |                      |
| Gross Receipts First Gro                            | oup        | \$              | 0.00         | Gross Receipts Second     | Group     | \$               | 0.00               |                      |
| ·   | ·          |                 |              |                           | ·         |                  |                    |                      |
| Base Rate Fee First Gro                             | oup        | \$              | 0.00         | Base Rate Fee Second      | Group     | \$               | 0.00               |                      |
| THIR  | TY-FIFTH   | SUBSCRIBER GROU | Р            | THIF                      | RTY-SIXTH | SUBSCRIBER GROUP | )                  |                      |
| COMMUNITY/ AREA                                     |            |                 | 0            | COMMUNITY/ AREA           |           |                  | 0                  |                      |
| CALL SIGN   | DSE        | CALL SIGN       | DSE          | CALL SIGN                 | DSE       | CALL SIGN        | DSE                |                      |
|   |            |                 |              |                           |           |                  | <u></u>            |                      |
|   |            |                 |              |                           |           |                  | <del>.  </del>     |                      |
|   |            |                 |              |                           |           |                  | <u></u>            |                      |
|   |            |                 |              |                           |           |                  | <del></del>        |                      |
|   |            |                 |              |                           |           |                  | <u></u>            |                      |
|   |            |                 |              |                           |           |                  |                    |                      |
|   |            |                 |              |                           |           |                  |                    |                      |
|   |            |                 |              |                           |           |                  | <u>-</u>           |                      |
|   |            |                 |              |                           |           |                  |                    |                      |
|   |            |                 |              |                           |           |                  |                    |                      |
|   |            |                 |              |                           |           |                  |                    |                      |
|   |            |                 |              |                           |           |                  |                    |                      |
|   |            |                 |              |                           |           |                  |                    |                      |
|   |            |                 |              |                           |           |                  |                    |                      |
| Total DSEs  |            |                 | 0.00         | Total DSEs                |           |                  | 0.00               |                      |
| Gross Receipts Third Gr                             | oup        | \$              | 0.00         | Gross Receipts Fourth     | Group     | \$               | 0.00               |                      |
| Base Rate Fee Third Gr                              | oup        | \$              | 0.00         | Base Rate Fee Fourth (    | Group     | \$               | 0.00               |                      |
|   |            |                 |              |                           |           |                  |                    |                      |
| Base Rate Fee: Add the<br>Enter here and in block 3 |            |                 | per group as | s shown in the boxes abov | ve.       | \$               |                    |                      |

| LEGAL NAME OF OWNER CABLE ONE, INC.              | OF CABLE | E SYSTEM:       |              |                          |          | SY               | O03838      | Name                    |
|--|----------|-----------------|--------------|--------------------------|----------|------------------|-------------|-------------------------|
| В  | LOCK A:  | COMPUTATION OF  | BASE RA      | ATE FEES FOR EACH        | SUBSCRI  | BER GROUP        |             |                         |
|  |          | SUBSCRIBER GROU |              |                          |          | SUBSCRIBER GROUP | )           |                         |
| COMMUNITY/ AREA                                  |          |                 | 0            | COMMUNITY/ AREA          |          |                  | 0           | <b>9</b><br>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                |
|  |          |                 | ļ            |                          |          |                  |             |                         |
|  |          |                 | <b> </b>     |                          |          |                  |             |                         |
|  |          |                 |              |                          |          |                  |             |                         |
|  |          |                 | ļ            |                          |          |                  |             |                         |
|  |          |                 |              |                          |          |                  |             |                         |
| Total DSEs                                       | l l      |                 | 0.00         | Total DSEs               | l        |                  | 0.00        |                         |
|  |          |                 |              |                          | _        |                  | •           |                         |
| Gross Receipts First Gro                         | up       | \$              | 0.00         | Gross Receipts Second    | Group    | \$               | 0.00        |                         |
| Base Rate Fee First Gro                          | up       | \$              | 0.00         | Base Rate Fee Second     | Group    | \$               | 0.00        |                         |
| THIRT  | Y-NINTH  | SUBSCRIBER GROU | Р            |                          | FORTIETH | SUBSCRIBER GROUP | )           |                         |
| COMMUNITY/ AREA                                  |          |                 | 0            | COMMUNITY/ AREA          |          |                  | 0           |                         |
| CALL SIGN  | DSE      | CALL SIGN       | DSE          | CALL SIGN                | DSE      | CALL SIGN        | DSE         |                         |
|  |          |                 |              |                          |          |                  |             |                         |
|  |          |                 |              |                          |          |                  |             |                         |
|  |          |                 |              |                          |          |                  | <del></del> |                         |
|  |          |                 |              |                          |          |                  |             |                         |
|  |          |                 |              |                          |          |                  |             |                         |
|  |          |                 |              |                          |          |                  | <del></del> |                         |
|  |          |                 |              |                          |          |                  |             |                         |
|  |          |                 |              |                          |          |                  |             |                         |
|  |          |                 |              |                          |          |                  |             |                         |
|  |          |                 | ļ            |                          |          |                  |             |                         |
|  |          |                 | ļ            |                          | ļ        |                  | <u></u>     |                         |
|  |          |                 | ļ            |                          |          |                  |             |                         |
|  |          |                 |              |                          |          |                  |             |                         |
| Total DSEs                                       | <u> </u> |                 | 0.00         | Total DSEs               | 1        |                  | 0.00        |                         |
| Gross Receipts Third Gr                          | oup      | \$              | 0.00         | Gross Receipts Fourth    | Group    | \$               | 0.00        |                         |
|  |          |                 |              |                          |          |                  |             |                         |
| Base Rate Fee Third Gro                          | oup      | \$              | 0.00         | Base Rate Fee Fourth     | Group    | \$               | 0.00        |                         |
|  |          |                 |              |                          |          |                  |             |                         |
| Base Rate Fee: Add the Enter here and in block 3 |          |                 | oer group as | s shown in the boxes abo | ve.      | \$               |             |                         |

| LEGAL NAME OF OWNER CABLE ONE, INC.              | OF CABLE | E SYSTEM:       |              |                           |          | S'               | O03838   | Name                 |
|--|----------|-----------------|--------------|---------------------------|----------|------------------|----------|----------------------|
| BI   | LOCK A:  | COMPUTATION OF  | BASE RA      | TE FEES FOR EACH          | SUBSCRI  | BER GROUP        |          |                      |
|  |          | SUBSCRIBER GROU |              |                           |          | SUBSCRIBER GROUP | )        |                      |
| COMMUNITY/ AREA                                  |          |                 | 0            | COMMUNITY/ AREA           |          |                  | 0        | <b>9</b> 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             |
|  |          |                 | <b> </b>     |                           | ļ        |                  |          |                      |
|  |          |                 | ļ            |                           | ļ        |                  | <u></u>  |                      |
|  |          |                 | ļ            |                           |          |                  | <u></u>  |                      |
|  |          |                 | ļ            |                           | ļ        |                  | <u></u>  |                      |
|  |          |                 | <b> </b>     |                           |          |                  | <u></u>  |                      |
| T / 1 DOE  |          |                 | 0.00         | T                         |          |                  | 0.00     |                      |
| Total DSEs                                       |          |                 | 0.00         | Total DSEs                |          |                  | 0.00     |                      |
| Gross Receipts First Gro                         | up       | \$              | 0.00         | Gross Receipts Second     | Group    | \$               | 0.00     |                      |
| Base Rate Fee First Gro                          | up       | \$              | 0.00         | Base Rate Fee Second      | Group    | \$               | 0.00     |                      |
| FORT   | Y-THIRD  | SUBSCRIBER GROU | Р            | FORT                      | Y-FOURTH | SUBSCRIBER GROUP | )        |                      |
| COMMUNITY/ AREA                                  |          |                 | 0            | COMMUNITY/ AREA           |          |                  | 0        |                      |
| CALL SIGN  | DSE      | CALL SIGN       | DSE          | CALL SIGN                 | DSE      | CALL SIGN        | DSE      |                      |
|  |          |                 |              |                           |          |                  |          |                      |
|  |          |                 |              |                           |          |                  |          |                      |
|  |          |                 |              |                           |          |                  |          |                      |
|  |          |                 |              |                           |          |                  |          |                      |
|  |          |                 |              |                           |          |                  | ···      |                      |
|  |          |                 |              |                           |          |                  | ····     |                      |
|  |          |                 |              |                           |          |                  | <u> </u> |                      |
|  |          |                 |              |                           |          |                  |          |                      |
|  |          |                 |              |                           |          |                  |          |                      |
|  |          |                 |              |                           |          |                  |          |                      |
|  |          |                 |              |                           |          |                  |          |                      |
|  |          |                 | ļ            |                           |          |                  |          |                      |
|  |          |                 |              |                           |          |                  |          |                      |
| Total DSEs                                       |          |                 | 0.00         | Total DSEs                | •        |                  | 0.00     |                      |
| Gross Receipts Third Gro                         | oup      | \$              | 0.00         | Gross Receipts Fourth     | Group    | \$               | 0.00     |                      |
| Base Rate Fee Third Gro                          | oup      | \$              | 0.00         | Base Rate Fee Fourth (    | Group    | \$               | 0.00     |                      |
| Base Rate Fee: Add the Enter here and in block 3 |          |                 | oer group as | s shown in the boxes abov | ve.      | \$               |          |                      |

| LEGAL NAME OF OWNER CABLE ONE, INC.              | OF CABL | E SYSTEM:       |              |                          |          | S               | YSTEM ID#<br>003838 | Name                 |
|--|---------|-----------------|--------------|--------------------------|----------|-----------------|---------------------|----------------------|
| RI   | LOCK A  | COMPUTATION OF  | BASF RA      | ATE FEES FOR EACH        | SUBSCRI  | BER GROUP       |                     |                      |
|  |         | SUBSCRIBER GROU |              | 11                       |          | SUBSCRIBER GROU | Р                   |                      |
| COMMUNITY/ AREA                                  |         |                 | 0            | COMMUNITY/ AREA          |          |                 | 0                   | 9<br>Computation     |
| CALL SIGN  | DSE     | CALL SIGN       | DSE          | CALL SIGN                | DSE      | CALL SIGN       | DSE                 | of                   |
|  |         |                 |              |                          |          |                 |                     | Base Rate Fee        |
|  |         |                 |              |                          |          |                 |                     | and                  |
|  |         |                 |              |                          |          |                 |                     | Syndicated           |
|  |         | -               |              |                          |          |                 |                     | Exclusivity          |
|  |         |                 |              |                          |          |                 |                     | Surcharge            |
|  |         |                 |              |                          |          |                 |                     | for                  |
|  |         |                 |              |                          |          | H               |                     | Partially<br>Distant |
|  |         |                 |              |                          |          | <b>-</b>        |                     | Stations             |
|  |         |                 |              |                          |          | H               |                     | Otations             |
|  |         |                 | <b>†</b>     |                          | <b></b>  |                 |                     |                      |
|  |         |                 |              |                          |          |                 |                     |                      |
|  |         |                 |              |                          |          |                 |                     |                      |
|  |         |                 | ļ            |                          | <u> </u> |                 |                     |                      |
|  |         |                 |              |                          |          |                 |                     |                      |
| Total DSEs                                       |         |                 | 0.00         | Total DSEs               |          |                 | 0.00                |                      |
| Gross Receipts First Gro                         | up      | \$              | 0.00         | Gross Receipts Second    | l Group  | \$              | 0.00                |                      |
| ·  | •       |                 |              |                          | ·        | -               |                     |                      |
| Base Rate Fee First Gro                          | up      | \$              | 0.00         | Base Rate Fee Second     | l Group  | \$              | 0.00                |                      |
| FORTY-S  | EVENTH  | SUBSCRIBER GROU | IP           | FORT                     | Y-EIGHTH | SUBSCRIBER GROU | Р                   |                      |
| COMMUNITY/ AREA                                  |         |                 | 0            | COMMUNITY/ AREA          |          |                 | 0                   |                      |
| CALL SIGN  | DSE     | CALL SIGN       | DSE          | CALL SIGN                | DSE      | CALL SIGN       | DSE                 |                      |
|  |         |                 |              |                          |          |                 |                     |                      |
|  |         |                 |              |                          |          |                 |                     |                      |
|  |         |                 |              |                          |          |                 |                     |                      |
|  |         |                 |              |                          |          | H               |                     |                      |
|  |         |                 |              |                          |          |                 |                     |                      |
|  |         |                 |              |                          |          |                 |                     |                      |
|  |         |                 | ļ            |                          |          |                 |                     |                      |
|  |         |                 | ļ            |                          |          |                 |                     |                      |
|  |         |                 | ļ            |                          | <b></b>  |                 |                     |                      |
|  |         |                 | ļ            |                          |          |                 |                     |                      |
|  |         |                 | <del> </del> |                          |          |                 |                     |                      |
|  |         |                 | <b>†</b>     |                          |          |                 |                     |                      |
|  |         |                 | •            |                          |          |                 |                     |                      |
| Total DSEs                                       |         |                 | 0.00         | Total DSEs               |          | _               | 0.00                |                      |
| Gross Receipts Third Gr                          | oup     | \$              | 0.00         | Gross Receipts Fourth    | Group    | \$              | 0.00                |                      |
|  |         |                 |              |                          |          |                 |                     |                      |
| Base Rate Fee Third Gro                          | oup     | \$              | 0.00         | Base Rate Fee Fourth     | Group    | \$              | 0.00                |                      |
|  |         |                 |              |                          |          |                 |                     |                      |
| Base Rate Fee: Add the Enter here and in block 3 |         |                 | ber group as | s shown in the boxes abo | ve.      | \$              |                     |                      |

| LEGAL NAME OF OWNER CABLE ONE, INC.                 | OF CABLE | E SYSTEM:       |              |                          |          | SY               | STEM ID# 003838 | Name             |
|---|----------|-----------------|--------------|--------------------------|----------|------------------|-----------------|------------------|
| В   | LOCK A:  | COMPUTATION OF  | BASE RA      | ATE FEES FOR EACH        | SUBSCRI  | BER GROUP        |                 |                  |
| FORT  | Y-NINTH  | SUBSCRIBER GROU | Р            |                          | FIFTIETH | SUBSCRIBER GROUP | )               | 0                |
| COMMUNITY/ AREA                                     |          |                 | 0            | COMMUNITY/ AREA          |          |                  | 0               | 9                |
| CALL SIGN   | DSE      | CALL SIGN       | DSE          | CALL SIGN                | DSE      | CALL SIGN        | DSE             | Computation of   |
| 07.22 9.9.T   | 562      | 0,122 0.0.1     | 302          | 57.EE 575.T              | 352      | S. LEE G.G. V    | 332             | Base Rate Fee    |
|   |          |                 |              |                          |          |                  |                 | and              |
|   |          |                 |              |                          |          |                  |                 | Syndicated       |
|   |          |                 |              |                          |          |                  | <u>-</u>        | Exclusivity      |
|   |          |                 |              |                          |          |                  |                 | Surcharge<br>for |
|   |          |                 |              |                          |          |                  | <del></del>     | Partially        |
|   |          |                 |              |                          |          |                  | ···             | Distant          |
|   |          |                 |              |                          |          |                  |                 | Stations         |
|   |          |                 | ļ            |                          |          |                  |                 |                  |
|   |          |                 | <u> </u>     |                          |          |                  |                 |                  |
|   | ļ        |                 |              |                          |          |                  |                 |                  |
|   |          |                 | l            |                          |          |                  | <del>-</del>    |                  |
|   |          |                 |              |                          |          |                  |                 |                  |
| Total DSEs  |          |                 | 0.00         | Total DSEs               |          |                  | 0.00            |                  |
| Gross Receipts First Gro                            | auo      | \$              | 0.00         | Gross Receipts Second    | Group    | \$               | 0.00            |                  |
|   |          |                 |              |                          |          | <u>-</u>         |                 |                  |
| Base Rate Fee First Gro                             | up       | \$              | 0.00         | Base Rate Fee Second     | Group    | \$               | 0.00            |                  |
| FIF   | TY-FIRST | SUBSCRIBER GROU | Р            | FIFTY                    | /-SECOND | SUBSCRIBER GROUP | •               |                  |
| COMMUNITY/ AREA                                     |          |                 | 0            | COMMUNITY/ AREA          |          |                  | 0               |                  |
| CALL SIGN   | DSE      | CALL SIGN       | DSE          | CALL SIGN                | DSE      | CALL SIGN        | DSE             |                  |
|   |          |                 |              |                          |          |                  |                 |                  |
|   |          |                 |              |                          |          |                  |                 |                  |
|   |          |                 |              |                          |          |                  |                 |                  |
|   |          |                 |              |                          |          |                  |                 |                  |
|   |          |                 |              |                          |          |                  |                 |                  |
|   |          |                 |              |                          |          |                  | <u></u>         |                  |
|   |          |                 | <u> </u>     |                          |          |                  | <u>-</u>        |                  |
|   |          |                 | l            |                          |          |                  | <u></u>         |                  |
|   |          |                 |              |                          |          |                  |                 |                  |
|   |          |                 |              |                          |          |                  |                 |                  |
|   |          |                 |              |                          |          |                  |                 |                  |
|   |          |                 |              |                          |          |                  | -               |                  |
| Total DSEs  |          |                 | 0.00         | Total DSEs               |          |                  | 0.00            |                  |
| Gross Receipts Third Gr                             | oup      | \$              | 0.00         | Gross Receipts Fourth    | Group    | \$               | 0.00            |                  |
|   |          |                 |              |                          |          |                  | <u> </u>        |                  |
| Base Rate Fee Third Gr                              | oup      | \$              | 0.00         | Base Rate Fee Fourth     | Group    | \$               | 0.00            |                  |
|   |          |                 |              |                          |          |                  |                 |                  |
| Base Rate Fee: Add the<br>Enter here and in block 3 |          |                 | per group as | s shown in the boxes abo | ve.      | \$               |                 |                  |

| CABLE ONE, INC  |           | E SYSTEM:      |                |                         |             | •               | 8YSTEM ID#<br>003838 | Name                 |
|---|-----------|----------------|----------------|-------------------------|-------------|-----------------|----------------------|----------------------|
|   | BLOCK A:  | COMPUTATION O  | F BASE RA      | TE FEES FOR EAC         | H SUBSCR    | IBER GROUP      |                      |                      |
|   |           | SUBSCRIBER GRO |                |                         |             | SUBSCRIBER GROU | UP                   |                      |
| COMMUNITY/ AREA                                       |           |                | 0              | COMMUNITY/ AREA         |             |                 | 0                    | <b>9</b> Computation |
| CALL SIGN   | DSE       | CALL SIGN      | DSE            | CALL SIGN               | DSE         | CALL SIGN       | DSE                  | of                   |
|   |           |                |                |                         |             |                 |                      | Base Rate Fee        |
|   |           |                |                |                         |             |                 |                      | and                  |
|   |           |                |                |                         |             |                 |                      | Syndicated           |
|   |           |                |                |                         |             |                 |                      | Exclusivity          |
|   |           |                |                |                         |             |                 |                      | Surcharge            |
|   |           |                |                |                         |             |                 |                      | for                  |
|   |           |                |                |                         |             |                 |                      | Partially            |
|   |           |                |                |                         |             |                 |                      | Distant              |
|   |           |                |                |                         |             |                 |                      | Stations             |
|   |           |                |                |                         |             |                 |                      |                      |
|   |           |                |                |                         |             |                 |                      |                      |
|   |           |                |                |                         |             |                 |                      |                      |
|   |           |                |                |                         |             |                 |                      |                      |
|   |           |                |                |                         |             |                 |                      |                      |
|   |           |                |                |                         |             |                 |                      |                      |
| Total DSEs  |           | -              | 0.00           | Total DSEs              |             |                 | 0.00                 |                      |
| Gross Receipts First G                                | roup      | \$             | 0.00           | Gross Receipts Secon    | nd Group    | \$              | 0.00                 |                      |
|   |           |                |                |                         |             |                 | <del></del>          |                      |
| Base Rate Fee First G                                 | roup      | \$             | 0.00           | Base Rate Fee Secon     | nd Group    | \$              | 0.00                 |                      |
| F   | FTY-FIFTH | SUBSCRIBER GRO | UP             | ı                       | FIFTY-SIXTH | SUBSCRIBER GRO  | UP                   |                      |
| COMMUNITY/ AREA                                       |           |                | 0              | COMMUNITY/ AREA         |             |                 | 0                    |                      |
| CALL SIGN   | DSE       | CALL SIGN      | DSE            | CALL SIGN               | DSE         | CALL SIGN       | DSE                  |                      |
|   |           |                |                |                         |             |                 |                      |                      |
|   |           |                |                |                         | ••••        |                 |                      |                      |
|   |           |                |                |                         |             |                 |                      |                      |
|   |           |                |                |                         |             |                 |                      |                      |
|   |           |                |                |                         |             |                 |                      |                      |
|   |           |                |                |                         |             |                 |                      |                      |
|   |           |                |                |                         |             |                 |                      |                      |
|   |           |                |                |                         |             |                 |                      |                      |
|   |           |                |                |                         |             |                 |                      |                      |
|   |           |                |                |                         |             |                 |                      |                      |
|   |           |                |                |                         |             |                 |                      |                      |
|   |           |                |                |                         |             |                 |                      |                      |
|   |           |                |                |                         |             |                 |                      |                      |
|   |           |                | <b></b>        |                         |             |                 |                      |                      |
| T   |           |                | 0.00           | T                       |             |                 | 0.00                 |                      |
| Total DSEs  |           |                | 0.00           | Total DSEs              |             |                 | 0.00                 |                      |
| Gross Receipts Third (                                | Group     | \$             | 0.00           | Gross Receipts Fourt    | h Group     | \$              | 0.00                 |                      |
| Base Rate Fee Third (                                 | Group     | s              | 0.00           | Base Rate Fee Fourt     | h Group     | \$              | 0.00                 |                      |
|   | r         | Į*             | 0.00           |                         | r           | <u> </u>        | 3.00                 |                      |
| B B. =  |           |                | "              |                         |             |                 |                      |                      |
| <b>Base Rate Fee:</b> Add the Enter here and in block |           |                | riber group as | s shown in the boxes ab | oove.       | \$              |                      |                      |
|   | . 0, 1, 5 | [page 1]       |                |                         |             | *               |                      |                      |

|                 | ļ.   | BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP |          |  |               |                      |                      |                                  |  |  |
|-----------------|--|--|----------|--|---------------|----------------------|----------------------|----------------------------------|--|--|
|                 | JP   | SUBSCRIBER GROU  |          |  |               | SUBSCRIBER GROU      |                      |                                  |  |  |
| 9               | 0  |  |          | COMMUNITY/ AREA                        | 0             |                      |                      | COMMUNITY/ AREA                  |  |  |
| Computa         |  |  |          |  |               |                      |                      |                                  |  |  |
| of              | DSE  | CALL SIGN  | DSE      | CALL SIGN                              | DSE           | CALL SIGN            | DSE                  | CALL SIGN                        |  |  |
| Base Rate       |  |  |          |  |               |                      |                      |                                  |  |  |
| and             |  |  |          |  |               |                      |                      |                                  |  |  |
| Syndicat        |  |  |          |  |               |                      |                      |                                  |  |  |
| Exclusiv        |  |  |          |  |               |                      |                      |                                  |  |  |
| Surchar         |  |  |          |  |               |                      |                      |                                  |  |  |
| for<br>Partiall |  | -  |          |  |               | -                    |                      |                                  |  |  |
| Distan          |  |  |          |  |               |                      |                      |                                  |  |  |
| Station         |  |  |          |  | •••••••••     |                      |                      |                                  |  |  |
|                 |  |  |          |  | •             |                      |                      |                                  |  |  |
|                 |  |  |          |  |               |                      |                      |                                  |  |  |
|                 |  |  |          |  |               |                      |                      |                                  |  |  |
|                 |  |  |          |  |               |                      |                      |                                  |  |  |
|                 |  |  |          |  |               |                      |                      |                                  |  |  |
|                 |  |  |          |  |               |                      |                      |                                  |  |  |
|                 | 0.00   |  |          | Total DSEs                             | 0.00          |                      |                      | otal DSEs                        |  |  |
|                 | 0.00   | \$   | d Group  | Gross Receipts Secon                   | 0.00          | \$                   | First Group          | ross Receipts First C            |  |  |
|                 |  |  |          |  |               |                      |                      |                                  |  |  |
|                 |  |  |          |  |               |                      |                      |                                  |  |  |
|                 | 0.00   | •  | Group    | Base Rate Fee Secon                    | 0.00          | e                    | First Group          | ase Rate Fee First (             |  |  |
|                 | 0.00   | \$   |          | Base Rate Fee Secon                    | 0.00          | \$                   |                      |                                  |  |  |
|                 | <u>,                                    </u>   | \$ SUBSCRIBER GROU   |          | Base Rate Fee Secon                    | <u>'</u>      | \$ I SUBSCRIBER GROU |                      |                                  |  |  |
|                 | <u>,                                    </u>   |  |          | Base Rate Fee Secon  COMMUNITY/ AREA   | <u>'</u>      |                      | FIFTY-NINTH          | F                                |  |  |
|                 | JP <b>0</b>  | SUBSCRIBER GROU  | SIXTIETH | COMMUNITY/ AREA                        | UP <b>0</b>   | SUBSCRIBER GROU      | FIFTY-NINTH<br>REA   | FI<br>OMMUNITY/ AREA             |  |  |
|                 | JP   |  |          |  | UP            |                      | FIFTY-NINTH          | FI<br>OMMUNITY/ AREA             |  |  |
|                 | JP <b>0</b>  | SUBSCRIBER GROU  | SIXTIETH | COMMUNITY/ AREA                        | UP <b>0</b>   | SUBSCRIBER GROU      | FIFTY-NINTH<br>REA   | FI<br>OMMUNITY/ AREA             |  |  |
|                 | JP <b>0</b>  | SUBSCRIBER GROU  | SIXTIETH | COMMUNITY/ AREA                        | UP <b>0</b>   | SUBSCRIBER GROU      | FIFTY-NINTH<br>REA   | FI<br>OMMUNITY/ AREA             |  |  |
|                 | JP <b>0</b>  | SUBSCRIBER GROU  | SIXTIETH | COMMUNITY/ AREA                        | UP <b>0</b>   | SUBSCRIBER GROU      | FIFTY-NINTH<br>REA   | FI<br>OMMUNITY/ AREA             |  |  |
|                 | JP <b>0</b>  | SUBSCRIBER GROU  | SIXTIETH | COMMUNITY/ AREA                        | UP <b>0</b>   | SUBSCRIBER GROU      | FIFTY-NINTH<br>REA   | FI<br>OMMUNITY/ AREA             |  |  |
|                 | JP <b>0</b>  | SUBSCRIBER GROU  | SIXTIETH | COMMUNITY/ AREA                        | UP <b>0</b>   | SUBSCRIBER GROU      | FIFTY-NINTH<br>REA   | FI<br>OMMUNITY/ AREA             |  |  |
|                 | JP <b>0</b>  | SUBSCRIBER GROU  | SIXTIETH | COMMUNITY/ AREA                        | UP <b>0</b>   | SUBSCRIBER GROU      | FIFTY-NINTH<br>REA   | FI<br>OMMUNITY/ AREA             |  |  |
|                 | JP <b>0</b>  | SUBSCRIBER GROU  | SIXTIETH | COMMUNITY/ AREA                        | UP <b>0</b>   | SUBSCRIBER GROU      | FIFTY-NINTH<br>REA   | FI<br>OMMUNITY/ AREA             |  |  |
|                 | JP <b>0</b>  | SUBSCRIBER GROU  | SIXTIETH | COMMUNITY/ AREA                        | UP <b>0</b>   | SUBSCRIBER GROU      | FIFTY-NINTH<br>REA   | FI<br>OMMUNITY/ AREA             |  |  |
|                 | JP <b>0</b>  | SUBSCRIBER GROU  | SIXTIETH | COMMUNITY/ AREA                        | UP <b>0</b>   | SUBSCRIBER GROU      | FIFTY-NINTH<br>REA   | FI<br>OMMUNITY/ AREA             |  |  |
|                 | JP <b>0</b>  | SUBSCRIBER GROU  | SIXTIETH | COMMUNITY/ AREA                        | UP <b>0</b>   | SUBSCRIBER GROU      | FIFTY-NINTH<br>REA   | FI<br>OMMUNITY/ AREA             |  |  |
|                 | JP <b>0</b>  | SUBSCRIBER GROU  | SIXTIETH | COMMUNITY/ AREA                        | UP <b>0</b>   | SUBSCRIBER GROU      | FIFTY-NINTH<br>REA   | FI<br>OMMUNITY/ AREA             |  |  |
|                 | JP <b>0</b>  | SUBSCRIBER GROU  | SIXTIETH | COMMUNITY/ AREA                        | UP <b>0</b>   | SUBSCRIBER GROU      | FIFTY-NINTH<br>REA   | F                                |  |  |
|                 | JP <b>0</b>  | SUBSCRIBER GROU  | SIXTIETH | COMMUNITY/ AREA                        | UP <b>0</b>   | SUBSCRIBER GROU      | FIFTY-NINTH<br>REA   | FI<br>OMMUNITY/ AREA             |  |  |
|                 | DSE  | SUBSCRIBER GROU  | SIXTIETH | COMMUNITY/ AREA  CALL SIGN             | DSE           | SUBSCRIBER GROU      | FIFTY-NINTH<br>REA   | CALL SIGN                        |  |  |
|                 | DSE DSE DOMESTIC DOMESTIC DATE OF THE DATE | SUBSCRIBER GROU  | DSE      | COMMUNITY/ AREA  CALL SIGN  Total DSEs | DSE DSE D.000 | CALL SIGN            | FIFTY-NINTH REA  DSE | CALL SIGN  CALL SIGN  otal DSEs  |  |  |
|                 | DSE  | SUBSCRIBER GROU  | DSE      | COMMUNITY/ AREA  CALL SIGN             | DSE           | SUBSCRIBER GROU      | FIFTY-NINTH REA  DSE | CALL SIGN  CALL SIGN  Cotal DSEs |  |  |
|                 | DSE DSE DOMESTIC DOMESTIC DATE OF THE DATE | SUBSCRIBER GROU  | DSE      | COMMUNITY/ AREA  CALL SIGN  Total DSEs | DSE DSE D.000 | CALL SIGN            | FIFTY-NINTH REA  DSE | COMMUNITY/ AREA                  |  |  |

|                           | BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP |                |             |                                  |          |                 |          |                 |
|---------------------------|--|----------------|-------------|----------------------------------|----------|-----------------|----------|-----------------|
|                           |  | SUBSCRIBER GRO |             | 11                               |          | SUBSCRIBER GROU | JP       |                 |
| COMMUNITY/ AREA           |  |                | 0           | COMMUNITY/ AREA                  |          |                 | 0        | 9               |
| 041 001                   | o= T   |                | T 505       | 041.004                          | T por    | Полион          | D05      | Computati       |
| CALL SIGN D               | SE   | CALL SIGN      | DSE         | CALL SIGN                        | DSE      | CALL SIGN       | DSE      | of<br>Base Rate |
|                           |  |                |             |                                  |          |                 |          | and             |
|                           |  |                | <del></del> |                                  |          |                 |          | Syndicate       |
|                           |  |                | <u></u>     |                                  | ···      |                 |          | Exclusivi       |
|                           |  |                | <u>"</u>    |                                  |          |                 |          | Surcharg        |
|                           |  |                |             |                                  |          |                 |          | for             |
|                           |  |                |             |                                  |          |                 |          | Partially       |
|                           |  |                |             |                                  |          |                 |          | Distant         |
|                           |  |                |             |                                  |          |                 |          | Stations        |
|                           |  |                |             |                                  |          |                 |          |                 |
|                           |  |                |             |                                  |          |                 |          |                 |
|                           |  |                |             |                                  |          |                 |          |                 |
|                           |  |                | <u>.</u>    |                                  |          |                 |          |                 |
|                           |  |                |             |                                  |          |                 |          |                 |
|                           |  |                |             |                                  |          |                 |          |                 |
| otal DSEs                 |  |                | 0.00        | Total DSEs                       |          |                 | 0.00     |                 |
| ross Receipts First Group |  | \$             | 0.00        | Gross Receipts Secon             | d Group  | \$              | 0.00     |                 |
|                           |  |                |             |                                  |          |                 |          |                 |
| ase Rate Fee First Group  |  | \$             | 0.00        | Base Rate Fee Secon              | d Group  | \$              | 0.00     |                 |
|                           |  | [*             | 0.00        |                                  |          |                 | <u>.</u> |                 |
| SIXTY-1                   | THIRD  | SUBSCRIBER GRO | JP          | SIXT                             | Y-FOURTH | SUBSCRIBER GROU | JP       |                 |
| OMMUNITY/ AREA            |  |                | 0           | COMMUNITY/ AREA                  |          |                 | 0        |                 |
|                           |  |                |             |                                  |          |                 |          |                 |
|                           |  |                |             |                                  |          |                 |          |                 |
| CALL SIGN D               | SE   | CALL SIGN      | DSE         | CALL SIGN                        | DSE      | CALL SIGN       | DSE      |                 |
| CALL SIGN D               | SE   | CALL SIGN      | DSE         | CALL SIGN                        | DSE      | CALL SIGN       |          |                 |
| CALL SIGN D               | SE   | CALL SIGN      | DSE         | CALL SIGN                        | DSE      | CALL SIGN       |          |                 |
| CALL SIGN D               | SE   | CALL SIGN      | DSE         | CALL SIGN                        | DSE      | CALL SIGN       |          |                 |
| CALL SIGN D               | SE   | CALL SIGN      | DSE         | CALL SIGN                        | DSE      | CALL SIGN       |          |                 |
| CALL SIGN D               | SE   | CALL SIGN      | DSE         | CALL SIGN                        | DSE      | CALL SIGN       |          |                 |
| CALL SIGN D               | SE   | CALL SIGN      | DSE         | CALL SIGN                        | DSE      | CALL SIGN       |          |                 |
| CALL SIGN D               | SE   | CALL SIGN      | DSE         | CALL SIGN                        | DSE      | CALL SIGN       |          |                 |
| CALL SIGN D               | SE   | CALL SIGN      | DSE         | CALL SIGN                        | DSE      | CALL SIGN       |          |                 |
| CALL SIGN D               | SE   | CALL SIGN      | DSE         | CALL SIGN                        | DSE      | CALL SIGN       |          |                 |
| CALL SIGN D               | SE   | CALL SIGN      | DSE         | CALL SIGN                        | DSE      | CALL SIGN       |          |                 |
| CALL SIGN D               | SE   | CALL SIGN      | DSE         | CALL SIGN                        | DSE      | CALL SIGN       |          |                 |
| CALL SIGN D               | SE   | CALL SIGN      | DSE         | CALL SIGN                        | DSE      | CALL SIGN       |          |                 |
| CALL SIGN D               | SE   | CALL SIGN      | DSE         | CALL SIGN                        | DSE      | CALL SIGN       |          |                 |
| CALL SIGN D               | SE   | CALL SIGN      | DSE         | CALL SIGN                        | DSE      | CALL SIGN       |          |                 |
|                           | SE   | CALL SIGN      | 0.00        | Total DSEs                       | DSE      | CALL SIGN       |          |                 |
| otal DSEs                 |  | CALL SIGN      |             |                                  |          | CALL SIGN       | DSE      |                 |
| CALL SIGN D               |  |                | 0.00        | Total DSEs                       |          |                 | DSE      |                 |
| otal DSEs                 |  | \$             | 0.00        | Total DSEs Gross Receipts Fourth | Group    | \$              | DSE      |                 |
| otal DSEs                 |  |                | 0.00        | Total DSEs                       | Group    |                 | DSE      |                 |

| CABLE ONE, INC.         |               | E SYSTEM:       |               |                          |           | :                 | 8YSTEM ID#<br>003838 | Name             |
|-------------------------|---------------|-----------------|---------------|--------------------------|-----------|-------------------|----------------------|------------------|
| E                       | BLOCK A:      | COMPUTATION O   | F BASE RA     | ATE FEES FOR EACH        | SUBSCR    | IBER GROUP        |                      |                  |
|                         |               | SUBSCRIBER GROU |               |                          |           | SUBSCRIBER GROU   | JP                   |                  |
| COMMUNITY/ AREA         |               |                 | 0             | COMMUNITY/ AREA          |           |                   | 0                    | 9<br>Computation |
| CALL SIGN               | DSE           | CALL SIGN       | DSE           | CALL SIGN                | DSE       | CALL SIGN         | DSE                  | of               |
|                         |               |                 |               |                          |           |                   |                      | Base Rate Fee    |
|                         |               |                 |               |                          |           |                   |                      | and              |
|                         |               |                 |               |                          |           |                   |                      | Syndicated       |
|                         |               |                 |               |                          |           |                   |                      | Exclusivity      |
|                         |               |                 |               |                          |           |                   |                      | Surcharge        |
|                         |               |                 |               |                          |           |                   |                      | for              |
|                         |               |                 |               |                          |           |                   |                      | Partially        |
|                         |               |                 |               |                          |           |                   |                      | Distant          |
|                         |               |                 |               |                          |           |                   |                      | Stations         |
|                         |               |                 |               |                          |           |                   |                      |                  |
|                         |               |                 |               |                          |           |                   |                      |                  |
|                         |               |                 |               |                          |           |                   |                      |                  |
|                         |               |                 |               |                          |           |                   |                      |                  |
|                         |               |                 |               |                          |           |                   |                      |                  |
|                         |               |                 |               |                          |           |                   |                      |                  |
| Total DSEs              |               |                 | 0.00          | Total DSEs               |           |                   | 0.00                 |                  |
| Gross Receipts First Gr | oup           | \$              | 0.00          | Gross Receipts Secon     | d Group   | \$                | 0.00                 |                  |
|                         |               |                 |               |                          |           |                   |                      |                  |
| Base Rate Fee First Gr  | oup           | \$              | 0.00          | Base Rate Fee Secon      | d Group   | \$                | 0.00                 |                  |
| SIXTY-                  | SEVENTH       | SUBSCRIBER GROU | JP            | SIX                      | TY-EIGHTH | I SUBSCRIBER GROU | JP                   |                  |
| COMMUNITY/ AREA         |               |                 | 0             | COMMUNITY/ AREA          |           |                   | 0                    |                  |
| CALL SIGN               | DSE           | CALL SIGN       | DSE           | CALL SIGN                | DSE       | CALL SIGN         | DSE                  |                  |
|                         |               |                 |               |                          |           |                   |                      |                  |
|                         |               |                 |               |                          |           |                   |                      |                  |
|                         |               |                 |               |                          |           |                   |                      |                  |
|                         |               |                 |               |                          |           |                   |                      |                  |
|                         |               |                 |               |                          |           |                   |                      |                  |
|                         |               |                 |               |                          |           |                   |                      |                  |
|                         |               |                 |               |                          |           |                   |                      |                  |
|                         |               |                 |               |                          |           |                   |                      |                  |
|                         |               |                 |               |                          |           |                   |                      |                  |
|                         |               |                 |               |                          |           |                   |                      |                  |
|                         | <mark></mark> |                 |               |                          |           |                   |                      |                  |
|                         | <mark></mark> |                 |               |                          |           |                   |                      |                  |
|                         |               |                 |               |                          |           |                   |                      |                  |
|                         | <mark></mark> |                 |               |                          |           |                   |                      |                  |
| T                       |               |                 | 0.00          | T                        |           |                   | 6.00                 |                  |
| Total DSEs              |               |                 | 0.00          | Total DSEs               |           |                   | 0.00                 |                  |
| Gross Receipts Third G  | roup          | \$              | 0.00          | Gross Receipts Fourth    | Group     | \$                | 0.00                 |                  |
| Base Rate Fee Third G   | roup          | c               | 0.00          | Base Rate Fee Fourth     | Group     | e                 | 0.00                 |                  |
| Dase Nate Fee Third G   | TOUP          | 4               | 0.00          | Dase Nate Fee Fourth     | - Стоир   | \$                | 0.00                 |                  |
|                         |               |                 |               |                          |           |                   |                      |                  |
|                         |               |                 | iber group as | s shown in the boxes abo | ove.      | e                 |                      |                  |
| Enter here and in block | o, iirie T, S | pace L (page /) |               |                          |           | \$                |                      |                  |

| LEGAL NAME OF OWNER CABLE ONE, INC.                 | R OF CABLE | E SYSTEM:       |              |                          |          | SY               | STEM ID#<br>003838 | Name                 |
|---|------------|-----------------|--------------|--------------------------|----------|------------------|--------------------|----------------------|
| B   | LOCK A     | COMPUTATION OF  | BASE RA      | ATE FEES FOR EACH        | SUBSCRI  | BER GROUP        |                    |                      |
|   |            | SUBSCRIBER GROU |              |                          |          | SUBSCRIBER GROUP | )                  | _                    |
| COMMUNITY/ AREA                                     |            |                 | 0            | COMMUNITY/ AREA          |          |                  | 0                  | <b>9</b> Computation |
| CALL SIGN   | DSE        | CALL SIGN       | DSE          | CALL SIGN                | DSE      | CALL SIGN        | DSE                | of                   |
|   |            |                 |              |                          |          |                  |                    | Base Rate Fee        |
|   |            |                 |              |                          |          |                  |                    | and                  |
|   |            |                 |              |                          |          |                  |                    | Syndicated           |
|   |            |                 |              |                          |          |                  |                    | Exclusivity          |
|   |            |                 |              |                          |          | _                |                    | Surcharge            |
|   |            |                 |              |                          |          |                  |                    | for                  |
|   |            |                 | ļ            |                          | ļ        |                  | <u></u>            | Partially            |
|   |            |                 | ļ            |                          |          |                  |                    | Distant              |
|   |            |                 |              |                          |          |                  |                    | Stations             |
|   |            |                 | ļ            |                          |          |                  |                    |                      |
|   |            |                 | <b> </b>     |                          |          |                  | _                  |                      |
|   |            |                 |              |                          |          |                  |                    |                      |
|   |            |                 | ļ            |                          |          |                  |                    |                      |
|   |            |                 |              |                          |          |                  |                    |                      |
| Total DSEs  | l I        |                 | 0.00         | Total DSEs               |          |                  | 0.00               |                      |
|   |            | •               | 0.00         |                          | Craun    | •                | 0.00               |                      |
| Gross Receipts First Gro                            | oup        | \$              | 0.00         | Gross Receipts Second    | Group    | \$               | 0.00               |                      |
| Base Rate Fee First Gro                             | up         | \$              | 0.00         | Base Rate Fee Second     | Group    | \$               | 0.00               |                      |
| SEVEN   | TY-FIRST   | SUBSCRIBER GROU | Р            | SEVENTY                  | /-SECOND | SUBSCRIBER GROUP | )                  |                      |
| COMMUNITY/ AREA                                     |            |                 | 0            | COMMUNITY/ AREA          |          |                  | 0                  |                      |
| CALL SIGN   | DSE        | CALL SIGN       | DSE          | CALL SIGN                | DSE      | CALL SIGN        | DSE                |                      |
|   |            |                 |              |                          |          |                  |                    |                      |
|   |            |                 |              |                          |          |                  |                    |                      |
|   |            |                 |              |                          |          |                  | <u></u>            |                      |
|   |            |                 |              |                          |          |                  |                    |                      |
|   |            |                 |              |                          |          |                  | <del>  </del>      |                      |
|   |            |                 |              |                          |          |                  | -                  |                      |
|   |            |                 |              |                          |          |                  |                    |                      |
|   |            |                 |              |                          |          |                  |                    |                      |
|   |            |                 | ļ            |                          |          |                  |                    |                      |
|   |            |                 | ļ            |                          |          |                  |                    |                      |
|   |            |                 | ļ            |                          | ļ        |                  |                    |                      |
|   |            |                 |              |                          |          |                  |                    |                      |
|   |            |                 | l            |                          |          |                  | <u> </u>           |                      |
| Total DSEs  |            |                 | 0.00         | Total DSEs               |          |                  | 0.00               |                      |
| Gross Receipts Third Gr                             | oup        | \$              | 0.00         | Gross Receipts Fourth    | Group    | \$               | 0.00               |                      |
|   |            |                 |              |                          |          |                  |                    |                      |
| Base Rate Fee Third Gro                             | oup        | \$              | 0.00         | Base Rate Fee Fourth     | Group    | \$               | 0.00               |                      |
|   |            |                 |              |                          |          |                  |                    |                      |
| Base Rate Fee: Add the<br>Enter here and in block 3 |            |                 | oer group as | s shown in the boxes abo | ve.      | \$               |                    |                      |

| CABLE ONE, INC         |                      | E SYSTEM:             |                |                         |             | •              | 8YSTEM ID#<br>003838 | Name             |
|------------------------|----------------------|-----------------------|----------------|-------------------------|-------------|----------------|----------------------|------------------|
|                        | BLOCK A:             | COMPUTATION C         | F BASE RA      | TE FEES FOR EAC         | H SUBSCR    | IBER GROUP     |                      |                  |
|                        |                      | SUBSCRIBER GRO        |                |                         |             | SUBSCRIBER GRO | JP                   |                  |
| COMMUNITY/ AREA        |                      |                       | 0              | COMMUNITY/ AREA         |             |                | 0                    | 9<br>Computation |
| CALL SIGN              | DSE                  | CALL SIGN             | DSE            | CALL SIGN               | DSE         | CALL SIGN      | DSE                  | of               |
|                        |                      |                       |                |                         |             |                |                      | Base Rate Fee    |
|                        |                      |                       |                |                         |             |                |                      | and              |
|                        |                      |                       |                |                         |             |                |                      | Syndicated       |
|                        |                      |                       |                |                         |             |                |                      | Exclusivity      |
|                        |                      |                       |                |                         |             |                |                      | Surcharge        |
|                        |                      |                       |                |                         |             |                |                      | for              |
|                        |                      |                       |                |                         |             |                |                      | Partially        |
|                        |                      |                       |                |                         |             |                |                      | Distant          |
|                        |                      |                       |                |                         | <u></u>     |                |                      | Stations         |
|                        |                      |                       |                |                         |             |                |                      |                  |
|                        |                      |                       |                |                         |             |                |                      |                  |
|                        |                      |                       |                |                         |             |                |                      |                  |
|                        |                      |                       |                |                         |             |                |                      |                  |
|                        | ·····                |                       |                |                         | <b></b>     |                |                      |                  |
|                        |                      |                       |                |                         |             |                |                      |                  |
| Total DSEs             |                      |                       | 0.00           | Total DSEs              |             |                | 0.00                 |                  |
| Gross Receipts First G | Group                | \$                    | 0.00           | Gross Receipts Seco     | nd Group    | \$             | 0.00                 |                  |
|                        |                      |                       |                |                         |             |                | <del></del>          |                  |
| Base Rate Fee First G  | Group                | \$                    | 0.00           | Base Rate Fee Seco      | nd Group    | \$             | 0.00                 |                  |
| SEVE                   | NTY-FIFTH            | SUBSCRIBER GRO        | UP             | SEV                     | 'ENTY-SIXTH | SUBSCRIBER GRO | JP                   |                  |
| COMMUNITY/ AREA        |                      |                       | 0              | COMMUNITY/ AREA         |             |                | 0                    |                  |
| CALL SIGN              | DSE                  | CALL SIGN             | DSE            | CALL SIGN               | DSE         | CALL SIGN      | DSE                  |                  |
| OF LEE CHOIN           | DOL                  | OFFICE STORY          | DOL            | OF ILLE STORY           | BOL         | GALLE GIGIT    | 552                  |                  |
|                        | ·····                | <del> </del>          | ····           |                         |             |                |                      |                  |
|                        |                      |                       | •••••••••••    |                         |             |                |                      |                  |
|                        |                      |                       |                |                         |             |                |                      |                  |
|                        |                      |                       |                |                         |             |                |                      |                  |
|                        |                      |                       |                |                         |             |                |                      |                  |
|                        |                      |                       |                |                         |             |                |                      |                  |
|                        |                      |                       |                |                         |             |                |                      |                  |
|                        |                      |                       |                |                         |             |                |                      |                  |
|                        |                      |                       |                |                         |             |                |                      |                  |
|                        |                      |                       |                |                         | <u></u>     |                |                      |                  |
|                        |                      |                       |                |                         |             |                |                      |                  |
|                        |                      |                       |                |                         |             |                |                      |                  |
|                        |                      |                       |                |                         |             |                |                      |                  |
| Total DOC-             |                      | II                    | 0.00           | Total DOC-              |             | П              | 0.00                 |                  |
| Total DSEs             |                      |                       | 0.00           | Total DSEs              |             |                | 0.00                 |                  |
| Gross Receipts Third   | Group                | \$                    | 0.00           | Gross Receipts Fourt    | th Group    | \$             | 0.00                 |                  |
| Base Rate Fee Third    | Group                | \$                    | 0.00           | Base Rate Fee Four      | th Group    | \$             | 0.00                 |                  |
|                        |                      |                       |                |                         |             |                | _                    |                  |
|                        |                      |                       |                |                         |             |                |                      |                  |
| Base Rate Fee: Add t   | he <b>base rat</b> e | e fees for each subsc | riber group as | s shown in the boxes al | bove.       |                |                      |                  |

| CABLE ONE, INC.                                  | R OF CABLI | E SYSTEM:       |              |                          |           | S                | O03838       | Name                 |
|--|------------|-----------------|--------------|--------------------------|-----------|------------------|--------------|----------------------|
| В  | LOCK A:    | COMPUTATION OF  | BASE RA      | ATE FEES FOR EACH        | SUBSCRI   | BER GROUP        |              |                      |
|  |            | SUBSCRIBER GROU |              |                          |           | SUBSCRIBER GROUP | )            |                      |
| COMMUNITY/ AREA                                  |            |                 | 0            | COMMUNITY/ AREA          |           |                  | 0            | <b>9</b> 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             |
|  |            |                 | ļ            |                          |           |                  |              |                      |
|  |            |                 | ļ            |                          | <b>.</b>  |                  |              |                      |
|  |            |                 | ļ            |                          |           |                  |              |                      |
|  |            |                 | ļ            |                          |           |                  |              |                      |
|  |            |                 |              |                          |           |                  |              |                      |
|  |            |                 |              |                          |           |                  |              |                      |
| Total DSEs                                       |            |                 | 0.00         | Total DSEs               |           |                  | 0.00         |                      |
| Gross Receipts First Gro                         | oup        | \$              | 0.00         | Gross Receipts Second    | l Group   | \$               | 0.00         |                      |
| 0.000 r.000,p.0 ror 0.10                         |            |                 |              | Order Hood, pie Good     | . О.оцр   | <u>*</u>         |              |                      |
| Base Rate Fee First Gro                          | oup        | \$              | 0.00         | Base Rate Fee Second     | l Group   | \$               | 0.00         |                      |
| SEVEN  | ΓY-NINTH   | SUBSCRIBER GROU | Р            | E                        | EIGHTIETH | SUBSCRIBER GROUP | •            |                      |
| COMMUNITY/ AREA                                  |            |                 | 0            | COMMUNITY/ AREA          |           |                  | 0            |                      |
| CALL SIGN  | DSE        | CALL SIGN       | DSE          | CALL SIGN                | DSE       | CALL SIGN        | DSE          |                      |
|  |            |                 |              |                          |           |                  |              |                      |
|  |            |                 |              |                          |           |                  |              |                      |
|  |            |                 |              |                          |           |                  |              |                      |
|  |            |                 |              |                          |           |                  |              |                      |
|  |            |                 |              |                          |           |                  |              |                      |
|  |            |                 |              |                          |           |                  |              |                      |
|  |            |                 | ļ            |                          |           |                  | <u></u>      |                      |
|  |            |                 |              |                          |           |                  | <del> </del> |                      |
|  |            |                 | ļ            |                          |           |                  |              |                      |
|  |            |                 | ļ            |                          | <b></b>   |                  | <del></del>  |                      |
|  |            |                 |              |                          | ······    |                  | <u></u>      |                      |
|  |            |                 |              |                          | ······    |                  | <u></u>      |                      |
|  |            |                 |              |                          |           |                  | <u> </u>     |                      |
|  |            |                 |              |                          |           |                  |              |                      |
| Total DSEs                                       |            |                 | 0.00         | Total DSEs               |           |                  | 0.00         |                      |
| Gross Receipts Third Gr                          | oup        | \$              | 0.00         | Gross Receipts Fourth    | Group     | \$               | 0.00         |                      |
|  |            |                 |              |                          |           |                  | <del></del>  |                      |
| Base Rate Fee Third Gr                           | oup        | \$              | 0.00         | Base Rate Fee Fourth     | Group     | \$               | 0.00         |                      |
|  |            |                 |              | Ш                        |           |                  |              |                      |
| Base Rate Fee: Add the Enter here and in block 3 |            |                 | per group as | s shown in the boxes abo | ve.       | \$               |              |                      |
|  | , -,       | 5 /             |              |                          |           |                  |              |                      |

| CABLE ONE, INC.                                  | R OF CABLI                              | E SYSTEM:       |              |                            |           | S                | O03838       | Name                 |
|--|---|-----------------|--------------|----------------------------|-----------|------------------|--------------|----------------------|
| В  | LOCK A:                                 | COMPUTATION OF  | BASE RA      | TE FEES FOR EACH           | SUBSCRI   | BER GROUP        |              |                      |
|  |   | SUBSCRIBER GROU |              |                            |           | SUBSCRIBER GROUP | )            |                      |
| COMMUNITY/ AREA                                  |   |                 | 0            | COMMUNITY/ AREA            |           |                  | 0            | <b>9</b> Computation |
| CALL SIGN  | DSE                                     | CALL SIGN       | DSE          | CALL SIGN                  | DSE       | CALL SIGN        | DSE          | of                   |
|  |   |                 |              |                            |           |                  |              | Base Rate Fee        |
|  |   |                 |              |                            |           |                  |              | and                  |
|  |   |                 |              |                            |           |                  |              | Syndicated           |
|  |   |                 |              |                            |           |                  |              | Exclusivity          |
|  |   |                 |              |                            |           |                  |              | Surcharge            |
|  |   |                 |              |                            |           |                  |              | for                  |
|  |   |                 |              |                            |           |                  |              | Partially            |
|  |   |                 |              |                            |           |                  |              | Distant              |
|  |   |                 |              |                            |           |                  |              | Stations             |
|  |   |                 |              |                            | <u>.</u>  |                  |              |                      |
|  |   |                 | ļ            |                            | <u> </u>  |                  |              |                      |
|  |   |                 | ļ            |                            | <u> </u>  |                  |              |                      |
|  |   |                 |              |                            |           |                  |              |                      |
|  |   |                 | ļ            |                            | <u> </u>  |                  |              |                      |
|  |   |                 |              |                            |           |                  |              |                      |
| Total DSEs                                       |   |                 | 0.00         | Total DSEs                 |           | -                | 0.00         |                      |
| Gross Receipts First Gro                         | กเม                                     | \$              | 0.00         | Gross Receipts Second      | d Group   | \$               | 0.00         |                      |
| Cross resorpts river are                         | ,up                                     |                 |              | Cross rescripts essenti    | Croup     | <u> </u>         |              |                      |
| Base Rate Fee First Gro                          | oup                                     | \$              | 0.00         | Base Rate Fee Second       | l Group   | \$               | 0.00         |                      |
| EIGH   | ry-third                                | SUBSCRIBER GROU | P            | EIGHT                      | Y-FOURTH  | SUBSCRIBER GROUP | )            |                      |
| COMMUNITY/ AREA                                  |   |                 | 0            | COMMUNITY/ AREA            |           |                  | 0            |                      |
| CALL SIGN  | DSE                                     | CALL SIGN       | DSE          | CALL SIGN                  | DSE       | CALL SIGN        | DSE          |                      |
|  |   |                 |              |                            |           | _                |              |                      |
|  |   |                 |              |                            |           |                  |              |                      |
|  |   |                 |              |                            |           |                  |              |                      |
|  |   |                 |              |                            |           |                  |              |                      |
|  |   |                 |              |                            |           |                  |              |                      |
|  |   |                 |              |                            |           |                  |              |                      |
|  |   |                 | ļ            |                            | <u></u>   |                  | <u></u>      |                      |
|  |   |                 |              |                            |           |                  | <del> </del> |                      |
|  |   |                 | ļ            |                            | <u>.</u>  |                  | <del></del>  |                      |
|  |   |                 | ļ            |                            | <b>-</b>  |                  | <u>-</u>     |                      |
|  |   |                 |              |                            |           |                  | <u>-</u>     |                      |
|  |   |                 |              |                            |           |                  | <u> </u>     |                      |
|  |   |                 |              |                            |           |                  | <u> </u>     |                      |
|  | • |                 |              |                            |           |                  |              |                      |
| Total DSEs                                       |   |                 | 0.00         | Total DSEs                 |           |                  | 0.00         |                      |
| Gross Receipts Third Gr                          | oup                                     | \$              | 0.00         | Gross Receipts Fourth      | Group     | \$               | 0.00         |                      |
| Page Pate For This I C                           |   |                 | 0.00         | Base Bate Fee Fee III      | Crour     |                  | 0.00         |                      |
| Base Rate Fee Third Gr                           | oup                                     | \$              | 0.00         | Base Rate Fee Fourth       | огоир<br> | \$               | 0.00         |                      |
|  | _                                       |                 |              |                            |           |                  |              |                      |
| Base Rate Fee: Add the Enter here and in block 3 |   |                 | per group as | s shown in the boxes above | ve.       | \$               |              |                      |
|  |   |                 |              |                            |           | L                |              |                      |

| CABLE ONE, INC.                                  | R OF CABLI | E SYSTEM:       |              |                          |          | SY               | O03838  | Name                 |
|--|------------|-----------------|--------------|--------------------------|----------|------------------|---------|----------------------|
| В  | LOCK A:    | COMPUTATION OF  | BASE RA      | TE FEES FOR EACH         | SUBSCRI  | BER GROUP        |         |                      |
|  |            | SUBSCRIBER GROU |              |                          |          | SUBSCRIBER GROUP | )       |                      |
| COMMUNITY/ AREA                                  |            |                 | 0            | COMMUNITY/ AREA          |          |                  | 0       | <b>9</b> Computation |
| CALL SIGN  | DSE        | CALL SIGN       | DSE          | CALL SIGN                | DSE      | CALL SIGN        | DSE     | of                   |
|  |            |                 |              |                          |          |                  |         | Base Rate Fee        |
|  |            |                 |              |                          |          |                  |         | and                  |
|  |            |                 |              |                          |          |                  |         | Syndicated           |
|  |            |                 |              |                          |          |                  |         | Exclusivity          |
|  |            |                 |              |                          |          |                  |         | Surcharge            |
|  |            |                 |              |                          |          |                  |         | for                  |
|  |            |                 |              |                          |          |                  |         | Partially            |
|  |            |                 |              |                          |          |                  |         | Distant              |
|  |            |                 |              |                          |          |                  |         | Stations             |
|  |            |                 |              |                          |          |                  |         |                      |
|  |            |                 |              |                          |          |                  |         |                      |
|  |            |                 |              |                          |          |                  |         |                      |
|  |            |                 |              |                          |          |                  |         |                      |
|  |            |                 |              |                          |          |                  |         |                      |
|  |            |                 |              |                          |          |                  |         |                      |
| Total DSEs                                       |            |                 | 0.00         | Total DSEs               |          |                  | 0.00    |                      |
| Gross Receipts First Gro                         | oup        | \$              | 0.00         | Gross Receipts Second    | Group    | \$               | 0.00    |                      |
|  |            |                 |              |                          |          |                  | 1       |                      |
| Base Rate Fee First Gro                          | oup        | \$              | 0.00         | Base Rate Fee Second     | Group    | \$               | 0.00    |                      |
| EIGHTY-S   | SEVENTH    | SUBSCRIBER GROU | Р            | EIGHT                    | Y-EIGHTH | SUBSCRIBER GROUP | )       |                      |
| COMMUNITY/ AREA                                  |            |                 | 0            | COMMUNITY/ AREA          |          |                  | 0       |                      |
| CALL SIGN  | DSE        | CALL SIGN       | DSE          | CALL SIGN                | DSE      | CALL SIGN        | DSE     |                      |
|  |            |                 |              |                          |          |                  |         |                      |
|  |            |                 |              |                          |          |                  |         |                      |
|  |            |                 |              |                          |          |                  |         |                      |
|  |            |                 |              |                          |          |                  |         |                      |
|  |            |                 |              |                          |          |                  |         |                      |
|  |            |                 |              |                          |          |                  |         |                      |
|  |            |                 | ļ            |                          |          |                  | <u></u> |                      |
|  |            |                 | ļ            |                          |          |                  | <u></u> |                      |
|  |            |                 | ļ            |                          |          |                  | <u></u> |                      |
|  |            |                 | l            |                          |          |                  | <u></u> |                      |
|  |            |                 | l            |                          |          |                  | <u></u> |                      |
|  |            |                 | l            |                          |          |                  | <u></u> |                      |
|  |            |                 | <b> </b>     |                          |          |                  |         |                      |
|  |            |                 |              |                          |          |                  |         |                      |
| Total DSEs                                       |            |                 | 0.00         | Total DSEs               |          |                  | 0.00    |                      |
| Gross Receipts Third Gr                          | oup        | \$              | 0.00         | Gross Receipts Fourth    | Group    | \$               | 0.00    |                      |
|  |            |                 |              |                          |          |                  |         |                      |
| Base Rate Fee Third Gr                           | oup        | \$              | 0.00         | Base Rate Fee Fourth     | Group    | \$               | 0.00    |                      |
|  |            |                 |              | Ш                        |          |                  |         |                      |
| Base Rate Fee: Add the Enter here and in block 3 |            |                 | per group as | s shown in the boxes abo | ve.      | \$               |         |                      |
| and an blook (                                   | .,         | 11-22-1         |              |                          |          | •                |         |                      |

| LEGAL NAME OF OWNER CABLE ONE, INC.              | R OF CABLE | E SYSTEM:       |              |                          |          | SY               | STEM ID#<br>003838 | Name              |
|--|------------|-----------------|--------------|--------------------------|----------|------------------|--------------------|-------------------|
| В  | LOCK A:    | COMPUTATION OF  | BASE RA      | ATE FEES FOR EACH        | SUBSCRI  | BER GROUP        |                    |                   |
|  |            | SUBSCRIBER GROU | Р            |                          |          | SUBSCRIBER GROUP | ·                  | 0                 |
| COMMUNITY/ AREA                                  |            |                 | 0            | COMMUNITY/ AREA          |          |                  | 0                  | 9                 |
| CALL SIGN  | DSE        | CALL SIGN       | DSE          | CALL SIGN                | DSE      | CALL SIGN        | DSE                | Computation<br>of |
| CALL SIGIV                                       | DOL        | CALL SIGN       | DOL          | CALL SIGIV               | DOL      | CALL GIGIN       | DOL                | Base Rate Fee     |
|  |            |                 |              |                          |          |                  |                    | and               |
|  |            |                 |              |                          |          |                  |                    | Syndicated        |
|  |            |                 |              |                          |          |                  |                    | Exclusivity       |
|  |            |                 |              |                          |          |                  |                    | Surcharge         |
|  |            |                 |              |                          |          |                  |                    | for<br>Partially  |
|  |            |                 |              |                          |          |                  |                    | Distant           |
|  |            |                 |              |                          |          |                  |                    | Stations          |
|  |            |                 |              |                          |          |                  |                    |                   |
|  |            |                 |              |                          |          |                  |                    |                   |
|  |            |                 | ļ            |                          | ļ        |                  |                    |                   |
|  |            |                 |              |                          |          |                  |                    |                   |
|  |            |                 |              |                          |          |                  |                    |                   |
| T-+-I DOF-                                       |            |                 | 0.00         | T-4-1 DOE-               | <u> </u> |                  | 0.00               |                   |
| Total DSEs                                       |            |                 | 0.00         | Total DSEs               |          |                  | 0.00               |                   |
| Gross Receipts First Gro                         | up         | \$              | 0.00         | Gross Receipts Second    | l Group  | \$               | 0.00               |                   |
| Base Rate Fee First Gro                          | up         | \$              | 0.00         | Base Rate Fee Second     | Group    | \$               | 0.00               |                   |
| NINE   | TY-FIRST   | SUBSCRIBER GROU | Р            | NINETY                   | -SECOND  | SUBSCRIBER GROUP | )                  |                   |
| COMMUNITY/ AREA                                  |            |                 | 0            | COMMUNITY/ AREA          |          |                  | 0                  |                   |
| CALL SIGN  | DSE        | CALL SIGN       | DSE          | CALL SIGN                | DSE      | CALL SIGN        | DSE                |                   |
|  |            |                 |              |                          |          |                  |                    |                   |
|  |            |                 |              |                          |          |                  |                    |                   |
|  |            |                 |              |                          |          |                  |                    |                   |
|  |            |                 |              |                          |          |                  |                    |                   |
|  |            |                 |              |                          |          |                  |                    |                   |
|  |            |                 |              |                          |          |                  |                    |                   |
|  |            |                 |              |                          |          |                  | <u></u>            |                   |
|  |            |                 | l            |                          |          |                  | <u> </u>           |                   |
|  |            |                 | l            |                          |          |                  | <u></u>            |                   |
|  |            |                 |              |                          |          |                  |                    |                   |
|  |            |                 |              |                          |          |                  |                    |                   |
|  |            |                 |              |                          |          |                  |                    |                   |
| Total DSEs                                       |            |                 | 0.00         | Total DSEs               |          |                  | 0.00               |                   |
| Gross Receipts Third Gr                          | oup        | \$              | 0.00         | Gross Receipts Fourth    | Group    | \$               | 0.00               |                   |
|  |            | · ·             |              |                          | TF       |                  |                    |                   |
| Base Rate Fee Third Gre                          | oup        | \$              | 0.00         | Base Rate Fee Fourth     | Group    | \$               | 0.00               |                   |
|  |            |                 |              |                          |          |                  |                    |                   |
| Base Rate Fee: Add the Enter here and in block 3 |            |                 | per group as | s shown in the boxes abo | ve.      | \$               |                    |                   |

| CABLE ONE, INC.                                  | R OF CABLI | E SYSTEM:       |              |                          |           | SY               | O03838   | Name                 |
|--|------------|-----------------|--------------|--------------------------|-----------|------------------|----------|----------------------|
| В  | LOCK A:    | COMPUTATION OF  | BASE RA      | ATE FEES FOR EACH        | SUBSCRI   | BER GROUP        |          |                      |
|  |            | SUBSCRIBER GROU |              |                          |           | SUBSCRIBER GROUP | )        |                      |
| COMMUNITY/ AREA                                  |            |                 | 0            | COMMUNITY/ AREA          |           |                  | 0        | <b>9</b> Computation |
| CALL SIGN  | DSE        | CALL SIGN       | DSE          | CALL SIGN                | DSE       | CALL SIGN        | DSE      | of                   |
|  |            |                 |              |                          |           |                  |          | Base Rate Fee        |
|  |            |                 |              |                          |           |                  |          | and                  |
|  |            |                 |              |                          |           |                  |          | Syndicated           |
|  |            |                 |              |                          |           |                  |          | Exclusivity          |
|  |            |                 |              |                          |           |                  |          | Surcharge            |
|  |            |                 |              |                          |           |                  |          | for                  |
|  |            |                 |              |                          |           |                  |          | Partially            |
|  |            |                 |              |                          |           |                  |          | Distant              |
|  |            |                 |              |                          | 1         |                  |          | Stations             |
|  |            |                 |              |                          |           |                  |          |                      |
|  |            |                 |              |                          |           |                  |          |                      |
|  |            |                 |              |                          |           |                  |          |                      |
|  |            |                 |              |                          |           |                  |          |                      |
|  |            |                 |              |                          |           |                  |          |                      |
|  |            |                 |              |                          |           |                  | <u> </u> |                      |
| Total DSEs                                       | 1          | 1               | 0.00         | Total DSEs               | 1         |                  | 0.00     |                      |
| Gross Receipts First Gro                         | oup        | \$              | 0.00         | Gross Receipts Second    | Group     | \$               | 0.00     |                      |
| Torosa Necerpta i irat orc                       | лир        | 4               | 0.00         | Gross Receipts Second    | Gloup     | <b>*</b>         | 0.50     |                      |
| Base Rate Fee First Gro                          | oup        | \$              | 0.00         | Base Rate Fee Second     | Group     | \$               | 0.00     |                      |
| NINE   | TY-FIFTH   | SUBSCRIBER GROU | Р            | NINE                     | ETY-SIXTH | SUBSCRIBER GROUP | )        |                      |
| COMMUNITY/ AREA                                  |            |                 | 0            | COMMUNITY/ AREA          |           |                  | 0        |                      |
| CALL SIGN  | DSE        | CALL SIGN       | DSE          | CALL SIGN                | DSE       | CALL SIGN        | DSE      |                      |
|  |            |                 |              |                          |           |                  |          |                      |
|  |            |                 |              |                          |           |                  |          |                      |
|  |            |                 |              |                          |           |                  |          |                      |
|  |            |                 |              |                          |           |                  |          |                      |
|  |            |                 |              |                          |           |                  |          |                      |
|  |            |                 |              |                          |           |                  |          |                      |
|  |            |                 | ļ            |                          |           |                  | <u></u>  |                      |
|  |            |                 | l            |                          |           |                  | <u></u>  |                      |
|  |            |                 | l            |                          |           |                  | <u></u>  |                      |
|  |            |                 | l            |                          |           |                  | <u></u>  |                      |
|  |            |                 | l            |                          |           |                  | <u></u>  |                      |
|  |            |                 | <b> </b>     |                          |           |                  |          |                      |
|  |            |                 | <b> </b>     |                          |           |                  |          |                      |
|  |            |                 |              |                          |           |                  | <u></u>  |                      |
| Total DSEs                                       |            |                 | 0.00         | Total DSEs               |           |                  | 0.00     |                      |
| Gross Receipts Third Gr                          | oup        | \$              | 0.00         | Gross Receipts Fourth    | Group     | \$               | 0.00     |                      |
|  |            |                 |              |                          |           |                  |          |                      |
| Base Rate Fee Third Gr                           | oup        | \$              | 0.00         | Base Rate Fee Fourth     | Group     | \$               | 0.00     |                      |
|  |            |                 |              | ••                       |           |                  |          |                      |
| Base Rate Fee: Add the Enter here and in block 3 |            |                 | per group as | s shown in the boxes abo | ve.       | \$               |          |                      |
|  |            |                 |              |                          |           | L                |          |                      |

| CABLE ONE, INC.                                     | OF CABLE | E SYSTEM:       |              |                          |         | SY               | STEM ID#<br>003838 | Name                    |
|---|----------|-----------------|--------------|--------------------------|---------|------------------|--------------------|-------------------------|
| B   | LOCK A   | COMPUTATION OF  | BASE RA      | ATE FEES FOR EACH        | SUBSCRI | BER GROUP        |                    |                         |
|   |          | SUBSCRIBER GROU |              |                          |         | SUBSCRIBER GROUP | )                  | _                       |
| COMMUNITY/ AREA                                     |          |                 | 0            | COMMUNITY/ AREA          |         |                  | 0                  | <b>9</b><br>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                |
|   |          |                 | ļ            |                          |         |                  | <u></u>            |                         |
|   |          |                 | <b> </b>     |                          |         |                  | _                  |                         |
|   |          |                 |              |                          |         |                  |                    |                         |
|   |          |                 | ļ            |                          |         |                  |                    |                         |
|   |          |                 |              |                          |         |                  |                    |                         |
| Total DSEs  | l l      |                 | 0.00         | Total DSEs               |         |                  | 0.00               |                         |
|   |          |                 |              |                          |         |                  | -                  |                         |
| Gross Receipts First Gro                            | oup      | \$              | 0.00         | Gross Receipts Second    | Group   | \$               | 0.00               |                         |
| Base Rate Fee First Gro                             | up       | \$              | 0.00         | Base Rate Fee Second     | Group   | \$               | 0.00               |                         |
| NINET   | Y-NINTH  | SUBSCRIBER GROU | Р            | ONE HU                   | NDREDTH | SUBSCRIBER GROUP | )                  |                         |
| COMMUNITY/ AREA                                     |          |                 | 0            | COMMUNITY/ AREA          |         |                  | 0                  |                         |
| CALL SIGN   | DSE      | CALL SIGN       | DSE          | CALL SIGN                | DSE     | CALL SIGN        | DSE                |                         |
|   |          |                 |              |                          |         |                  |                    |                         |
|   |          |                 |              |                          |         |                  |                    |                         |
|   |          |                 |              |                          |         |                  |                    |                         |
|   |          |                 |              |                          |         |                  |                    |                         |
|   |          |                 |              |                          |         |                  |                    |                         |
|   |          |                 |              |                          |         |                  |                    |                         |
|   |          |                 |              |                          |         |                  |                    |                         |
|   |          |                 |              |                          |         |                  |                    |                         |
|   |          |                 |              |                          |         |                  |                    |                         |
|   |          |                 | ļ            |                          |         |                  |                    |                         |
|   |          |                 |              |                          |         |                  |                    |                         |
|   |          |                 | ļ            |                          |         |                  |                    |                         |
|   |          |                 |              |                          |         |                  | -                  |                         |
| Total DSEs  | <u> </u> |                 | 0.00         | Total DSEs               | 1       |                  | 0.00               |                         |
| Gross Receipts Third Gr                             | oup      | \$              | 0.00         | Gross Receipts Fourth    | Group   | \$               | 0.00               |                         |
|   |          |                 |              |                          |         |                  |                    |                         |
| Base Rate Fee Third Gro                             | oup      | \$              | 0.00         | Base Rate Fee Fourth     | Group   | \$               | 0.00               |                         |
|   |          |                 |              |                          |         |                  |                    |                         |
| Base Rate Fee: Add the<br>Enter here and in block 3 |          |                 | per group as | s shown in the boxes abo | ve.     | \$               |                    |                         |

| LEGAL NAME OF OWNER CABLE ONE, INC.              | OF CABLE | E SYSTEM:       |              |                          |          | S                | O03838      | Name                    |
|--|----------|-----------------|--------------|--------------------------|----------|------------------|-------------|-------------------------|
| BI   | LOCK A:  | COMPUTATION OF  | BASE RA      | ATE FEES FOR EACH        | SUBSCRI  | BER GROUP        |             |                         |
|  |          | SUBSCRIBER GROU |              |                          |          | SUBSCRIBER GROUP | )           |                         |
| COMMUNITY/ AREA                                  |          |                 | 0            | COMMUNITY/ AREA          |          |                  | 0           | <b>9</b><br>Computation |
| CALL SIGN  | DSE      | CALL SIGN       | DSE          | CALL SIGN                | DSE      | CALL SIGN        | DSE         | of                      |
|  |          |                 |              |                          |          |                  |             | Base Rate Fee           |
|  |          |                 |              |                          |          |                  |             | and                     |
|  |          |                 |              |                          |          |                  |             | Syndicated              |
|  |          |                 |              |                          |          |                  |             | Exclusivity             |
|  |          |                 |              |                          |          |                  |             | Surcharge               |
|  |          |                 |              |                          |          |                  |             | for                     |
|  |          |                 |              |                          |          |                  |             | Partially               |
|  |          |                 | ļ            |                          |          |                  |             | Distant                 |
|  |          |                 |              |                          |          |                  |             | Stations                |
|  |          |                 | ļ            |                          | ļ        |                  |             |                         |
|  |          |                 |              |                          |          |                  |             |                         |
|  |          |                 | <b> </b>     |                          | ļ        |                  |             |                         |
|  |          |                 |              |                          |          |                  |             |                         |
|  |          |                 |              |                          |          |                  | <u></u>     |                         |
|  |          |                 |              |                          |          |                  |             |                         |
| Total DSEs                                       |          |                 | 0.00         | Total DSEs               |          |                  | 0.00        |                         |
| Gross Receipts First Gro                         | up       | \$              | 0.00         | Gross Receipts Second    | Group    | \$               | 0.00        |                         |
| ·  | •        |                 |              | ·                        | ·        |                  |             |                         |
| Base Rate Fee First Gro                          | up       | \$              | 0.00         | Base Rate Fee Second     | Group    | \$               | 0.00        |                         |
| ONE HUNDRE                                       | D THIRD  | SUBSCRIBER GROU | Р            | ONE HUNDRE               | ) FOURTH | SUBSCRIBER GROUP | )           |                         |
| COMMUNITY/ AREA                                  |          |                 | 0            | COMMUNITY/ AREA          |          |                  | 0           |                         |
| CALL SIGN  | DSE      | CALL SIGN       | DSE          | CALL SIGN                | DSE      | CALL SIGN        | DSE         |                         |
|  |          |                 |              |                          |          |                  |             |                         |
|  |          |                 |              |                          |          |                  |             |                         |
|  |          |                 |              |                          |          |                  |             |                         |
|  |          |                 |              |                          |          |                  |             |                         |
|  |          |                 |              |                          |          |                  |             |                         |
|  |          |                 |              |                          |          | <b>-</b>         | <del></del> |                         |
|  |          |                 |              |                          |          |                  | <del></del> |                         |
|  |          |                 |              |                          |          |                  | <u></u>     |                         |
|  |          |                 |              |                          |          |                  | <u> </u>    |                         |
|  |          |                 |              |                          |          |                  |             |                         |
|  |          |                 |              |                          |          |                  |             |                         |
|  |          |                 |              |                          |          |                  |             |                         |
|  |          |                 |              |                          |          |                  |             |                         |
|  |          |                 |              |                          |          |                  |             |                         |
| Total DSEs                                       |          |                 | 0.00         | Total DSEs               |          |                  | 0.00        |                         |
| Gross Receipts Third Gro                         | oup      | \$              | 0.00         | Gross Receipts Fourth    | Group    | \$               | 0.00        |                         |
|  |          |                 |              |                          |          |                  |             |                         |
| Base Rate Fee Third Gro                          | oup      | \$              | 0.00         | Base Rate Fee Fourth     | Group    | \$               | 0.00        |                         |
|  |          |                 |              |                          |          |                  |             |                         |
| Base Rate Fee: Add the Enter here and in block 3 |          |                 | per group as | s shown in the boxes abo | ve.      | \$               |             |                         |

| CABLE ONE, INC.                                  | R OF CABLE | E SYSTEM:       |              |                            |          | S                | O03838  | Name             |
|--|------------|-----------------|--------------|----------------------------|----------|------------------|---------|------------------|
| В  | LOCK A:    | COMPUTATION OF  | BASE RA      | TE FEES FOR EACH           | SUBSCRI  | BER GROUP        |         |                  |
|  |            | SUBSCRIBER GROU |              |                            |          | SUBSCRIBER GROUP | )       | •                |
| COMMUNITY/ AREA                                  |            |                 | 0            | COMMUNITY/ AREA            |          |                  | 0       | 9<br>Computation |
| CALL SIGN  | DSE        | CALL SIGN       | DSE          | CALL SIGN                  | DSE      | CALL SIGN        | DSE     | of               |
|  |            |                 |              |                            |          |                  |         | Base Rate Fee    |
|  |            |                 |              |                            |          |                  |         | and              |
|  |            |                 |              |                            |          |                  |         | Syndicated       |
|  |            |                 |              |                            |          |                  |         | Exclusivity      |
|  |            |                 |              |                            |          |                  |         | Surcharge        |
|  |            |                 |              |                            |          |                  |         | for              |
|  |            |                 |              |                            |          |                  |         | Partially        |
|  |            |                 |              |                            |          |                  |         | Distant          |
|  |            |                 |              |                            |          |                  |         | Stations         |
|  |            |                 |              |                            |          |                  |         |                  |
|  |            |                 | ļ            |                            | ļ        |                  |         |                  |
|  | ļ          |                 |              |                            |          |                  | <u></u> |                  |
|  |            |                 | ļ            |                            |          |                  |         |                  |
|  |            |                 |              |                            |          |                  |         |                  |
|  |            |                 |              |                            |          |                  |         |                  |
| Total DSEs                                       |            |                 | 0.00         | Total DSEs                 |          |                  | 0.00    |                  |
| Gross Receipts First Gro                         | nun        | \$              | 0.00         | Gross Receipts Second      | Group    | \$               | 0.00    |                  |
| Cross resorpts river are                         | ,up        |                 |              | Green recorpte decent      | Огоар    | <u>*</u>         |         |                  |
| Base Rate Fee First Gro                          | oup        | \$              | 0.00         | Base Rate Fee Second       | Group    | \$               | 0.00    |                  |
| ONE HUNDRED S                                    | SEVENTH    | SUBSCRIBER GROU | Р            | ONE HUNDRE                 | D EIGHTH | SUBSCRIBER GROUP | •       |                  |
| COMMUNITY/ AREA                                  |            |                 | 0            | COMMUNITY/ AREA            |          |                  | 0       |                  |
| CALL SIGN  | DSE        | CALL SIGN       | DSE          | CALL SIGN                  | DSE      | CALL SIGN        | DSE     |                  |
|  |            |                 |              |                            |          |                  |         |                  |
|  |            |                 |              |                            |          |                  |         |                  |
|  |            |                 |              |                            |          |                  |         |                  |
|  |            |                 |              |                            |          |                  |         |                  |
|  |            |                 |              |                            |          |                  |         |                  |
|  |            |                 |              |                            |          |                  |         |                  |
|  | ļ          |                 |              |                            |          |                  |         |                  |
|  |            |                 | l            |                            |          |                  | <u></u> |                  |
|  |            |                 | ļ            |                            |          |                  |         |                  |
|  | ·          |                 |              |                            |          |                  | <u></u> |                  |
|  |            |                 |              |                            |          |                  |         |                  |
|  |            |                 |              |                            |          |                  |         |                  |
|  |            |                 |              |                            |          |                  |         |                  |
|  |            |                 |              |                            |          |                  |         |                  |
| Total DSEs                                       |            |                 | 0.00         | Total DSEs                 |          |                  | 0.00    |                  |
| Gross Receipts Third Gr                          | oup        | \$              | 0.00         | Gross Receipts Fourth      | Group    | \$               | 0.00    |                  |
|  |            |                 |              |                            | _        |                  |         |                  |
| Base Rate Fee Third Gr                           | oup        | \$              | 0.00         | Base Rate Fee Fourth       | Group    | \$               | 0.00    |                  |
|  |            |                 |              |                            |          |                  |         |                  |
| Base Rate Fee: Add the Enter here and in block 3 |            |                 | per group as | s shown in the boxes above | ve.      | \$               |         |                  |
|  |            |                 |              |                            |          | L                |         |                  |

| LEGAL NAME OF OWNER CABLE ONE, INC.              | OF CABLE | E SYSTEM:       |              |                          |         | S                | O03838   | Name                |
|--|----------|-----------------|--------------|--------------------------|---------|------------------|----------|---------------------|
| В  | LOCK A:  | COMPUTATION OF  | BASE RA      | ATE FEES FOR EACH        | SUBSCRI | BER GROUP        |          |                     |
|  |          | SUBSCRIBER GROU |              |                          |         | SUBSCRIBER GROUP | )        | •                   |
| COMMUNITY/ AREA                                  |          |                 | 0            | COMMUNITY/ AREA          |         |                  | 0        | 9                   |
| CALL SIGN  | DOE      | CALL SIGN       | DOE          | CALL SIGN                | DOE     | CALLSION         | DOE      | Computation         |
| CALL SIGN  | DSE      | CALL SIGN       | DSE          | CALL SIGN                | DSE     | CALL SIGN        | DSE      | of<br>Base Rate Fee |
|  |          |                 |              |                          |         |                  | <u></u>  | and                 |
|  |          |                 |              |                          |         |                  |          | Syndicated          |
|  |          |                 |              |                          |         |                  |          | Exclusivity         |
|  |          |                 |              |                          |         |                  |          | Surcharge           |
|  |          |                 |              |                          |         | _                |          | for                 |
|  |          |                 |              |                          |         |                  |          | Partially           |
|  |          |                 |              |                          |         |                  |          | Distant             |
|  |          |                 | l            |                          |         |                  |          | Stations            |
|  |          |                 |              |                          |         |                  | <u></u>  |                     |
|  |          |                 |              |                          |         |                  |          |                     |
|  |          |                 |              |                          |         |                  | <u> </u> |                     |
|  |          |                 |              |                          |         |                  |          |                     |
|  |          |                 |              |                          |         |                  |          |                     |
| Total DSEs                                       |          |                 | 0.00         | Total DSEs               |         |                  | 0.00     |                     |
| Gross Receipts First Gro                         | up       | \$              | 0.00         | Gross Receipts Second    | Group   | \$               | 0.00     |                     |
|  |          |                 |              |                          |         |                  |          |                     |
| Base Rate Fee First Gro                          | up       | \$              | 0.00         | Base Rate Fee Second     | Group   | \$               | 0.00     |                     |
| ONE HUNDRED EL                                   | EVENTH.  | SUBSCRIBER GROU | Р            | ONE HUNDRED              | TWELVTH | SUBSCRIBER GROUP | •        |                     |
| COMMUNITY/ AREA                                  |          |                 | 0            | COMMUNITY/ AREA          |         |                  | 0        |                     |
| CALL SIGN  | DSE      | CALL SIGN       | DSE          | CALL SIGN                | DSE     | CALL SIGN        | DSE      |                     |
|  |          |                 |              |                          |         |                  |          |                     |
|  |          |                 |              |                          |         |                  |          |                     |
|  |          |                 |              |                          |         |                  |          |                     |
|  |          |                 |              |                          |         |                  |          |                     |
|  |          |                 |              |                          |         |                  |          |                     |
|  |          | -               |              |                          |         |                  |          |                     |
|  |          |                 |              |                          |         |                  |          |                     |
|  |          |                 |              |                          |         |                  |          |                     |
|  |          |                 | ļ            |                          |         |                  | <u></u>  |                     |
|  |          |                 | ļ            |                          | ļ       |                  | <u></u>  |                     |
|  |          |                 |              |                          | ļ       |                  |          |                     |
|  |          |                 |              |                          |         |                  |          |                     |
|  |          |                 |              |                          |         |                  |          |                     |
| Total DSEs                                       |          |                 | 0.00         | Total DSEs               |         | _                | 0.00     |                     |
| Gross Receipts Third Gr                          | oup      | \$              | 0.00         | Gross Receipts Fourth    | Group   | \$               | 0.00     |                     |
|  |          |                 |              |                          |         |                  |          |                     |
| Base Rate Fee Third Gro                          | oup      | \$              | 0.00         | Base Rate Fee Fourth     | Group   | \$               | 0.00     |                     |
|  |          |                 |              | 11                       |         |                  |          |                     |
| Base Rate Fee: Add the Enter here and in block 3 |          |                 | per group as | s shown in the boxes abo | ve.     | \$               |          |                     |

| D.   |         |                |      |                                 |           |                 |      |           |
|--|---------|----------------|------|---------------------------------|-----------|-----------------|------|-----------|
|  |         |                |      | TE FEES FOR EAC                 |           |                 |      |           |
| ONE HUNDRED THIR   | TEENTH  | SUBSCRIBER GRO |      | ii ii                           |           | SUBSCRIBER GROU |      | 9         |
| COMMUNITY/ AREA  |         |                | 0    | COMMUNITY/ AREA                 |           |                 | 0    | Computa   |
| CALL SIGN  | DSE     | CALL SIGN      | DSE  | CALL SIGN                       | DSE       | CALL SIGN       | DSE  | of        |
| O' LEE O' O' L   | BOL     | O/ ILL SIGIT   | 562  | O' LEE GIGIT                    | 502       | ONLE SIGIY      | 502  | Base Rate |
|  |         |                |      |                                 |           |                 |      | and       |
|  |         |                |      |                                 |           |                 |      | Syndicat  |
|  |         |                |      |                                 |           |                 |      | Exclusiv  |
|  |         |                |      |                                 |           |                 |      | Surchar   |
|  |         |                |      |                                 |           |                 |      | for       |
|  |         |                |      |                                 |           | -               |      | Partiall  |
|  |         | <u> </u>       |      |                                 |           |                 |      | Distant   |
|  |         |                |      |                                 |           | -               |      | Station   |
|  |         | <b> </b>       | ···· |                                 |           | <del> </del>    |      |           |
|  | ······· |                |      |                                 |           |                 |      |           |
|  |         |                |      |                                 |           |                 |      |           |
|  |         |                |      |                                 |           |                 |      |           |
|  |         |                |      |                                 |           |                 |      |           |
| otal DSEs  |         |                | 0.00 | Total DSEs                      |           |                 | 0.00 |           |
| ross Receipts First Gro                                    | up      | \$             | 0.00 | Gross Receipts Secon            | nd Group  | \$              | 0.00 |           |
|  |         |                |      |                                 |           |                 |      |           |
| ase Rate Fee First Gro                                     |         |                | 0.00 | Base Rate Fee Secon             | ad Craun  |                 | 0.00 |           |
| ase Rate Fee Filst GIO                                     | ир      | \$             | 0.00 | Dase Rate Fee Secon             | iu Group  | \$              | 0.00 |           |
| ONE HUNDRED FIF  | TEENTH  | SUBSCRIBER GRO | UP   | ONE HUNDRED                     | SIXTEENTH | SUBSCRIBER GROU | JP   |           |
| OMMUNITY/ AREA   |         |                | 0    | COMMUNITY/ AREA                 |           |                 |      |           |
|  |         |                |      |                                 |           |                 | 0    |           |
|  |         |                |      |                                 |           |                 | 0    |           |
| CALL SIGN  | DSE     | CALL SIGN      | DSE  | CALL SIGN                       | DSE       | CALL SIGN       | DSE  |           |
| CALL SIGN  | DSE     | CALL SIGN      |      |                                 | DSE       | CALL SIGN       |      |           |
| CALL SIGN  | DSE     | CALL SIGN      |      |                                 | DSE       | CALL SIGN       |      |           |
| CALL SIGN  | DSE     | CALL SIGN      |      |                                 | DSE       | CALL SIGN       |      |           |
| CALL SIGN  | DSE     | CALL SIGN      |      |                                 | DSE       | CALL SIGN       |      |           |
| CALL SIGN  | DSE     | CALL SIGN      |      |                                 | DSE       | CALL SIGN       |      |           |
| CALL SIGN  | DSE     | CALL SIGN      |      |                                 | DSE       | CALL SIGN       |      |           |
| CALL SIGN  | DSE     | CALL SIGN      |      |                                 | DSE       | CALL SIGN       |      |           |
| CALL SIGN  | DSE     | CALL SIGN      |      |                                 | DSE       | CALL SIGN       |      |           |
| CALL SIGN  | DSE     | CALL SIGN      |      |                                 | DSE       | CALL SIGN       |      |           |
| CALL SIGN  | DSE     | CALL SIGN      |      |                                 | DSE       | CALL SIGN       |      |           |
| CALL SIGN  | DSE     | CALL SIGN      |      |                                 | DSE       | CALL SIGN       |      |           |
| CALL SIGN  | DSE     | CALL SIGN      |      |                                 | DSE       | CALL SIGN       |      |           |
| CALL SIGN  | DSE     | CALL SIGN      |      |                                 | DSE       | CALL SIGN       |      |           |
|  | DSE     | CALL SIGN      | DSE  | CALL SIGN                       | DSE       | CALL SIGN       | DSE  |           |
| otal DSEs  |         |                | DSE  | CALL SIGN  Total DSEs           |           |                 | DSE  |           |
| otal DSEs  |         | CALL SIGN      | DSE  | CALL SIGN                       |           | CALL SIGN       | DSE  |           |
| CALL SIGN  CALL SIGN  Total DSEs  Gross Receipts Third Gro |         |                | DSE  | CALL SIGN  Total DSEs           |           |                 | DSE  |           |
| al DSEs  | oup     |                | DSE  | CALL SIGN  Total DSEs           | h Group   |                 | DSE  |           |
| tal DSEs   | oup     | \$             | DSE  | Total DSEs Gross Receipts Fourt | h Group   | \$              | DSE  |           |

| LEGAL NAME OF OWNE CABLE ONE, INC. | R OF CABL     | E SYSTEM:       |              |                          |          | \$                | 8YSTEM ID#<br>003838 | Name             |
|------------------------------------|---------------|-----------------|--------------|--------------------------|----------|-------------------|----------------------|------------------|
| E                                  | BLOCK A:      | COMPUTATION OF  | F BASE RA    | TE FEES FOR EACH         | H SUBSCR | IBER GROUP        |                      |                  |
| ONE HUNDRED SEVE                   |               |                 |              |                          |          | SUBSCRIBER GROU   | JP                   | _                |
| COMMUNITY/ AREA                    |               |                 | 0            | COMMUNITY/ AREA          |          |                   | 0                    | 9<br>Computation |
| CALL SIGN                          | DSE           | CALL SIGN       | DSE          | CALL SIGN                | DSE      | CALL SIGN         | DSE                  | of               |
|                                    |               |                 |              |                          |          |                   |                      | Base Rate Fee    |
|                                    |               |                 |              |                          |          |                   |                      | and              |
|                                    |               |                 |              |                          |          |                   |                      | Syndicated       |
|                                    |               |                 |              |                          |          |                   |                      | Exclusivity      |
|                                    |               |                 |              |                          |          |                   |                      | Surcharge        |
|                                    |               |                 |              |                          |          |                   |                      | for              |
|                                    |               |                 |              |                          |          |                   |                      | Partially        |
|                                    | <u></u>       |                 |              |                          |          |                   |                      | Distant          |
|                                    |               |                 |              |                          |          |                   |                      | Stations         |
|                                    |               |                 |              |                          |          |                   |                      |                  |
|                                    |               |                 | <u> </u>     |                          |          |                   |                      |                  |
|                                    |               |                 | <b></b>      |                          |          |                   |                      |                  |
|                                    |               |                 | <del> </del> |                          |          |                   |                      |                  |
|                                    |               |                 |              |                          |          |                   |                      |                  |
|                                    |               |                 |              |                          |          |                   |                      |                  |
| Total DSEs                         |               |                 | 0.00         | Total DSEs               |          |                   | 0.00                 |                  |
| Gross Receipts First Gr            | oup           | \$              | 0.00         | Gross Receipts Secon     | nd Group | \$                | 0.00                 |                  |
|                                    |               |                 |              |                          |          |                   |                      |                  |
| Base Rate Fee First Gr             | oup           | \$              | 0.00         | Base Rate Fee Secon      | nd Group | \$                | 0.00                 |                  |
| ONE HUNDRED NI                     | NTEENTH       | SUBSCRIBER GROU | JP           | ONE HUNDRED T            | WENTIETH | I SUBSCRIBER GROU | JP                   |                  |
| COMMUNITY/ AREA                    |               |                 | 0            | COMMUNITY/ AREA          |          |                   | 0                    |                  |
| CALL SIGN                          | DSE           | CALL SICN       | DSE          | CALL SIGN                | DSE      | I CALL SIGN       | DSE                  |                  |
| CALL SIGN                          | DSE           | CALL SIGN       | DSE          | CALL SIGN                | DSE      | CALL SIGN         | DSE                  |                  |
|                                    | <del></del>   |                 |              |                          |          |                   | ·····                |                  |
|                                    | <del></del>   |                 | •            |                          | ····     |                   |                      |                  |
|                                    | <u>"</u>      | <del> </del>    | ·            |                          | ···      |                   |                      |                  |
|                                    |               |                 | •            |                          |          |                   |                      |                  |
|                                    |               | +               |              |                          |          |                   |                      |                  |
|                                    |               |                 |              |                          |          |                   |                      |                  |
|                                    |               |                 |              |                          |          |                   |                      |                  |
|                                    |               |                 | ļ            |                          |          |                   |                      |                  |
|                                    |               |                 | <u> </u>     |                          |          |                   |                      |                  |
|                                    |               |                 | ļ            |                          |          |                   |                      |                  |
|                                    |               |                 | <u> </u>     |                          |          |                   |                      |                  |
|                                    |               |                 | <u> </u>     |                          |          |                   |                      |                  |
|                                    |               |                 | <b></b>      |                          |          |                   |                      |                  |
|                                    |               |                 |              |                          |          |                   |                      |                  |
| Total DSEs                         |               |                 | 0.00         | Total DSEs               |          |                   | 0.00                 |                  |
| Gross Receipts Third G             | roup          | \$              | 0.00         | Gross Receipts Fourth    | n Group  | \$                | 0.00                 |                  |
| ,                                  | •             |                 |              |                          | •        | ·                 |                      |                  |
| Base Rate Fee Third G              | roup          | \$              | 0.00         | Base Rate Fee Fourth     | n Group  | \$                | 0.00                 |                  |
|                                    |               |                 |              | <u>II</u>                |          |                   |                      |                  |
| Base Rate Fee: Add the             |               |                 | ber group as | s shown in the boxes abo | ove.     |                   |                      |                  |
| Enter here and in block            | s, iine 1, sp | pace ∟ (page /) |              |                          |          | \$                |                      |                  |

| LEGAL NAME OF OWNE CABLE ONE, INC.             |                 | E SYSTEM:        |   |                            |   | \$                 | 003838      | Name             |
|--|-----------------|------------------|---|----------------------------|---|--------------------|-------------|------------------|
|  | BLOCK A         | COMPUTATION OF   | BASE RA                                 | TE FEES FOR EACH           | I SUBSCR                                | IBER GROUP         |             |                  |
|  |                 | SUBSCRIBER GROU  |   |                            |   | SUBSCRIBER GROUP   | )           | _                |
| COMMUNITY/ AREA                                |                 |                  | 0                                       | COMMUNITY/ AREA            |   |                    | 0           | 9<br>Computation |
| CALL SIGN                                      | DSE             | CALL SIGN        | DSE                                     | CALL SIGN                  | DSE                                     | CALL SIGN          | DSE         | of               |
|  |                 |                  |   |                            |   |                    |             | Base Rate Fee    |
|  |                 |                  |   |                            |   |                    |             | and              |
|  |                 |                  |   |                            |   |                    |             | Syndicated       |
|  |                 |                  |   |                            |   |                    |             | Exclusivity      |
|  |                 |                  |   |                            |   |                    |             | Surcharge        |
|  |                 |                  |   |                            |   |                    |             | for              |
|  |                 |                  |   |                            |   |                    |             | Partially        |
|  |                 |                  |   |                            |   |                    |             | Distant          |
|  |                 |                  | <b></b>                                 |                            |   |                    |             | Stations         |
|  |                 |                  | <b></b>                                 |                            |   |                    |             |                  |
|  |                 |                  | <b></b>                                 |                            |   |                    |             |                  |
|  | <mark></mark>   |                  | <b></b>                                 |                            | <u></u>                                 |                    |             |                  |
|  | <mark></mark>   |                  | <b></b>                                 |                            | <u></u>                                 |                    |             |                  |
|  |                 |                  | <b></b>                                 |                            |   |                    |             |                  |
|  |                 |                  |   |                            |   |                    |             |                  |
| Total DSEs                                     |                 |                  | 0.00                                    | Total DSEs                 |   | -                  | 0.00        |                  |
| Gross Receipts First G                         | roup            | \$               | 0.00                                    | Gross Receipts Secon       | d Group                                 | \$                 | 0.00        |                  |
|  |                 |                  |   |                            |   |                    | <del></del> |                  |
| Base Rate Fee First G                          | roup            | \$               | 0.00                                    | Base Rate Fee Secon        | d Group                                 | \$                 | 0.00        |                  |
| ONE HUNDRED TWE                                | NTY-THIRD       | SUBSCRIBER GROUP |   | ONE HUNDRED TWEN           | TY-FOURTH                               | I SUBSCRIBER GROUP | )           |                  |
| COMMUNITY/ AREA                                |                 |                  | 0                                       | COMMUNITY/ AREA            |   |                    | 0           |                  |
| CALL SIGN                                      | DSE             | CALL SIGN        | DSE                                     | CALL SIGN                  | DSE                                     | CALL SIGN          | DSE         |                  |
| OALL SIGIV                                     | DOL             | OALL SIGIV       | DOL                                     | OALE SIGN                  | DOL                                     | OALL SIGIV         | DOL         |                  |
|  | ····            | <b>-</b>         |   |                            | ••••••••••••••••••••••••••••••••••••••• |                    |             |                  |
|  | ····            |                  | <b>†</b>                                |                            |   |                    |             |                  |
|  |                 |                  | *************************************** |                            |   |                    |             |                  |
|  |                 |                  |   |                            |   |                    |             |                  |
|  |                 |                  |   |                            |   |                    |             |                  |
|  |                 |                  |   |                            |   |                    |             |                  |
|  |                 |                  |   |                            |   |                    |             |                  |
|  |                 |                  | ļ                                       |                            |   |                    |             |                  |
|  |                 |                  | ļ                                       |                            |   |                    |             |                  |
|  |                 |                  | ļ                                       |                            |   | <u> </u>           |             |                  |
|  |                 |                  | <b></b>                                 |                            |   |                    |             |                  |
|  | <mark></mark>   |                  | <b></b>                                 |                            |   |                    |             |                  |
|  |                 |                  | <b></b>                                 |                            |   |                    |             |                  |
|  |                 |                  |   |                            |   |                    |             |                  |
| Total DSEs                                     |                 | -                | 0.00                                    | Total DSEs                 |   | -                  | 0.00        |                  |
| Gross Receipts Third C                         | Group           | \$               | 0.00                                    | Gross Receipts Fourth      | Group                                   | \$                 | 0.00        |                  |
| 0.000 . 1000.pto                               | 21.0 up         |                  |   | o. ooo i tooo pto i oui u. | O. Gup                                  |                    |             |                  |
| Base Rate Fee Third G                          | Group           | \$               | 0.00                                    | Base Rate Fee Fourth       | Group                                   | \$                 | 0.00        |                  |
|  |                 |                  |   | <u>  </u>                  |   |                    |             |                  |
|  |                 |                  |   |                            |   |                    |             |                  |
| Base Rate Fee: Add the Enter here and in block |                 |                  | ber group as                            | s shown in the boxes abo   | ove.                                    | \$                 |             |                  |
|  | . o, iii e i, s |                  |   |                            |   | <b>Y</b>           |             |                  |

| NOF BASE RATE FEES FOR EACH SUBSCRIBER GROUP  |
|---|
| O   COMMUNITY/ AREA   |
| Computation of Base Rate Fee Second Group \$ 0.00  0.00   D.00   SE   |
| Base Rate   and   Syndicat   Exclusive   Surchar   for   Partial   Distan   Station   |
| Syndicat   Exclusiv   Surchard   for   Partiall   Distant   Station   |
| Distant   Distant   Stations   Distant   Stations   Distant   Di    |
| Distant   Distant   Stations   Distant   Stations   Distant   Di    |
|   |
| Distant Stations  |
| 0.00         Total DSEs         0.00           0.00         Gross Receipts Second Group         \$         0.00           0.00         Base Rate Fee Second Group         \$         0.00           ROUP         ONE HUNDRED TWENTY-EIGHTH SUBSCRIBER GROUP         0         COMMUNITY/ AREA         0   |
| 0.00  |
| 0.00         Total DSEs         0.00           0.00         Gross Receipts Second Group         \$         0.00           0.00         Base Rate Fee Second Group         \$         0.00           ROUP         ONE HUNDRED TWENTY-EIGHTH SUBSCRIBER GROUP         0         COMMUNITY/ AREA         0   |
| 0.00         Gross Receipts Second Group         \$         0.00           Base Rate Fee Second Group         \$         0.00           ROUP         ONE HUNDRED TWENTY-EIGHTH SUBSCRIBER GROUP           COMMUNITY/ AREA         0   |
| 0.00         Gross Receipts Second Group         \$         0.00           Base Rate Fee Second Group         \$         0.00           ROUP         ONE HUNDRED TWENTY-EIGHTH SUBSCRIBER GROUP           COMMUNITY/ AREA         0   |
| 0.00         Gross Receipts Second Group         \$         0.00           Base Rate Fee Second Group         \$         0.00           ROUP         ONE HUNDRED TWENTY-EIGHTH SUBSCRIBER GROUP           COMMUNITY/ AREA         0   |
| 0.00         Gross Receipts Second Group         \$         0.00           Base Rate Fee Second Group         \$         0.00           ROUP         ONE HUNDRED TWENTY-EIGHTH SUBSCRIBER GROUP           COMMUNITY/ AREA         0   |
| 0.00         Gross Receipts Second Group         \$         0.00           Base Rate Fee Second Group         \$         0.00           ROUP         ONE HUNDRED TWENTY-EIGHTH SUBSCRIBER GROUP           COMMUNITY/ AREA         0   |
| 0.00         Gross Receipts Second Group         \$         0.00           Base Rate Fee Second Group         \$         0.00           ROUP         ONE HUNDRED TWENTY-EIGHTH SUBSCRIBER GROUP           COMMUNITY/ AREA         0   |
| 0.00         Gross Receipts Second Group         \$         0.00           Base Rate Fee Second Group         \$         0.00           ROUP         ONE HUNDRED TWENTY-EIGHTH SUBSCRIBER GROUP           COMMUNITY/ AREA         0   |
| 0.00 Base Rate Fee Second Group \$ 0.00  ROUP ONE HUNDRED TWENTY-EIGHTH SUBSCRIBER GROUP  COMMUNITY/ AREA 0   |
| ROUP ONE HUNDRED TWENTY-EIGHTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O   |
| ROUP ONE HUNDRED TWENTY-EIGHTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O   |
| 0 COMMUNITY/ AREA 0   |
| 0 COMMUNITY/ AREA 0   |
|   |
|   |
| DSE CALL SIGN DSE CALL SIGN DSE   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
| 0.00 Total DSEs 0.00  |
|   |
| 0.00         Total DSEs         0.00           0.00         Gross Receipts Fourth Group         \$         0.00   |
|   |

| CABLE ONE, INC.                                  | R OF CABLI | E SYSTEM:        |              |                          |           | S                | O03838  | Name                     |
|--|------------|------------------|--------------|--------------------------|-----------|------------------|---------|--------------------------|
| В  | LOCK A:    | COMPUTATION OF   | BASE RA      | TE FEES FOR EACH         | SUBSCRI   | BER GROUP        |         |                          |
| ONE HUNDRED TWEN                                 | ITY-NINTH  | SUBSCRIBER GROUP |              |                          | THIRTIETH | 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<br>Surcharge |
|  |            |                  |              |                          |           |                  |         | for                      |
|  |            |                  |              |                          |           |                  |         | Partially                |
|  |            |                  |              |                          |           |                  |         | Distant                  |
|  |            |                  |              |                          |           |                  | <u></u> | Stations                 |
|  |            |                  |              |                          |           |                  |         |                          |
|  |            |                  |              |                          |           |                  |         |                          |
|  |            |                  |              |                          |           |                  |         |                          |
|  |            |                  |              |                          |           |                  |         |                          |
|  |            |                  |              |                          |           |                  |         |                          |
| Total DSEs                                       |            |                  | 0.00         | Total DSEs               |           | -                | 0.00    |                          |
| Gross Receipts First Gro                         | oup        | \$               | 0.00         | Gross Receipts Second    | l Group   | \$               | 0.00    |                          |
| Base Rate Fee First Gro                          | oup        | \$               | 0.00         | Base Rate Fee Second     | l Group   | \$               | 0.00    |                          |
| ONE HUNDRED THIF                                 | RTY-FIRST  | SUBSCRIBER GROUP |              | ONE HUNDRED THIRT        | Y-SECOND  | SUBSCRIBER GROUP |         |                          |
| COMMUNITY/ AREA                                  |            |                  | 0            | COMMUNITY/ AREA          |           |                  | 0       |                          |
| CALL SIGN  | DSE        | CALL SIGN        | DSE          | CALL SIGN                | DSE       | CALL SIGN        | DSE     |                          |
|  |            |                  |              |                          |           |                  |         |                          |
|  |            |                  |              |                          |           |                  |         |                          |
|  |            |                  |              |                          |           |                  |         |                          |
|  |            |                  |              |                          |           |                  |         |                          |
|  |            |                  |              |                          |           |                  |         |                          |
|  |            |                  | <b>.</b>     |                          | <b>_</b>  |                  | <u></u> |                          |
|  |            |                  | ļ            |                          |           |                  |         |                          |
|  |            |                  |              |                          |           |                  |         |                          |
|  |            |                  |              |                          | <b>_</b>  |                  |         |                          |
|  |            |                  | l            |                          |           |                  | <u></u> |                          |
|  |            |                  | l            |                          |           |                  | <u></u> |                          |
|  |            |                  |              |                          |           |                  |         |                          |
| Total DSEs                                       |            |                  | 0.00         | Total DSEs               |           |                  | 0.00    |                          |
| Gross Receipts Third Gr                          | oup        | \$               | 0.00         | Gross Receipts Fourth    | Group     | \$               | 0.00    |                          |
| Base Rate Fee Third Gr                           | oup        | \$               | 0.00         | Base Rate Fee Fourth     | Group     | \$               | 0.00    |                          |
| Base Rate Fee: Add the Enter here and in block 3 |            |                  | oer group as | s shown in the boxes abo | ve.       | \$               |         |                          |
| <u> </u>   |            | • ,              |              |                          |           |                  |         |                          |

| LEGAL NAME OF OWNER CABLE ONE, INC.              | R OF CABLE | E SYSTEM:                          |              |                          |            | S                             | O03838      | Name              |
|--|------------|------------------------------------|--------------|--------------------------|------------|-------------------------------|-------------|-------------------|
|  |            | COMPUTATION OF<br>SUBSCRIBER GROUP | BASE RA      | ONE HUNDRED THIRT        |            | BER GROUP<br>SUBSCRIBER GROUP | 0           | 9                 |
|  |            |                                    |              |                          |            |                               |             | Computation       |
| CALL SIGN  | DSE        | CALL SIGN                          | DSE          | CALL SIGN                | DSE        | CALL SIGN                     | DSE         | of                |
|  |            |                                    |              |                          |            |                               |             | Base Rate Fee     |
|  |            |                                    |              |                          |            |                               |             | and<br>Syndicated |
|  |            |                                    |              |                          |            |                               | <u></u>     | Exclusivity       |
|  |            |                                    |              |                          |            |                               |             | Surcharge         |
|  |            |                                    |              |                          |            |                               |             | for               |
|  |            |                                    |              |                          |            |                               |             | Partially         |
|  |            |                                    |              |                          | <b></b>    |                               |             | Distant           |
|  |            |                                    | l            |                          |            |                               | <del></del> | Stations          |
|  |            |                                    |              |                          |            |                               | <u></u>     |                   |
|  |            |                                    |              |                          |            |                               |             |                   |
|  |            |                                    |              |                          |            |                               |             |                   |
|  |            |                                    |              |                          |            |                               |             |                   |
|  |            |                                    |              |                          |            |                               |             |                   |
| Total DSEs                                       |            |                                    | 0.00         | Total DSEs               |            |                               | 0.00        |                   |
| Gross Receipts First Gro                         | up         | \$                                 | 0.00         | Gross Receipts Second    | l Group    | \$                            | 0.00        |                   |
|  |            |                                    |              |                          |            |                               | T           |                   |
| Base Rate Fee First Gro                          | up         | \$                                 | 0.00         | Base Rate Fee Second     | l Group    | \$                            | 0.00        |                   |
| ONE HUNDRED THIS                                 | RTY-FIFTH  | SUBSCRIBER GROUP                   |              | ONE HUNDRED TH           | IRTY-SIXTH | SUBSCRIBER GROUP              |             |                   |
| COMMUNITY/ AREA                                  |            |                                    | 0            | COMMUNITY/ AREA          |            |                               | 0           |                   |
| CALL SIGN  | DSE        | CALL SIGN                          | DSE          | CALL SIGN                | DSE        | CALL SIGN                     | DSE         |                   |
|  |            |                                    |              |                          |            |                               |             |                   |
|  |            |                                    |              |                          |            |                               |             |                   |
|  |            |                                    |              |                          |            |                               | <u></u>     |                   |
|  |            |                                    |              |                          |            |                               | ···         |                   |
|  |            |                                    |              |                          |            |                               |             |                   |
|  |            |                                    |              |                          |            |                               |             |                   |
|  |            |                                    |              |                          | ļ          |                               | <u></u>     |                   |
|  |            |                                    |              |                          |            |                               |             |                   |
|  |            |                                    | l            |                          |            |                               | <del></del> |                   |
|  |            |                                    |              |                          | <b>†</b>   |                               |             |                   |
|  |            |                                    |              |                          |            |                               |             |                   |
|  |            |                                    |              |                          |            |                               |             |                   |
|  |            |                                    |              |                          |            |                               |             |                   |
| Total DSEs                                       |            |                                    | 0.00         | Total DSEs               |            |                               | 0.00        |                   |
| Gross Receipts Third Gr                          | oup        | \$                                 | 0.00         | Gross Receipts Fourth    | Group      | \$                            | 0.00        |                   |
| Base Rate Fee Third Gr                           | oup        | \$                                 | 0.00         | Base Rate Fee Fourth     | Group      | \$                            | 0.00        |                   |
| Base Rate Fee: Add the Enter here and in block 3 |            |                                    | per group as | s shown in the boxes abo | ve.        | \$                            |             |                   |

| CABLE ONE, INC.                                  | R OF CABLI | E SYSTEM:        |              |                             |          | S                             | O03838 | Name                |
|--|------------|------------------|--------------|-----------------------------|----------|-------------------------------|--------|---------------------|
| B ONE HUNDRED THIRTY- COMMUNITY/ AREA            |            |                  | BASE RA      | ONE HUNDRED THIR            |          | BER GROUP<br>SUBSCRIBER GROUP | 0      | 9                   |
| COMMONITY AREA                                   |            |                  |              | COMMONITY AREA              |          |                               |        | Computation         |
| CALL SIGN  | DSE        | CALL SIGN        | DSE          | CALL SIGN                   | DSE      | CALL SIGN                     | DSE    | of                  |
|  |            |                  |              |                             |          |                               |        | Base Rate Fee and   |
|  |            |                  |              |                             |          |                               |        | Syndicated          |
|  |            |                  |              |                             |          |                               |        | Exclusivity         |
|  |            |                  |              |                             |          |                               |        | Surcharge<br>for    |
|  |            |                  |              |                             |          |                               |        | Partially           |
|  |            |                  |              |                             |          |                               |        | Distant<br>Stations |
|  |            |                  |              |                             |          |                               |        |                     |
|  |            |                  |              |                             |          |                               |        |                     |
|  |            |                  |              |                             |          |                               |        |                     |
|  |            |                  |              |                             |          |                               |        |                     |
|  |            |                  |              |                             |          |                               |        |                     |
| Total DSEs                                       |            |                  | 0.00         | Total DSEs                  |          |                               | 0.00   |                     |
| Gross Receipts First Gro                         | oup        | \$               | 0.00         | Gross Receipts Second       | I Group  | \$                            | 0.00   |                     |
| Base Rate Fee First Gro                          | oup        | \$               | 0.00         | Base Rate Fee Second        | l Group  | \$                            | 0.00   |                     |
| ONE HUNDRED THIR                                 | TY-NINTH   | SUBSCRIBER GROUP |              | 11                          | FORTIETH | SUBSCRIBER GROUP              | )      |                     |
| COMMUNITY/ AREA                                  |            |                  | 0            | COMMUNITY/ AREA             |          |                               | 0      |                     |
| CALL SIGN  | DSE        | CALL SIGN        | DSE          | CALL SIGN                   | DSE      | CALL SIGN                     | DSE    |                     |
|  |            |                  |              |                             |          |                               |        |                     |
|  |            |                  |              |                             |          |                               |        |                     |
|  |            |                  |              |                             |          |                               |        |                     |
|  |            |                  |              |                             |          | <u> </u>                      |        |                     |
|  |            |                  |              |                             |          |                               |        |                     |
|  |            |                  |              |                             |          |                               |        |                     |
|  |            |                  |              |                             |          |                               |        |                     |
|  |            |                  | <u> </u>     |                             |          |                               |        |                     |
|  |            |                  |              |                             |          |                               |        |                     |
|  |            |                  |              |                             |          |                               |        |                     |
| Total DSEs                                       |            |                  | 0.00         | Total DSEs                  | 1        |                               | 0.00   |                     |
| Gross Receipts Third Gr                          | oup        | \$               | 0.00         | Gross Receipts Fourth       | Group    | \$                            | 0.00   |                     |
| Base Rate Fee Third Gr                           | oup        | \$               | 0.00         | Base Rate Fee Fourth        | Group    | \$                            | 0.00   |                     |
| Base Rate Fee: Add the Enter here and in block 3 |            |                  | per group as | II s shown in the boxes abo | ve.      | \$                            |        |                     |

| CABLE ONE, INC.                 | R OF CABLI    | E SYSTEM:                          |              |                          |           | S                             | O03838 | Name                      |
|---------------------------------|---------------|------------------------------------|--------------|--------------------------|-----------|-------------------------------|--------|---------------------------|
|                                 |               | COMPUTATION OF<br>SUBSCRIBER GROUP | BASE RA      | TE FEES FOR EACH         |           | BER GROUP<br>SUBSCRIBER GROUP |        |                           |
| COMMUNITY/ AREA                 |               |                                    | 0            | COMMUNITY/ AREA          |           |                               | 0      | <b>9</b><br>Computation   |
| CALL SIGN                       | DSE           | CALL SIGN                          | DSE          | CALL SIGN                | DSE       | CALL SIGN                     | DSE    | of                        |
|                                 |               |                                    |              |                          |           |                               |        | Base Rate Fee and         |
|                                 |               |                                    |              |                          |           |                               |        | Syndicated<br>Exclusivity |
|                                 |               |                                    |              |                          |           |                               |        | Surcharge<br>for          |
|                                 |               |                                    |              |                          |           |                               |        | Partially<br>Distant      |
|                                 |               |                                    |              |                          |           |                               |        | Stations                  |
|                                 |               |                                    |              |                          |           |                               |        |                           |
|                                 |               |                                    |              |                          |           |                               |        |                           |
| Total DSEs                      |               |                                    | 0.00         | Total DSEs               |           |                               | 0.00   |                           |
| Gross Receipts First Gro        | oup           | \$                                 | 0.00         | Gross Receipts Second    | l Group   | \$                            | 0.00   |                           |
| Base Rate Fee First Gro         | oup           | \$                                 | 0.00         | Base Rate Fee Second     | l Group   | \$                            | 0.00   |                           |
| ONE HUNDRED FOR COMMUNITY/ AREA | TY-THIRD      | SUBSCRIBER GROUP                   | 0            | ONE HUNDRED FORT         | ΓY-FOURTH | SUBSCRIBER GROUP              | 0      |                           |
| CALL SIGN                       | DSE           | CALL SIGN                          | DSE          | CALL SIGN                | DSE       | CALL SIGN                     | DSE    |                           |
|                                 |               |                                    |              |                          |           |                               |        |                           |
|                                 |               |                                    |              |                          |           |                               |        |                           |
|                                 |               |                                    |              |                          |           |                               |        |                           |
|                                 |               |                                    |              |                          |           |                               |        |                           |
|                                 |               |                                    |              |                          |           |                               |        |                           |
|                                 |               |                                    |              |                          |           |                               |        |                           |
|                                 |               |                                    |              |                          |           |                               |        |                           |
| Total DSEs                      |               |                                    | 0.00         | Total DSEs               |           |                               | 0.00   |                           |
| Gross Receipts Third Gr         | oup           | \$                                 | 0.00         | Gross Receipts Fourth    | Group     | \$                            | 0.00   |                           |
| Base Rate Fee Third Gr          | oup           | \$                                 | 0.00         | Base Rate Fee Fourth     | Group     | \$                            | 0.00   |                           |
|                                 |               |                                    | per group as | s shown in the boxes abo | ve.       |                               |        |                           |
| Enter here and in block 3       | o, iine 1, sp | pace L (page /)                    |              |                          |           | Ф                             |        |                           |

| LEGAL NAME OF OWN       |                    | E SYSTEM:                  |               |                         |            | \$                 | 8YSTEM ID#<br>003838 | Name             |
|-------------------------|--------------------|----------------------------|---------------|-------------------------|------------|--------------------|----------------------|------------------|
|                         | BLOCK A:           | COMPUTATION O              | F BASE RA     | ATE FEES FOR EACH       | H SUBSCR   | IBER GROUP         |                      |                  |
|                         |                    | SUBSCRIBER GROUP           |               |                         |            | SUBSCRIBER GROUP   | )                    |                  |
| COMMUNITY/ AREA         |                    |                            | 0             | COMMUNITY/ AREA         |            |                    | 0                    | 9<br>Computation |
| CALL SIGN               | DSE                | CALL SIGN                  | DSE           | CALL SIGN               | DSE        | CALL SIGN          | DSE                  | of               |
|                         |                    |                            |               |                         |            |                    |                      | Base Rate Fee    |
|                         |                    |                            |               |                         |            |                    |                      | and              |
|                         |                    |                            |               |                         |            |                    |                      | Syndicated       |
|                         |                    |                            |               |                         |            |                    |                      | Exclusivity      |
|                         |                    |                            |               |                         |            |                    |                      | Surcharge        |
|                         |                    |                            |               |                         |            |                    |                      | for              |
|                         |                    |                            |               |                         |            |                    |                      | Partially        |
|                         |                    |                            |               |                         |            |                    |                      | Distant          |
|                         |                    |                            |               |                         |            |                    |                      | Stations         |
|                         |                    |                            |               |                         |            |                    |                      |                  |
|                         |                    |                            |               |                         |            |                    |                      |                  |
|                         |                    |                            |               |                         |            |                    |                      |                  |
|                         |                    |                            | <b></b>       |                         |            |                    |                      |                  |
|                         |                    |                            |               |                         |            |                    |                      |                  |
|                         |                    |                            |               |                         |            |                    |                      |                  |
| Total DSEs              |                    |                            | 0.00          | Total DSEs              |            |                    | 0.00                 |                  |
| Gross Receipts First G  | Group              | \$                         | 0.00          | Gross Receipts Secon    | nd Group   | \$                 | 0.00                 |                  |
|                         |                    |                            |               |                         |            |                    | <del></del>          |                  |
| Base Rate Fee First G   | roup               | \$                         | 0.00          | Base Rate Fee Secon     | nd Group   | \$                 | 0.00                 |                  |
| ONE HUNDRED FORT        | Y-SEVENTH          | SUBSCRIBER GROUP           | 1             | ONE HUNDRED FO          | RTY-EIGHTH | 1 SUBSCRIBER GROUF | )                    |                  |
| COMMUNITY/ AREA         |                    |                            | 0             | COMMUNITY/ AREA         |            |                    | 0                    |                  |
| CALL SIGN               | DSE                | CALL SIGN                  | DSE           | CALL SIGN               | DSE        | CALL SIGN          | DSE                  |                  |
| CALL SIGN               | DOL                | CALL SIGN                  | DOL           | OALL SIGN               | DOL        | OALL SIGN          | DOL                  |                  |
|                         | ••••               | H                          | •             |                         | ••••       |                    |                      |                  |
|                         | ····               |                            | ·             |                         | ••••       |                    |                      |                  |
|                         | ••••               |                            | •••••••       |                         | •••••      |                    |                      |                  |
|                         |                    |                            |               |                         |            |                    |                      |                  |
|                         |                    |                            |               |                         |            |                    |                      |                  |
|                         |                    |                            |               |                         |            |                    |                      |                  |
|                         |                    |                            |               |                         |            |                    |                      |                  |
|                         |                    |                            |               |                         |            |                    |                      |                  |
|                         |                    |                            |               |                         |            |                    |                      |                  |
|                         |                    |                            |               |                         |            |                    |                      |                  |
|                         |                    |                            |               |                         |            |                    |                      |                  |
|                         |                    |                            |               |                         |            |                    |                      |                  |
|                         |                    |                            |               |                         |            |                    |                      |                  |
|                         |                    |                            |               |                         |            |                    |                      |                  |
| Total DSEs              |                    |                            | 0.00          | Total DSEs              |            |                    | 0.00                 |                  |
| Gross Receipts Third (  | Group              | \$                         | 0.00          | Gross Receipts Fourth   | n Group    | \$                 | 0.00                 |                  |
| •                       |                    |                            |               |                         |            |                    |                      |                  |
| Base Rate Fee Third (   | Group              | \$                         | 0.00          | Base Rate Fee Fourth    | n Group    | \$                 | 0.00                 |                  |
|                         |                    |                            |               | Ш                       |            |                    |                      |                  |
| Raco Doto Ecc. Add 4    | ho <b>hoos</b> === | o foos for oach subsection | ibor aroves   | s shown in the bayes    | 010        |                    |                      |                  |
| Enter here and in block |                    |                            | ibei group as | s shown in the boxes ab | ove.       | \$                 |                      |                  |
|                         | .,                 | i (r3/                     |               |                         |            |                    |                      |                  |

| LEGAL NAME OF OWNER CABLE ONE, INC.              | R OF CABLE | E SYSTEM:       |              |                          |         | Sì               | O03838  | Name                |
|--|------------|-----------------|--------------|--------------------------|---------|------------------|---------|---------------------|
| В  | LOCK A:    | COMPUTATION OF  | BASE RA      | ATE FEES FOR EACH        | SUBSCRI | BER GROUP        |         |                     |
| ONE HUNDRED FORT                                 |            |                 |              |                          |         | SUBSCRIBER GROUP | )       | •                   |
| COMMUNITY/ AREA                                  |            |                 | 0            | COMMUNITY/ AREA          |         |                  | 0       | 9                   |
| CALL SIGN  | DOE        | CALL SIGN       | DOE          | CALL SIGN                | DOE     | CALLSION         | DOE     | Computation         |
| CALL SIGN  | DSE        | CALL SIGN       | DSE          | CALL SIGN                | DSE     | CALL SIGN        | DSE     | of<br>Base Rate Fee |
|  |            |                 |              |                          |         |                  |         | and                 |
|  |            |                 |              |                          |         |                  |         | Syndicated          |
|  |            |                 |              |                          |         |                  |         | Exclusivity         |
|  |            |                 |              |                          |         |                  |         | Surcharge           |
|  |            |                 |              |                          |         |                  |         | for                 |
|  |            |                 |              |                          |         |                  |         | Partially           |
|  |            |                 |              |                          |         |                  |         | Distant             |
|  |            |                 | l            |                          |         |                  |         | Stations            |
|  |            |                 |              |                          |         |                  | <u></u> |                     |
|  |            |                 |              |                          |         |                  |         |                     |
|  |            |                 |              |                          |         |                  |         |                     |
|  |            |                 |              |                          |         |                  |         |                     |
|  |            |                 |              |                          |         |                  |         |                     |
| Total DSEs                                       |            |                 | 0.00         | Total DSEs               |         |                  | 0.00    |                     |
| Gross Receipts First Gro                         | up         | \$              | 0.00         | Gross Receipts Second    | Group   | \$               | 0.00    |                     |
|  |            |                 |              |                          |         |                  |         |                     |
| Base Rate Fee First Gro                          | up         | \$              | 0.00         | Base Rate Fee Second     | Group   | \$               | 0.00    |                     |
| ONE HUNDRED FIF                                  | TY-FIRST   | SUBSCRIBER GROU | Р            | ONE HUNDRED FIFTY        | -SECOND | SUBSCRIBER GROUP | •       |                     |
| COMMUNITY/ AREA                                  |            |                 | 0            | COMMUNITY/ AREA          |         |                  | 0       |                     |
| CALL SIGN  | DSE        | CALL SIGN       | DSE          | CALL SIGN                | DSE     | CALL SIGN        | DSE     |                     |
|  |            |                 |              |                          |         |                  |         |                     |
|  |            |                 |              |                          |         |                  |         |                     |
|  |            |                 |              |                          |         |                  |         |                     |
|  |            |                 |              |                          |         |                  |         |                     |
|  |            |                 |              |                          |         |                  |         |                     |
|  |            |                 |              |                          |         |                  |         |                     |
|  |            |                 |              |                          |         |                  |         |                     |
|  |            |                 |              |                          |         |                  |         |                     |
|  |            |                 | ļ            |                          |         |                  | <u></u> |                     |
|  |            |                 | ļ            |                          |         |                  | <u></u> |                     |
|  |            |                 |              |                          | ļ       |                  |         |                     |
|  |            |                 |              |                          |         |                  |         |                     |
|  |            |                 |              |                          |         |                  |         |                     |
| Total DSEs                                       |            |                 | 0.00         | Total DSEs               |         |                  | 0.00    |                     |
| Gross Receipts Third Gr                          | oup        | \$              | 0.00         | Gross Receipts Fourth    | Group   | \$               | 0.00    |                     |
|  |            |                 |              |                          |         |                  |         |                     |
| Base Rate Fee Third Gre                          | oup        | \$              | 0.00         | Base Rate Fee Fourth     | Group   | \$               | 0.00    |                     |
|  |            |                 |              |                          |         |                  |         |                     |
| Base Rate Fee: Add the Enter here and in block 3 |            |                 | per group as | s shown in the boxes abo | ve.     | \$               |         |                     |

| CABLE ONE, INC.                         | OF CABLE  | E SYSTEM:              |             |                           |          | SY               | O03838   | Name                    |
|---|-----------|------------------------|-------------|---------------------------|----------|------------------|----------|-------------------------|
| В                                       | LOCK A:   | COMPUTATION OF         | BASE RA     | ATE FEES FOR EACH         | SUBSCRI  | BER GROUP        |          |                         |
|   |           | SUBSCRIBER GROU        |             |                           |          | SUBSCRIBER GROUP | )        |                         |
| COMMUNITY/ AREA                         |           |                        | 0           | COMMUNITY/ AREA           |          |                  | 0        | <b>9</b><br>Computation |
| CALL SIGN                               | DSE       | CALL SIGN              | DSE         | CALL SIGN                 | DSE      | CALL SIGN        | DSE      | of                      |
|   |           |                        |             |                           |          |                  |          | Base Rate Fee           |
|   |           |                        |             |                           |          |                  |          | and                     |
|   |           |                        |             |                           |          |                  |          | Syndicated              |
|   |           |                        |             |                           |          |                  |          | Exclusivity             |
|   |           |                        |             |                           |          |                  |          | Surcharge               |
|   |           |                        |             |                           |          |                  |          | for                     |
|   |           |                        |             |                           |          |                  |          | Partially               |
|   |           |                        |             |                           |          |                  |          | Distant                 |
|   |           |                        |             |                           | 1        |                  |          | Stations                |
|   |           |                        |             |                           |          |                  |          |                         |
|   |           |                        |             |                           |          |                  |          |                         |
|   |           |                        |             |                           |          |                  |          |                         |
|   |           |                        |             |                           |          |                  |          |                         |
|   |           |                        |             |                           |          |                  | <u> </u> |                         |
|   |           |                        |             |                           |          |                  |          |                         |
| Total DSEs                              | <u> </u>  | ı                      | 0.00        | Total DSEs                | 1        |                  | 0.00     |                         |
| Gross Receipts First Gro                | un        | \$                     | 0.00        | Gross Receipts Second     | l Group  | \$               | 0.00     |                         |
| , |           | -                      |             |                           |          |                  |          |                         |
| Base Rate Fee First Gro                 | up        | \$                     | 0.00        | Base Rate Fee Second      | Group    | \$               | 0.00     |                         |
| ONE HUNDRED FIF                         | TY-FIFTH  | SUBSCRIBER GROU        | Р           | ONE HUNDRED FI            | TY-SIXTH | SUBSCRIBER GROUP | )        |                         |
| COMMUNITY/ AREA                         |           |                        | 0           | COMMUNITY/ AREA           |          |                  | 0        |                         |
| CALL SIGN                               | DSE       | CALL SIGN              | DSE         | CALL SIGN                 | DSE      | CALL SIGN        | DSE      |                         |
|   |           |                        |             |                           |          |                  |          |                         |
|   |           |                        |             |                           |          |                  |          |                         |
|   |           |                        |             |                           |          |                  |          |                         |
|   |           |                        |             |                           |          |                  |          |                         |
|   |           |                        |             |                           |          |                  |          |                         |
|   |           |                        |             |                           |          |                  |          |                         |
|   | ļ         |                        | ļ           |                           | ļ        |                  |          |                         |
|   |           |                        | ļ           |                           |          |                  |          |                         |
|   |           |                        | ļ           |                           |          |                  |          |                         |
|   |           |                        | <b></b>     |                           |          |                  |          |                         |
|   |           |                        | <b></b>     |                           |          |                  |          |                         |
|   |           |                        | <b> </b>    |                           | ļ        |                  | <u></u>  |                         |
|   |           |                        |             |                           |          |                  |          |                         |
|   |           |                        |             |                           |          |                  |          |                         |
| Total DSEs                              |           |                        | 0.00        | Total DSEs                | 1        |                  | 0.00     |                         |
| Gross Receipts Third Gr                 | oup       | \$                     | 0.00        | Gross Receipts Fourth     | Group    | \$               | 0.00     |                         |
| , , , , , , , , ,                       | •         |                        |             | ,                         | •        |                  |          |                         |
| Base Rate Fee Third Gr                  | oup       | \$                     | 0.00        | Base Rate Fee Fourth      | Group    | \$               | 0.00     |                         |
| Base Rate Fee: Add the                  | hase rete | foos for each subscrib | ner aroun o | s shown in the boxes abo  | ve.      |                  |          |                         |
| Enter here and in block 3               |           |                        | so group as | S S.I.S WIT HIS BOXES ADO |          | \$               |          |                         |

| LEGAL NAME OF OWNER CABLE ONE, INC.              | OF CABLE | E SYSTEM:        |              |                          |            | S'               | YSTEM ID#<br>003838 | Name                     |
|--|----------|------------------|--------------|--------------------------|------------|------------------|---------------------|--------------------------|
|  |          |                  | BASE RA      | ATE FEES FOR EACH        |            |                  |                     |                          |
| ONE HUNDRED FIFTY-<br>COMMUNITY/ AREA            | SEVENTH  | SUBSCRIBER GROUP | 0            | ONE HUNDRED FIF          | TY-EIGHTH  | SUBSCRIBER GROUP | 0                   | 9                        |
| CALL SIGN  | DSE      | CALL SIGN        | DSE          | CALL SIGN                | DSE        | CALL SIGN        | DSE                 | Computation<br>of        |
| O/LE GIGIT                                       | DOL      | O, LEE OIGH      | DOL          | O/LEE GIGIT              | DOL        | O'ALL GIGIT      | BGE                 | Base Rate Fee            |
|  |          |                  |              |                          |            |                  |                     | and                      |
|  |          |                  |              |                          |            |                  |                     | Syndicated               |
|  |          |                  |              |                          |            |                  |                     | Exclusivity<br>Surcharge |
|  |          |                  |              |                          |            | H                |                     | for                      |
|  |          |                  |              |                          |            |                  |                     | Partially                |
|  |          |                  |              |                          |            |                  |                     | Distant                  |
|  |          |                  |              |                          |            |                  |                     | Stations                 |
|  |          |                  | l            |                          |            |                  |                     |                          |
|  |          |                  |              |                          |            |                  |                     |                          |
|  |          |                  |              |                          |            |                  |                     |                          |
|  |          |                  | <u> </u>     |                          |            |                  |                     |                          |
|  |          |                  |              |                          |            |                  |                     |                          |
| Total DSEs                                       |          |                  | 0.00         | Total DSEs               |            |                  | 0.00                |                          |
| Gross Receipts First Gro                         | up       | \$               | 0.00         | Gross Receipts Second    | l Group    | \$               | 0.00                |                          |
| Base Rate Fee First Gro                          | up       | \$               | 0.00         | Base Rate Fee Second     | l Group    | \$               | 0.00                |                          |
| ONE HUNDRED FIF                                  | TY-NINTH | SUBSCRIBER GROUP |              | 11                       | D SIXTIETH | SUBSCRIBER GROUP |                     |                          |
| COMMUNITY/ AREA                                  |          |                  | 0            | COMMUNITY/ AREA          |            |                  | 0                   |                          |
| CALL SIGN  | DSE      | CALL SIGN        | DSE          | CALL SIGN                | DSE        | CALL SIGN        | DSE                 |                          |
|  |          |                  |              |                          |            |                  |                     |                          |
|  |          |                  |              |                          |            |                  |                     |                          |
|  |          |                  |              |                          |            |                  |                     |                          |
|  |          |                  |              |                          |            |                  |                     |                          |
|  |          |                  |              |                          |            |                  |                     |                          |
|  |          |                  | l            |                          |            |                  | <u> </u>            |                          |
|  |          |                  |              |                          |            |                  | <u> </u>            |                          |
|  |          |                  |              |                          |            |                  |                     |                          |
|  |          |                  |              |                          |            |                  |                     |                          |
|  |          |                  | <u> </u>     |                          |            |                  | <u></u>             |                          |
|  |          |                  |              |                          |            |                  |                     |                          |
|  |          |                  |              |                          |            |                  |                     |                          |
| Total DSEs                                       |          |                  | 0.00         | Total DSEs               |            |                  | 0.00                |                          |
| Gross Receipts Third Gr                          | oup      | \$               | 0.00         | Gross Receipts Fourth    | Group      | \$               | 0.00                |                          |
| Base Rate Fee Third Gr                           | oup      | \$               | 0.00         | Base Rate Fee Fourth     | Group      | \$               | 0.00                |                          |
| Base Rate Fee: Add the Enter here and in block 3 |          |                  | per group as | s shown in the boxes abo | ve.        | \$               |                     |                          |

| LEGAL NAME OF OWNE     |                    | E SYSTEM:                       |               |                      |           | 5                             | 003838 | Name                      |
|------------------------|--------------------|---------------------------------|---------------|----------------------|-----------|-------------------------------|--------|---------------------------|
| ECOMMUNITY/ AREA       |                    | COMPUTATION C<br>SUBSCRIBER GRO |               | ATE FEES FOR EAC     | SECONE    | IBER GROUP<br>SUBSCRIBER GROU | JP 0   | 9                         |
|                        |                    |                                 |               |                      |           |                               |        | Computatio                |
| CALL SIGN              | DSE                | CALL SIGN                       | DSE           | CALL SIGN            | DSE       | CALL SIGN                     | DSE    | of                        |
|                        |                    |                                 |               |                      |           |                               |        | Base Rate Fo              |
|                        |                    |                                 |               |                      |           |                               |        | and                       |
|                        |                    |                                 |               |                      |           |                               |        | Syndicated<br>Exclusivity |
|                        | ···                |                                 | ····          |                      |           |                               |        | Surcharge                 |
|                        |                    |                                 |               |                      |           |                               |        | for                       |
|                        |                    |                                 |               |                      |           |                               |        | Partially                 |
|                        |                    |                                 |               |                      |           |                               |        | Distant                   |
|                        |                    |                                 |               |                      |           |                               |        | Stations                  |
|                        | ···                |                                 |               |                      |           |                               |        |                           |
|                        |                    |                                 |               |                      |           |                               |        |                           |
|                        |                    |                                 |               |                      |           |                               |        |                           |
|                        |                    |                                 |               |                      |           |                               |        |                           |
|                        |                    |                                 |               |                      |           |                               |        |                           |
| Total DSEs             |                    |                                 | 0.00          | Total DSEs           |           |                               | 0.00   |                           |
| Gross Receipts First G | oup                | \$                              | 0.00          | Gross Receipts Sec   | ond Group | \$                            | 0.00   |                           |
| ·                      |                    |                                 |               |                      | •         |                               |        |                           |
| Base Rate Fee First G  | oup                | \$                              | 0.00          | Base Rate Fee Sec    | ond Group | \$                            | 0.00   |                           |
|                        | THIRD              | SUBSCRIBER GRO                  | UP            |                      | FOURTH    | SUBSCRIBER GROU               | JP     |                           |
| COMMUNITY/ AREA        |                    |                                 | 0             | COMMUNITY/ ARE       | Α         |                               | 0      |                           |
| CALL SIGN              | DSE                | CALL SIGN                       | DSE           | CALL SIGN            | DSE       | CALL SIGN                     | DSE    |                           |
|                        |                    | <u> </u>                        |               |                      |           |                               |        |                           |
|                        | ···                |                                 |               |                      |           |                               |        |                           |
|                        |                    | <u> </u>                        |               |                      |           |                               |        |                           |
|                        |                    |                                 |               |                      |           |                               |        |                           |
|                        |                    |                                 |               |                      |           |                               |        |                           |
|                        |                    |                                 |               |                      |           |                               |        |                           |
|                        |                    |                                 |               |                      |           |                               |        |                           |
|                        |                    |                                 |               |                      |           |                               |        |                           |
|                        |                    |                                 |               |                      |           |                               |        |                           |
|                        |                    |                                 |               |                      |           |                               |        |                           |
|                        |                    |                                 |               |                      |           |                               |        |                           |
|                        |                    |                                 |               |                      |           |                               |        |                           |
| otal DSEs              |                    |                                 | 0.00          | Total DSEs           |           |                               | 0.00   |                           |
| Gross Receipts Third G | Froup              | \$                              | 0.00          | Gross Receipts Fou   | rth Group | \$                            | 0.00   |                           |
| -                      |                    |                                 |               |                      | -         |                               |        |                           |
| Base Rate Fee Third G  | roup               | \$                              | 0.00          | Base Rate Fee Fou    | rth Group | \$                            | 0.00   |                           |
| Base Rate Fee: Add th  | e <b>base rate</b> | e fees for each subsc           | riber group a | s shown in the boxes | above.    |                               |        |                           |
| nter here and in block |                    |                                 | 3. 2 mp u     | 201.30 €             | ·•        | \$                            | 0.00   |                           |

|                 | EGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  003838 |                              |        |                |      |                                   |               |                         |  |  |
|-----------------|--|------------------------------|--------|----------------|------|-----------------------------------|---------------|-------------------------|--|--|
| 9               | P <b>0</b>   | BER GROUP<br>SUBSCRIBER GROU |        | FOR EACH S     | )    | COMPUTATION OF<br>SUBSCRIBER GROU |               | E                       |  |  |
| Computati       |  |                              |        | I I/ AREA      |      |                                   |               | COMMUNITY AREA          |  |  |
| of              | DSE  | CALL SIGN                    | E      | ΞN             | DSE  | CALL SIGN                         | DSE           | CALL SIGN               |  |  |
| Base Rate I     |  |                              |        |                |      |                                   |               |                         |  |  |
| and             |  |                              |        |                |      |                                   |               |                         |  |  |
| Syndicate       |  |                              |        |                |      |                                   |               |                         |  |  |
| Exclusivit      |  |                              |        |                |      |                                   | <u>-</u>      |                         |  |  |
| Surcharg<br>for |  |                              |        |                |      |                                   | ····          |                         |  |  |
| Partially       |  |                              |        |                |      |                                   | <u>-</u>      |                         |  |  |
| Distant         |  |                              |        |                |      |                                   |               |                         |  |  |
| Stations        |  |                              |        |                |      |                                   |               |                         |  |  |
|                 |  |                              |        |                |      |                                   |               |                         |  |  |
|                 |  |                              |        |                |      |                                   |               |                         |  |  |
|                 |  |                              |        |                |      |                                   | <mark></mark> |                         |  |  |
|                 |  |                              |        |                |      |                                   | <u>-</u>      |                         |  |  |
|                 |  |                              |        |                |      |                                   |               |                         |  |  |
|                 | 0.00   |                              |        | 3              | 0.00 |                                   |               | Total DSEs              |  |  |
|                 | -  |                              |        |                |      |                                   |               |                         |  |  |
|                 | 0.00   | \$                           | лр     | eipts Second   | 0.00 | \$                                | oup           | Gross Receipts First Gr |  |  |
|                 | 0.00   | \$                           | лþ     | Fee Second     | 0.00 | \$                                | oup           | Base Rate Fee First Gro |  |  |
|                 | Р  | SUBSCRIBER GROU              | GHTH : |                | >    | SUBSCRIBER GROU                   | SEVENTH       |                         |  |  |
|                 | 0  |                              |        | TY/ AREA       | 0    |                                   |               | COMMUNITY/ AREA         |  |  |
|                 | DSE  | CALL SIGN                    | Ε      | ΞN             | DSE  | CALL SIGN                         | DSE           | CALL SIGN               |  |  |
|                 |  |                              |        |                |      |                                   | <mark></mark> |                         |  |  |
|                 |  |                              |        |                |      |                                   | <u>-</u>      |                         |  |  |
|                 |  |                              |        |                |      |                                   | <u>-</u>      |                         |  |  |
|                 |  |                              |        |                |      |                                   | <u>-</u>      |                         |  |  |
|                 |  |                              |        |                |      |                                   |               |                         |  |  |
|                 |  |                              |        |                |      |                                   |               |                         |  |  |
|                 |  |                              |        |                |      |                                   | <mark></mark> |                         |  |  |
|                 |  |                              |        |                |      |                                   | <mark></mark> |                         |  |  |
|                 |  |                              |        |                |      |                                   | <u>-</u>      |                         |  |  |
|                 |  |                              |        |                |      |                                   | <del>-</del>  |                         |  |  |
|                 |  |                              |        |                |      |                                   | <u>-</u>      |                         |  |  |
|                 |  |                              |        |                |      |                                   |               |                         |  |  |
|                 |  |                              |        |                |      |                                   |               |                         |  |  |
|                 | 0.00   |                              |        | 3              | 0.00 |                                   |               | Γotal DSEs              |  |  |
|                 | 0.00   | \$                           | 0      | eipts Fourth G | 0.00 | \$                                | roup          | Gross Receipts Third G  |  |  |
|                 | 1  |                              |        |                |      |                                   |               |                         |  |  |

| EGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  003838 |         |                                 |             |                      |           |                                 |      |                   |  |
|--|---------|---------------------------------|-------------|----------------------|-----------|---------------------------------|------|-------------------|--|
|  |         | COMPUTATION O<br>SUBSCRIBER GRO | JP          | ATE FEES FOR EAC     | TENTH     | IBER GROUP<br>I SUBSCRIBER GROU |      | 9                 |  |
| COMMUNITY/ AREA  |         |                                 | 0           | COMMUNITY/ AREA      |           |                                 | 0    | Computation       |  |
| CALL SIGN  | DSE     | CALL SIGN                       | DSE         | CALL SIGN            | DSE       | CALL SIGN                       | DSE  | of                |  |
|  |         |                                 | <u> </u>    |                      |           |                                 |      | Base Rate Fee and |  |
|  |         |                                 |             |                      |           |                                 |      | Syndicated        |  |
|  |         |                                 |             |                      |           |                                 |      | Exclusivity       |  |
|  |         |                                 |             |                      |           |                                 |      | Surcharge         |  |
|  |         |                                 | <u> </u>    |                      |           |                                 |      | for<br>Partially  |  |
|  |         |                                 | <u></u>     |                      |           |                                 |      | Distant           |  |
|  |         |                                 |             |                      |           |                                 |      | Stations          |  |
|  |         |                                 |             | -                    |           |                                 |      |                   |  |
|  |         |                                 | <u></u>     |                      |           |                                 |      |                   |  |
|  |         |                                 |             |                      |           |                                 |      |                   |  |
|  |         |                                 | <u> </u>    |                      |           |                                 |      |                   |  |
|  |         |                                 |             |                      |           |                                 |      |                   |  |
| Total DSEs   |         |                                 | 0.00        | Total DSEs           |           |                                 | 0.00 |                   |  |
| Gross Receipts First Gr  | oup     | \$                              | 0.00        | Gross Receipts Sec   | ond Group | \$                              | 0.00 |                   |  |
| Base Rate Fee First Gr   | oup     | \$                              | 0.00        | Base Rate Fee Second | ond Group | \$                              | 0.00 |                   |  |
|  | LEVENTH | SUBSCRIBER GRO                  |             |                      |           | SUBSCRIBER GROU                 |      |                   |  |
| COMMUNITY/ AREA  |         |                                 | 0           | COMMUNITY/ AREA      | Α         |                                 | 0    |                   |  |
| CALL SIGN  | DSE     | CALL SIGN                       | DSE         | CALL SIGN            | DSE       | CALL SIGN                       | DSE  |                   |  |
|  |         |                                 | <del></del> |                      |           |                                 |      |                   |  |
|  |         |                                 |             |                      |           |                                 |      |                   |  |
|  |         |                                 | <u> </u>    |                      |           |                                 |      |                   |  |
|  |         |                                 | <del></del> |                      |           |                                 |      |                   |  |
|  |         |                                 | <u>-</u>    |                      |           |                                 |      |                   |  |
|  |         |                                 |             |                      |           |                                 |      |                   |  |
|  |         |                                 | <u></u>     |                      |           |                                 |      |                   |  |
|  |         |                                 | <del></del> |                      |           |                                 |      |                   |  |
|  |         |                                 |             |                      |           |                                 |      |                   |  |
|  |         |                                 |             |                      |           |                                 |      |                   |  |
|  |         |                                 | <u>-</u>    |                      |           |                                 |      |                   |  |
| Total DSEs   |         |                                 | 0.00        | Total DSEs           |           |                                 | 0.00 |                   |  |
| Gross Receipts Third G   | roup    | \$                              | 0.00        | Gross Receipts Foul  | rth Group | \$                              | 0.00 |                   |  |
| Base Rate Fee Third G  | roup    | \$                              | 0.00        | Base Rate Fee Four   | th Group  | \$                              | 0.00 |                   |  |
| e <b>bas</b>   |         |                                 |             | Base Rate Fee Four   |           | \$                              | 0.00 |                   |  |

|                  | l     |                                 | CLIDOCC  |                                  |              |                |          |                                    |
|------------------|-------|---------------------------------|----------|----------------------------------|--------------|----------------|----------|------------------------------------|
|                  | IP.   | IBER GROUP<br>I SUBSCRIBER GROU |          | TE FEES FOR EACH                 |              | SUBSCRIBER GRO |          |                                    |
| 9<br>Computation | 0     | - CODECTABLIT CITES             |          | COMMUNITY/ AREA                  | 0            |                |          | COMMUNITY/ AREA                    |
| of               | DSE   | CALL SIGN                       | DSE      | CALL SIGN                        | DSE          | CALL SIGN      | DSE      | CALL SIGN                          |
| Base Rate F      | DOL   | OF ILLE GIGIT                   | BOL      | CALLE GIGIT                      | DOL          | CALL CICIT     | BOL      | O/ IEE OIOIV                       |
| and              |       |                                 |          |                                  | <u> </u>     |                |          |                                    |
| Syndicate        |       |                                 |          |                                  | <u> </u>     |                | ••••     |                                    |
| Exclusivit       |       |                                 |          |                                  | <u> </u>     |                |          |                                    |
| Surcharge        |       |                                 |          |                                  | <u> </u>     |                |          |                                    |
| for              |       |                                 |          |                                  | <u> </u>     |                | ••••     |                                    |
| Partially        |       |                                 |          |                                  |              |                |          |                                    |
| Distant          |       |                                 |          |                                  | <u></u>      |                |          |                                    |
| Stations         |       |                                 |          |                                  | <u> </u>     |                | ••••     |                                    |
|                  |       |                                 |          |                                  | <u> </u>     |                |          |                                    |
|                  |       |                                 | <u></u>  |                                  |              |                |          |                                    |
|                  |       |                                 | <u></u>  |                                  |              |                |          |                                    |
|                  |       |                                 |          |                                  | <u> </u>     |                |          |                                    |
|                  |       |                                 |          |                                  | <u> </u>     |                |          |                                    |
|                  |       |                                 |          |                                  | <u> </u>     |                |          |                                    |
|                  | 0.00  | ••                              |          | Total DSEs                       | 0.00         | •              |          | otal DSEs                          |
|                  |       |                                 |          |                                  |              | _              |          |                                    |
|                  | 0.00  | \$                              | Group    | Gross Receipts Second            | 0.00         | \$             | roup     | ross Receipts First Gi             |
|                  | 0.00  | \$                              | l Group  | Base Rate Fee Second             | 0.00         | \$             | roup     | <b>ase Rate Fee</b> First Gı       |
|                  | ID.   | I SUBSCRIBER GROU               | IVTEENTU |                                  | ID           | SUBSCRIBER GRO | HETEENTU |                                    |
|                  | _     | 30B3CRIBER GROU                 | IXICENIA |                                  |              | SUBSCRIBER GRO | IFICENIA |                                    |
|                  | 0     |                                 |          | COMMUNITY/ AREA                  | 0            |                |          | OMMUNITY/ AREA                     |
|                  | DSE   | CALL SIGN                       | DSE      | CALL SIGN                        | DSE          | CALL SIGN      | DSE      | CALL SIGN                          |
|                  |       |                                 |          |                                  |              |                |          |                                    |
|                  |       | <u> </u>                        |          |                                  | <u>.</u>     |                |          |                                    |
|                  |       | <u> </u>                        |          |                                  | <u>.</u>     |                |          |                                    |
|                  |       |                                 |          |                                  | <u>.</u>     |                |          |                                    |
|                  |       | <u> </u>                        |          |                                  | <u>.</u>     |                |          |                                    |
|                  |       | <u> </u>                        |          |                                  | <u>.</u>     |                |          |                                    |
|                  |       |                                 |          |                                  | <u>.</u>     |                |          |                                    |
|                  | ····· |                                 |          |                                  |              |                |          |                                    |
|                  |       |                                 |          |                                  | <del> </del> |                |          |                                    |
|                  |       |                                 |          |                                  |              |                |          |                                    |
|                  |       |                                 |          |                                  |              |                |          |                                    |
|                  |       |                                 |          |                                  |              |                |          |                                    |
|                  |       |                                 |          |                                  |              |                |          |                                    |
|                  |       |                                 |          |                                  |              |                |          |                                    |
|                  |       |                                 |          |                                  |              |                |          |                                    |
|                  | 0.00  |                                 |          | Total DSEs                       | 0.00         |                |          | otal DSEs                          |
|                  |       |                                 | Group    |                                  |              |                | Proup    |                                    |
|                  | 0.00  | \$                              | Group    | Total DSEs Gross Receipts Fourth | 0.00         | \$             | Group    | otal DSEs<br>ross Receipts Third G |

| CABLE ONE, INC.                                | EGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  003838 |                                 |               |                        |            |                             |                |                      |  |  |
|--|--|---------------------------------|---------------|------------------------|------------|-----------------------------|----------------|----------------------|--|--|
|  |  | COMPUTATION C<br>SUBSCRIBER GRO |               | ATE FEES FOR EAC       | EIGHTEENTH | IBER GROUP  SUBSCRIBER GROU | JP<br>O        | 9                    |  |  |
| COMMONIT I/ AREA                               |  |                                 |               | COMMONT 17 ARE         |            |                             |                | Computation          |  |  |
| CALL SIGN                                      | DSE  | CALL SIGN                       | DSE           | CALL SIGN              | DSE        | CALL SIGN                   | DSE            | of                   |  |  |
|  |  |                                 |               |                        |            |                             |                | Base Rate Fee        |  |  |
|  | <mark></mark>  |                                 | <u></u>       |                        |            |                             |                | and<br>Syndicated    |  |  |
|  | ····   | <del> </del>                    |               |                        |            |                             |                | Exclusivity          |  |  |
|  |  |                                 |               |                        |            |                             |                | Surcharge            |  |  |
|  |  |                                 |               |                        |            |                             |                | for                  |  |  |
|  |  |                                 |               |                        |            |                             |                | Partially<br>Distant |  |  |
|  | ····   | <u> </u>                        |               |                        |            |                             |                | Stations             |  |  |
|  |  |                                 |               |                        |            |                             |                |                      |  |  |
|  |  |                                 |               |                        |            |                             |                |                      |  |  |
|  |  |                                 |               |                        |            |                             |                |                      |  |  |
|  |  |                                 |               |                        |            |                             |                |                      |  |  |
|  | ···  |                                 | ····          |                        |            |                             |                |                      |  |  |
| Total DSEs                                     | '  |                                 | 0.00          | Total DSEs             | •          |                             | 0.00           |                      |  |  |
| Gross Receipts First G                         | roup   | \$                              | 0.00          | Gross Receipts Sec     | ond Group  | \$                          | 0.00           |                      |  |  |
|  |  |                                 |               |                        |            |                             |                |                      |  |  |
| Base Rate Fee First G                          | -  | \$                              | 0.00          | Base Rate Fee Sec      | -          | \$                          | 0.00           |                      |  |  |
|  | INTEENTH   | SUBSCRIBER GRO                  |               |                        |            | 1 SUBSCRIBER GROU           | JP<br><b>0</b> |                      |  |  |
| COMMUNITY/ AREA                                |  |                                 | 0             | COMMUNITY/ AREA 0      |            |                             |                |                      |  |  |
| CALL SIGN                                      | DSE  | CALL SIGN                       | DSE           | CALL SIGN              | DSE        | CALL SIGN                   | DSE            |                      |  |  |
|  |  |                                 |               |                        |            |                             |                |                      |  |  |
|  | ···  |                                 | ····          |                        |            |                             |                |                      |  |  |
|  |  |                                 |               |                        |            |                             |                |                      |  |  |
|  |  |                                 |               |                        |            |                             |                |                      |  |  |
|  |  |                                 |               |                        |            |                             |                |                      |  |  |
|  | ····   |                                 | ···           |                        |            |                             |                |                      |  |  |
|  |  |                                 |               |                        |            |                             |                |                      |  |  |
|  |  |                                 |               |                        |            |                             |                |                      |  |  |
|  |  |                                 |               |                        |            |                             |                |                      |  |  |
|  | ·  |                                 | <u></u>       |                        |            |                             |                |                      |  |  |
|  |  |                                 |               |                        |            |                             |                |                      |  |  |
|  |  |                                 |               |                        |            |                             |                |                      |  |  |
| Total DSEs                                     |  |                                 | 0.00          | Total DSEs             |            |                             | 0.00           |                      |  |  |
| Gross Receipts Third C                         | Group  | \$                              | 0.00          | Gross Receipts Fou     | rth Group  | \$                          | 0.00           |                      |  |  |
| Base Rate Fee Third (                          | Group  | \$                              | 0.00          | Base Rate Fee Fou      | rth Group  | \$                          | 0.00           |                      |  |  |
| Base Rate Fee: Add the Enter here and in block |  |                                 | riber group a | s shown in the boxes a | above.     | \$                          |                |                      |  |  |

| Name             | EGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  003838 |                              |         |                                  |         |                                 |               |                                       |  |  |
|------------------|--|------------------------------|---------|----------------------------------|---------|---------------------------------|---------------|---------------------------------------|--|--|
| 9                | P 0  | BER GROUP<br>SUBSCRIBER GROU |         | TE FEES FOR EACH TWENT           |         | COMPUTATION O<br>SUBSCRIBER GRO |               |                                       |  |  |
| Computation      |  |                              |         |                                  |         |                                 |               |                                       |  |  |
| of               | DSE  | CALL SIGN                    | DSE     | CALL SIGN                        | DSE     | CALL SIGN                       | DSE           | CALL SIGN                             |  |  |
| Base Rate F      |  |                              |         |                                  |         |                                 |               |                                       |  |  |
| and<br>Syndicate |  |                              |         |                                  |         |                                 |               |                                       |  |  |
| Exclusivit       |  |                              |         |                                  |         |                                 |               |                                       |  |  |
| Surcharge        | ····   |                              |         |                                  |         |                                 | <u>"</u>      |                                       |  |  |
| for              |  |                              |         |                                  |         |                                 |               |                                       |  |  |
| Partially        |  |                              |         |                                  |         |                                 |               |                                       |  |  |
| Distant          |  |                              |         |                                  |         |                                 |               |                                       |  |  |
| Stations         |  |                              |         |                                  |         |                                 |               |                                       |  |  |
|                  |  |                              |         |                                  |         |                                 |               |                                       |  |  |
|                  |  |                              |         |                                  |         |                                 | <del>-</del>  |                                       |  |  |
|                  |  |                              |         |                                  | <b></b> |                                 | <u>-</u>      |                                       |  |  |
|                  | ···  |                              |         |                                  |         |                                 | <u></u>       |                                       |  |  |
|                  |  |                              |         |                                  |         |                                 |               |                                       |  |  |
|                  | 0.00   |                              |         | Total DSEs                       | 0.00    |                                 |               | otal DSEs                             |  |  |
|                  | 0.00   | \$                           | Group   | Gross Receipts Second            | 0.00    | \$                              | oup           | Gross Receipts First Gro              |  |  |
|                  |  |                              |         |                                  |         |                                 |               |                                       |  |  |
|                  | 0.00   | \$                           | Group   | Base Rate Fee Second             | 0.00    | \$                              | oup           | Base Rate Fee First Gro               |  |  |
|                  |  | SUBSCRIBER GROU              | -FOURTH |                                  |         | SUBSCRIBER GRO                  | TY-THIRD      |                                       |  |  |
|                  | 0  |                              |         | COMMUNITY/ AREA                  | 0       |                                 |               | COMMUNITY/ AREA                       |  |  |
|                  | DSE  | CALL SIGN                    | DSE     | CALL SIGN                        | DSE     | CALL SIGN                       | DSE           | CALL SIGN                             |  |  |
|                  |  |                              |         |                                  |         |                                 |               |                                       |  |  |
|                  |  |                              |         |                                  |         |                                 |               |                                       |  |  |
|                  |  |                              |         |                                  |         |                                 |               |                                       |  |  |
|                  |  |                              |         |                                  |         |                                 |               |                                       |  |  |
|                  |  |                              |         |                                  |         |                                 |               |                                       |  |  |
|                  |  |                              |         |                                  |         |                                 |               |                                       |  |  |
|                  |  |                              |         |                                  |         |                                 |               |                                       |  |  |
|                  |  |                              |         |                                  |         |                                 |               |                                       |  |  |
|                  |  |                              |         |                                  |         |                                 |               |                                       |  |  |
|                  | <u></u>  |                              |         |                                  |         |                                 | <u></u>       |                                       |  |  |
|                  |  |                              |         |                                  | <b></b> |                                 | <mark></mark> |                                       |  |  |
|                  |  |                              |         |                                  |         |                                 |               |                                       |  |  |
|                  |  |                              |         |                                  |         |                                 |               |                                       |  |  |
|                  |  |                              |         |                                  |         |                                 |               |                                       |  |  |
|                  | 0.00   |                              |         | Total DSEs                       | 0.00    |                                 |               | otal DSEs                             |  |  |
|                  | 0.00   | \$                           | Group   | Total DSEs Gross Receipts Fourth | 0.00    | \$                              | roup          | Fotal DSEs<br>Gross Receipts Third Gr |  |  |

| <b>9</b> Computati      | D  | BER GROUP       | SUBSCRI  | TE EEEO EOD EAOI      |          |                 |             |                         |  |
|-------------------------|--|-----------------|----------|-----------------------|----------|-----------------|-------------|-------------------------|--|
| 4                       | BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP TWENTY-FIFTH SUBSCRIBER GROUP  WUNITY/ AREA  COMMUNITY/ AREA  O  COMMUNITY/ AREA  O |                 |          |                       |          |                 |             |                         |  |
| of                      |  |                 |          |                       |          |                 |             |                         |  |
| 1                       | DSE  | CALL SIGN       | DSE      | CALL SIGN             | DSE      | CALL SIGN       | DSE         | CALL SIGN               |  |
| Base Rate I             |  |                 |          |                       |          |                 |             |                         |  |
| and                     |  |                 |          |                       |          |                 |             |                         |  |
| Syndicate<br>Exclusivit |  |                 |          |                       |          |                 | <u></u>     |                         |  |
| Surcharg                |  |                 |          |                       |          |                 |             |                         |  |
| for                     |  |                 | •••••    |                       |          |                 |             |                         |  |
| Partially               |  |                 |          |                       |          |                 |             |                         |  |
| Distant                 |  |                 |          |                       |          |                 |             |                         |  |
| Stations                |  |                 |          |                       |          |                 |             |                         |  |
|                         |  |                 |          |                       |          |                 | <u></u>     |                         |  |
|                         | <u></u>  |                 |          |                       |          |                 | <u>-</u>    |                         |  |
| •                       |  |                 |          |                       | <b></b>  |                 | <u>-</u>    |                         |  |
| 1                       |  |                 |          |                       | <b>-</b> |                 |             |                         |  |
|                         |  |                 |          |                       |          |                 | <u>-</u>    |                         |  |
|                         | 0.00   |                 |          | Total DSEs            | 0.00     |                 |             | Total DSEs              |  |
|                         | 0.00   | \$              | Group    | Gross Receipts Secon  | 0.00     | \$              | oup         | Gross Receipts First Gr |  |
|                         | 0.00   | \$              | Group    | Base Rate Fee Secon   | 0.00     | \$              | oup         | Base Rate Fee First Gr  |  |
|                         | Р  | SUBSCRIBER GROU | Y-EIGHTH | TWEN                  | JP       | SUBSCRIBER GROU | SEVENTH     | TWENTY-                 |  |
|                         | 0  |                 |          | COMMUNITY/ AREA       | 0        |                 |             | COMMUNITY/ AREA         |  |
| <del>-</del><br>-       | DSE  | CALL SIGN       | DSE      | CALL SIGN             | DSE      | CALL SIGN       | DSE         | CALL SIGN               |  |
|                         |  |                 |          |                       |          |                 |             |                         |  |
|                         |  |                 |          |                       |          |                 | <del></del> |                         |  |
|                         |  |                 |          |                       |          |                 | <del></del> |                         |  |
|                         |  |                 |          |                       |          |                 |             |                         |  |
|                         |  |                 |          |                       |          |                 |             |                         |  |
|                         |  |                 |          |                       |          |                 |             |                         |  |
|                         |  |                 |          |                       |          |                 | <u>.</u>    |                         |  |
|                         |  |                 |          |                       |          |                 | <u>-</u>    |                         |  |
| ·                       |  |                 |          |                       |          |                 | <u>-</u>    |                         |  |
| 1                       | ···  |                 |          |                       | <b>-</b> |                 |             |                         |  |
|                         |  |                 |          |                       |          |                 | <u> </u>    |                         |  |
|                         |  |                 |          |                       |          |                 |             |                         |  |
| _                       | 0.00   |                 |          | Total DSEs            | 0.00     |                 |             | otal DSEs               |  |
|                         |  | _               |          |                       | -        |                 |             |                         |  |
|                         | 0.00   | \$              | Froup    | Gross Receipts Fourth | 0.00     | \$              | roup        | Gross Receipts Third G  |  |
|                         | 0.00   | \$              | Group    | Base Rate Fee Fourth  | 0.00     | \$              | roup        | Base Rate Fee Third G   |  |

| Mana   | LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  003838 |                 |           |                           |             |                 |               |                            |  |  |
|--|---|-----------------|-----------|---------------------------|-------------|-----------------|---------------|----------------------------|--|--|
|  |   | BER GROUP       | SUBSCRI   | TE FEES FOR EACH          |             |                 |               |                            |  |  |
| <u> </u>                                     |   | SUBSCRIBER GROU | THIRTIETH |                           |             | SUBSCRIBER GRO  | TY-NINTH      | TWEN                       |  |  |
| 0 Computati                                  | 0   |                 |           | COMMUNITY/ AREA           | 0           |                 |               | COMMUNITY/ AREA            |  |  |
|  | DSE   | CALL SIGN       | DSE       | CALL SIGN                 | DSE         | CALL SIGN       | DSE           | CALL SIGN                  |  |  |
| Base Rate I                                  |   |                 |           |                           |             |                 |               |                            |  |  |
| and  |   |                 |           |                           |             |                 |               |                            |  |  |
| Syndicate<br>Exclusivit                      |   |                 |           |                           |             |                 |               |                            |  |  |
| Surcharg                                     |   |                 |           |                           |             |                 |               |                            |  |  |
| for  |   |                 |           |                           |             |                 |               |                            |  |  |
| Partially                                    |   |                 |           |                           |             |                 |               |                            |  |  |
| Distant                                      |   |                 |           |                           |             |                 |               |                            |  |  |
| Stations                                     |   |                 |           |                           |             |                 |               |                            |  |  |
|  |   | _               |           |                           |             |                 |               |                            |  |  |
|  |   |                 |           |                           |             |                 | <mark></mark> |                            |  |  |
|  |   |                 | <u> </u>  |                           | <u> </u>    |                 | <u>.</u>      |                            |  |  |
|  |   |                 | <b></b>   |                           | <b></b>     |                 |               |                            |  |  |
|  |   |                 | <b></b>   |                           | <b>-</b>    |                 |               |                            |  |  |
| <u> </u>                                     | 0.00  |                 |           | Total DSEs                | 0.00        |                 | <u> </u>      | Total DSEs                 |  |  |
| <u>)                                    </u> | 0.00  | \$              | d Group   | Gross Receipts Secon      | 0.00        | \$              | oup           | Gross Receipts First Gro   |  |  |
| 7  |   |                 |           |                           |             |                 |               |                            |  |  |
|  | 0.00  | \$              | d Group   | Base Rate Fee Secon       | 0.00        | \$              | oup           | Base Rate Fee First Gro    |  |  |
| _  | JP  | SUBSCRIBER GROU | Y-SECOND  | THIRT                     | JP <b>0</b> | SUBSCRIBER GROU | TY-FIRST      | THIR                       |  |  |
| 0  | COMMUNITY/ AREA 0   |                 |           |                           |             |                 |               | COMMUNITY/ AREA            |  |  |
|  | DSE   | CALL SIGN       | DSE       | CALL SIGN                 | DSE         | CALL SIGN       | DSE           | CALL SIGN                  |  |  |
|  |   |                 |           |                           |             |                 |               |                            |  |  |
|  |   |                 |           |                           |             |                 |               |                            |  |  |
|  |   |                 |           |                           |             |                 |               |                            |  |  |
|  |   |                 |           |                           |             |                 | <u> </u>      |                            |  |  |
|  |   |                 |           |                           |             |                 | <u>-</u>      |                            |  |  |
|  |   |                 | <b></b>   |                           |             |                 | ·             |                            |  |  |
|  |   |                 |           |                           |             | -               |               |                            |  |  |
|  |   |                 |           |                           |             |                 |               |                            |  |  |
|  |   |                 |           |                           |             |                 |               |                            |  |  |
|  |   | _               |           |                           |             |                 |               |                            |  |  |
|  |   |                 | ļ         |                           | ļ           |                 | <u>-</u>      |                            |  |  |
|  |   |                 |           |                           | <b></b>     |                 | -             |                            |  |  |
|  |   |                 | <b></b>   |                           | <b></b>     |                 | -             |                            |  |  |
| <u> </u>                                     | 0.00  |                 |           | Total DSEs                | 0.00        |                 |               | Total DSEs                 |  |  |
| _  | 0.00  | \$              | Group     | Gross Receipts Fourth     | 0.00        | <u> </u>        | roup          | Gross Receipts Third G     |  |  |
| _  |   | <u>*</u>        | ap        | S. 555 . (Goodpio i Guiti |             | *               | - mle         | 2.300 . 1300ipto 11iiid Ol |  |  |
| <u>,                                    </u> | 0.00  | \$              | Group     | Base Rate Fee Fourth      | 0.00        | \$              | roup          | Base Rate Fee Third G      |  |  |
| '- <br> - <br>                               | 0.00  | \$              |           | s shown in the boxes abo  |             |                 | e base rate   | he                         |  |  |

| CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  Base F  Sync  Excl  Par  Par  Dis   | LEGAL NAME OF OWNE     | EGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  003838 |                     |               |                      |             |                 |         |                   |  |  |  |
|--|------------------------|--|---------------------|---------------|----------------------|-------------|-----------------|---------|-------------------|--|--|--|
| CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base I  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base I  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base I  Syring  Total DSEs  O.00  Total DSEs  O.00  Total DSEs  CALL SIGN DSE CALL SIGN DSE Base I  Par  Dit  Sta  Total DSEs  COMMUNITY-FIFTH SUBSCRIBER GROUP  COMMUNITY-AREA  O COMMUNITY-AREA  | THIF                   |  |                     | UP            | THI                  | RTY-FOURTH  |                 |         | 9                 |  |  |  |
|  |                        |  |                     |               |                      |             |                 |         | Computation       |  |  |  |
| Total DSEs   | CALL SIGN              | DSE  | CALL SIGN           | DSE           | CALL SIGN            | DSE         | CALL SIGN       | DSE     | of                |  |  |  |
| Sync   Sext      |                        |  |                     |               |                      |             |                 |         | Base Rate Fo      |  |  |  |
|  |                        | ····   |                     | <u></u>       | -                    |             |                 |         | and<br>Syndicated |  |  |  |
| Fotal DSEs  CALL SIGN  DSE  CA |                        |  |                     |               |                      |             |                 |         | Exclusivity       |  |  |  |
| Thirty-Fifth Subscriber group  CALL SIGN  DSE  |                        |  |                     |               |                      |             |                 |         | Surcharge         |  |  |  |
| Display State Stat |                        |  |                     |               |                      |             |                 |         | for               |  |  |  |
| Total DSEs  Octal  |                        |  |                     |               |                      |             |                 |         | Partially         |  |  |  |
| Thirty-Fifth Subscriber Group  Thirty-Fifth Subscriber Group  CALL SIGN  DSE   |                        |  |                     |               |                      |             |                 |         | Distant           |  |  |  |
| THIRTY-FIFTH SUBSCRIBER GROUP  THIRTY-FIFTH SUBSCRIBER GROUP  CALL SIGN  DSE   |                        |  |                     |               |                      |             |                 |         | Stations          |  |  |  |
| Siross Receipts First Group  Siross Receipts First Group  Siross Receipts Second Group  Siross R |                        |  |                     |               | -                    |             |                 |         |                   |  |  |  |
| THIRTY-FIFTH SUBSCRIBER GROUP  THIRTY-FIFTH SUBSCRIBER GROUP  CALL SIGN  DSE   |                        |  |                     |               |                      |             |                 |         |                   |  |  |  |
| Gross Receipts First Group  Sase Rate Fee First Group  Sase Rate Fee First Group  Sase Rate Fee First Group  Sase Rate Fee First Group  Sase Rate Fee Second Group  THIRTY-FIFTH SUBSCRIBER GROUP  COMMUNITY/ AREA  OCIOMMUNITY/                        |  |                     |               |                      |             |                 |         |                   |  |  |  |
| Stross Receipts First Group  Sase Rate Fee First Group  Sase Rate Fee First Group  Sase Rate Fee First Group  THIRTY-FIFTH SUBSCRIBER GROUP  COMMUNITY/ AREA  COMUNITY/ AREA  COMMUNITY/ AREA  CO |                        |  |                     |               |                      |             |                 |         |                   |  |  |  |
| Stross Receipts First Group  Sase Rate Fee First Group  Sase Rate Fee First Group  Sase Rate Fee First Group  THIRTY-FIFTH SUBSCRIBER GROUP  COMMUNITY/ AREA  CALL SIGN  DSE   |                        |  |                     |               |                      |             |                 |         |                   |  |  |  |
| Base Rate Fee First Group  THIRTY-FIFTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE   | otal DSEs              |  |                     | 0.00          | Total DSEs           |             |                 | 0.00    |                   |  |  |  |
| THIRTY-FIFTH SUBSCRIBER GROUP  COMMUNITY/ AREA  CALL SIGN  DSE | Bross Receipts First G | roup   | \$                  | 0.00          | Gross Receipts Sec   | ond Group   | \$              | 0.00    |                   |  |  |  |
| THIRTY-FIFTH SUBSCRIBER GROUP  COMMUNITY/ AREA  CALL SIGN  DSE | ,                      |  | -                   |               |                      |             | · ·             |         |                   |  |  |  |
| CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE | ase Rate Fee First G   | roup   | \$                  | 0.00          | Base Rate Fee Sec    | ond Group   | \$              | 0.00    |                   |  |  |  |
| CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN | THII                   | RTY-FIFTH  | SUBSCRIBER GRO      | UP            | 1                    | HIRTY-SIXTI | SUBSCRIBER GROU | JP      |                   |  |  |  |
| otal DSEs  O.00  Total DSEs  O.00  Gross Receipts Third Group  S  O.00  Gross Receipts Fourth Group  S  O.00  Gross Receipts Fourth Group  S  O.00   | OMMUNITY/ AREA         |  |                     | 0             | COMMUNITY/ ARE.      | Α           |                 | 0       |                   |  |  |  |
| Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00   | CALL SIGN              | DSE  | CALL SIGN           | DSE           | CALL SIGN            | DSE         | CALL SIGN       | DSE     |                   |  |  |  |
| Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00   |                        |  |                     |               |                      |             |                 |         |                   |  |  |  |
| Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00   |                        | ····   |                     |               |                      |             |                 |         |                   |  |  |  |
| Gross Receipts Third Group  Stross Receipts Fourth Group  Gross Receipts Fourth Group  Stross Receipts Fourth Group  Stross Receipts Fourth Group  |                        |  |                     |               |                      |             |                 |         |                   |  |  |  |
| Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00   |                        |  |                     |               |                      |             |                 |         |                   |  |  |  |
| Gross Receipts Third Group  Stross Receipts Fourth Group  Gross Receipts Fourth Group  Stross Receipts Fourth Group  Stross Receipts Fourth Group  |                        |  |                     |               |                      |             |                 |         |                   |  |  |  |
| Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00   |                        |  |                     |               |                      |             |                 |         |                   |  |  |  |
| Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00   |                        |  |                     |               | -                    |             |                 |         |                   |  |  |  |
| Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00   |                        |  |                     |               |                      |             |                 |         |                   |  |  |  |
| Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00   |                        | ····   |                     |               |                      |             | H               | <u></u> |                   |  |  |  |
| Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00   |                        |  |                     |               |                      |             |                 |         |                   |  |  |  |
| Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00   |                        |  |                     |               |                      |             |                 |         |                   |  |  |  |
| Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00   |                        |  |                     |               |                      |             |                 |         |                   |  |  |  |
| Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00   |                        |  |                     |               |                      |             |                 |         |                   |  |  |  |
|  | otal DSEs              |  |                     | 0.00          | Total DSEs           |             |                 | 0.00    |                   |  |  |  |
| Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00   | Gross Receipts Third G | Group  | \$                  | 0.00          | Gross Receipts Fou   | rth Group   | \$              | 0.00    |                   |  |  |  |
|  | Base Rate Fee Third G  | Group  | \$                  | 0.00          | Base Rate Fee Fou    | rth Group   | \$              | 0.00    |                   |  |  |  |
| e Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.  | e Rate Fee: Add th     | ie base rate   | fees for each subsc | riber aroup a | s shown in the hoves | above       |                 |         |                   |  |  |  |

| EGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  003838 |               |                                 |              |                        |             |                                 |             |                     |  |
|--|---------------|---------------------------------|--------------|------------------------|-------------|---------------------------------|-------------|---------------------|--|
|  |               | COMPUTATION C<br>SUBSCRIBER GRO |              | ATE FEES FOR EAC       | IRTY-EIGHTH | IBER GROUP<br>I SUBSCRIBER GROU | JP <b>0</b> | 9                   |  |
|  |               |                                 |              |                        |             |                                 |             | Computation         |  |
| CALL SIGN  | DSE           | CALL SIGN                       | DSE          | CALL SIGN              | DSE         | CALL SIGN                       | DSE         | of<br>Base Rate Fee |  |
|  |               |                                 | <u></u>      |                        |             |                                 |             | and                 |  |
|  |               |                                 |              |                        |             |                                 |             | Syndicated          |  |
|  |               | -                               |              |                        |             |                                 |             | Exclusivity         |  |
|  | <mark></mark> |                                 | <u></u>      |                        |             |                                 |             | Surcharge           |  |
|  |               | <del> </del>                    | <u> </u>     | -                      |             |                                 |             | for<br>Partially    |  |
|  | ···           | <del> </del>                    | -            |                        |             |                                 |             | Distant             |  |
|  |               |                                 |              |                        |             |                                 |             | Stations            |  |
|  |               |                                 |              |                        |             |                                 |             |                     |  |
|  |               |                                 | <u></u>      |                        |             |                                 |             |                     |  |
|  |               | <u> </u>                        | -            | -                      |             |                                 |             |                     |  |
|  |               |                                 |              |                        |             |                                 |             |                     |  |
|  |               |                                 |              |                        |             |                                 |             |                     |  |
| Total DSEs   |               |                                 | 0.00         | Total DSEs             |             |                                 | 0.00        |                     |  |
| Gross Receipts First Gr  | oup           | \$                              | 0.00         | Gross Receipts Sec     | ond Group   | \$                              | 0.00        |                     |  |
|  |               |                                 |              |                        |             |                                 |             |                     |  |
| Base Rate Fee First Gr   | oup           | \$                              | 0.00         | Base Rate Fee Sec      | ond Group   | \$                              | 0.00        |                     |  |
|  | TY-NINTH      | SUBSCRIBER GRO                  |              |                        |             | SUBSCRIBER GROU                 |             |                     |  |
| COMMUNITY/ AREA  |               |                                 | 0            | COMMUNITY/ ARE         |             |                                 | 0           |                     |  |
| CALL SIGN  | DSE           | CALL SIGN                       | DSE          | CALL SIGN              | DSE         | CALL SIGN                       | DSE         |                     |  |
|  |               |                                 |              | -                      |             |                                 |             |                     |  |
|  | <del></del>   |                                 | <u></u>      |                        |             |                                 |             |                     |  |
|  |               |                                 | <u></u>      |                        |             |                                 |             |                     |  |
|  |               |                                 |              |                        |             |                                 |             |                     |  |
|  |               |                                 |              |                        |             |                                 |             |                     |  |
|  | <mark></mark> |                                 | <u></u>      |                        |             |                                 |             |                     |  |
|  |               |                                 | <u>-</u>     |                        |             |                                 |             |                     |  |
|  |               |                                 |              |                        |             |                                 |             |                     |  |
|  |               | +                               |              |                        |             |                                 |             |                     |  |
|  |               |                                 |              | -                      |             |                                 |             |                     |  |
|  | <u></u>       |                                 | <del></del>  |                        |             |                                 |             |                     |  |
|  |               |                                 | -            |                        |             |                                 |             |                     |  |
| Total DSEs   |               |                                 | 0.00         | Total DSEs             |             |                                 | 0.00        |                     |  |
| Gross Receipts Third G   | roup          | \$                              | 0.00         | Gross Receipts Fou     | th Group    | \$                              | 0.00        |                     |  |
| Base Rate Fee Third G  | roup          | \$                              | 0.00         | Base Rate Fee Four     | th Group    | \$                              | 0.00        |                     |  |
| Base Rate Fee: Add th<br>Enter here and in block                         |               |                                 | iber group a | s shown in the boxes a | bove.       | \$                              |             |                     |  |

| Name                | EGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  003838 |                              |        |                                 |          |                                |          |                                       |  |  |  |
|---------------------|--|------------------------------|--------|---------------------------------|----------|--------------------------------|----------|---------------------------------------|--|--|--|
| 9                   | P 0  | BER GROUP<br>SUBSCRIBER GROU |        |                                 |          | COMPUTATION OF SUBSCRIBER GROU |          |                                       |  |  |  |
| Computation         |  |                              |        |                                 |          |                                |          |                                       |  |  |  |
| of<br>Base Rate F   | DSE  | CALL SIGN                    | SE     | ALL SIGN                        | DSE      | CALL SIGN                      | DSE      | CALL SIGN                             |  |  |  |
| and                 |  |                              |        |                                 |          |                                | -        |                                       |  |  |  |
| Syndicate           |  |                              |        |                                 |          |                                | <u>-</u> |                                       |  |  |  |
| Exclusivit          |  |                              |        |                                 |          |                                |          |                                       |  |  |  |
| Surcharge           |  |                              |        |                                 |          |                                |          |                                       |  |  |  |
| for                 |  |                              |        |                                 |          |                                |          |                                       |  |  |  |
| Partially           |  |                              |        |                                 |          |                                | <u>.</u> |                                       |  |  |  |
| Distant<br>Stations |  |                              |        |                                 |          |                                | <u> </u> |                                       |  |  |  |
| Guadino             | ····   |                              |        |                                 |          |                                | <u>-</u> |                                       |  |  |  |
|                     |  |                              |        |                                 |          |                                |          |                                       |  |  |  |
|                     |  |                              |        |                                 |          |                                |          |                                       |  |  |  |
|                     |  |                              |        |                                 | ļ        |                                | <u>.</u> |                                       |  |  |  |
|                     |  |                              |        |                                 |          |                                | <u> </u> |                                       |  |  |  |
|                     |  |                              |        |                                 |          |                                |          |                                       |  |  |  |
|                     | 0.00   | -                            |        | al DSEs                         | 0.00     |                                |          | Total DSEs                            |  |  |  |
|                     | 0.00   | \$                           | oup    | ss Receipts Second              | 0.00     | \$                             | oup      | Gross Receipts First Gro              |  |  |  |
|                     | 0.00   | \$                           | oup    | e Rate Fee Second               | 0.00     | \$                             | oup      | Base Rate Fee First Gro               |  |  |  |
|                     | Р  | SUBSCRIBER GROU              | OURTH: | FORTY                           | IP       | SUBSCRIBER GROU                | TY-THIRD | FOR                                   |  |  |  |
|                     | 0  |                              |        | MMUNITY/ AREA                   | 0        |                                |          | COMMUNITY/ AREA                       |  |  |  |
|                     | DSE  | CALL SIGN                    | SE     | ALL SIGN                        | DSE      | CALL SIGN                      | DSE      | CALL SIGN                             |  |  |  |
|                     |  |                              |        |                                 |          |                                | <u>-</u> |                                       |  |  |  |
|                     |  |                              |        |                                 |          |                                |          |                                       |  |  |  |
|                     |  |                              |        |                                 |          |                                | <u>-</u> |                                       |  |  |  |
|                     |  |                              |        |                                 |          |                                |          |                                       |  |  |  |
|                     |  |                              |        |                                 |          |                                |          |                                       |  |  |  |
|                     |  |                              |        |                                 |          |                                |          |                                       |  |  |  |
|                     |  |                              |        |                                 |          |                                | <u>-</u> |                                       |  |  |  |
|                     |  |                              |        |                                 |          |                                | <u>-</u> |                                       |  |  |  |
|                     |  |                              |        |                                 | t        |                                | <u>-</u> |                                       |  |  |  |
|                     |  |                              |        |                                 |          |                                |          |                                       |  |  |  |
|                     |  |                              |        |                                 | <b>.</b> |                                | <u>.</u> |                                       |  |  |  |
|                     |  |                              |        |                                 |          |                                | <b>-</b> |                                       |  |  |  |
|                     |  |                              |        |                                 |          |                                |          |                                       |  |  |  |
|                     | 0.00   |                              |        | al DSEs                         | 0.00     |                                | 1        | Total DSEs                            |  |  |  |
|                     | 0.00   | \$                           | up     | al DSEs<br>ss Receipts Fourth ( | 0.00     | \$                             | roup     | Total DSEs<br>Gross Receipts Third Gr |  |  |  |

| Computati<br>of<br>Base Rate I |   |                 | SUBSCRI  | TE FEES FOR EACH      | BASE RA | COMPLITATION OF | 1.001/.4 |                         |
|--------------------------------|---|-----------------|----------|-----------------------|---------|-----------------|----------|-------------------------|
| Computati<br>of<br>Base Rate I | BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP FORTY-FIFTH SUBSCRIBER GROUP  #UNITY/ AREA  COMMUNITY/ AREA  D  COMMUNITY/ AREA  D |                 |          |                       |         |                 |          |                         |
| Base Rate I                    |   |                 |          |                       |         |                 |          |                         |
| and                            | DSE   | CALL SIGN       | DSE      | CALL SIGN             | DSE     | CALL SIGN       | DSE      | CALL SIGN               |
|                                |   |                 |          |                       |         |                 |          |                         |
| Syndicate                      |   |                 |          |                       |         |                 |          |                         |
| Exclusivit                     |   |                 |          |                       |         |                 |          |                         |
| Surcharg                       |   |                 |          |                       |         | -               |          |                         |
| for                            |   |                 |          |                       |         |                 |          |                         |
| Partially                      |   |                 |          |                       |         |                 |          |                         |
| Distant                        |   |                 |          |                       |         |                 |          |                         |
| Stations                       |   |                 |          |                       |         |                 |          |                         |
|                                |   |                 |          |                       |         |                 |          |                         |
|                                |   |                 |          |                       |         |                 |          |                         |
|                                |   |                 |          |                       |         |                 |          |                         |
|                                |   |                 |          |                       |         |                 |          |                         |
|                                |   |                 |          |                       |         |                 |          |                         |
|                                | 0.00  |                 |          | Total DSEs            | 0.00    |                 |          | otal DSEs               |
| -                              | 0.00  | \$              | Group    | Gross Receipts Second | 0.00    | \$              | oup      | Gross Receipts First Gr |
| -                              | 0.00  | Ψ               | Оюцр     | Gross Receipts decond | 0.00    | +               | Jup      | 1033 Receipts First Cit |
|                                | 0.00  | \$              | Group    | Base Rate Fee Second  | 0.00    | \$              | oup      | ase Rate Fee First Gro  |
|                                | JP  | SUBSCRIBER GROU | Y-EIGHTH | FOR <sup>-</sup>      | Р       | SUBSCRIBER GROU | SEVENTH  | FORTY-                  |
|                                | 0   |                 |          | COMMUNITY/ AREA       | 0       |                 |          | OMMUNITY/ AREA          |
|                                | DSE   | CALL SIGN       | DSE      | CALL SIGN             | DSE     | CALL SIGN       | DSE      | CALL SIGN               |
|                                |   |                 |          |                       |         |                 |          |                         |
|                                |   |                 |          |                       |         |                 |          |                         |
|                                |   |                 |          |                       |         |                 |          |                         |
|                                |   |                 |          |                       |         |                 |          |                         |
|                                |   |                 |          |                       |         |                 |          |                         |
|                                |   |                 |          |                       |         |                 |          |                         |
|                                |   |                 |          |                       |         |                 | -<br>-   |                         |
|                                |   |                 |          |                       |         |                 |          |                         |
|                                |   |                 |          |                       |         |                 |          |                         |
|                                |   |                 |          |                       |         |                 | ·        |                         |
|                                |   |                 |          |                       |         |                 |          |                         |
|                                |   |                 |          |                       |         |                 |          |                         |
| _                              |   |                 |          |                       |         |                 |          |                         |
| _                              | 0.00  |                 |          | Total DSEs            | 0.00    |                 |          | otal DSEs               |
|                                | 0.00  | \$              | Group    | Gross Receipts Fourth | 0.00    | \$              | oup      | ross Receipts Third G   |
| -                              |   |                 |          |                       |         |                 |          |                         |
|                                | 0.00  | \$              | Group    | Base Rate Fee Fourth  | 0.00    | \$              | oup      | sase Rate Fee Third G   |

| LEGAL NAME OF OWNE     | EGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#  O03838 |                                 |                          |                        |           |                               |      |                   |  |  |  |
|------------------------|---|---------------------------------|--------------------------|------------------------|-----------|-------------------------------|------|-------------------|--|--|--|
|                        |   | COMPUTATION O<br>SUBSCRIBER GRO |                          | ATE FEES FOR EAC       | FIFTIETH  | IBER GROUP<br>SUBSCRIBER GROU | JP 0 | 9                 |  |  |  |
| OCIVILIDITI 17711E7    |   |                                 |                          | John Market 17 7 ti CZ |           |                               |      | Computatio        |  |  |  |
| CALL SIGN              | DSE   | CALL SIGN                       | DSE                      | CALL SIGN              | DSE       | CALL SIGN                     | DSE  | of                |  |  |  |
|                        |   |                                 | <u></u>                  |                        |           |                               |      | Base Rate Fe      |  |  |  |
|                        |   |                                 | <u></u>                  |                        |           |                               |      | and<br>Syndicated |  |  |  |
|                        |   |                                 | <u></u>                  |                        |           |                               |      | Exclusivity       |  |  |  |
|                        |   | <b>-</b>                        | <u>-</u>                 |                        |           |                               |      | Surcharge         |  |  |  |
|                        |   |                                 |                          |                        |           |                               |      | for               |  |  |  |
|                        |   |                                 | <u>.</u>                 |                        |           |                               |      | Partially         |  |  |  |
|                        |   |                                 |                          | -                      |           |                               |      | Distant           |  |  |  |
|                        | ····  |                                 | <u></u>                  | -                      |           |                               |      | Stations          |  |  |  |
|                        | ····  |                                 | <u></u>                  |                        |           |                               |      |                   |  |  |  |
|                        |   |                                 |                          |                        |           |                               |      |                   |  |  |  |
|                        |   |                                 |                          |                        |           |                               |      |                   |  |  |  |
|                        |   |                                 |                          |                        |           |                               |      |                   |  |  |  |
|                        |   |                                 |                          |                        |           |                               |      |                   |  |  |  |
| Total DSEs             |   |                                 | 0.00                     | Total DSEs             |           |                               | 0.00 |                   |  |  |  |
| Gross Receipts First G | roup  | \$                              | 0.00                     | Gross Receipts Sec     | ond Group | \$                            | 0.00 |                   |  |  |  |
|                        |   |                                 |                          |                        |           |                               |      |                   |  |  |  |
| Base Rate Fee First G  |   | \$                              | 0.00                     | Base Rate Fee Second   |           | \$                            | 0.00 |                   |  |  |  |
|                        | FTY-FIRST   | SUBSCRIBER GRO                  |                          | Ħ                      |           | SUBSCRIBER GROU               |      |                   |  |  |  |
| COMMUNITY/ AREA        |   |                                 | 0                        | COMMUNITY/ AREA        |           |                               | 0    |                   |  |  |  |
| CALL SIGN              | DSE   | CALL SIGN                       | DSE                      | CALL SIGN              | DSE       | CALL SIGN                     | DSE  |                   |  |  |  |
|                        |   |                                 |                          |                        |           |                               |      |                   |  |  |  |
|                        |   |                                 |                          |                        |           |                               |      |                   |  |  |  |
|                        |   |                                 | <u> </u>                 |                        |           |                               |      |                   |  |  |  |
|                        | ····  |                                 | <u></u>                  | -                      |           |                               |      |                   |  |  |  |
|                        |   |                                 | <u></u>                  |                        |           |                               |      |                   |  |  |  |
|                        |   |                                 |                          |                        |           |                               |      |                   |  |  |  |
|                        |   |                                 | <u>.</u>                 |                        |           |                               |      |                   |  |  |  |
|                        |   |                                 | <u></u>                  |                        |           |                               |      |                   |  |  |  |
|                        |   |                                 | <del>-</del>             | -                      |           |                               |      |                   |  |  |  |
|                        |   |                                 | -                        |                        |           |                               |      |                   |  |  |  |
|                        |   |                                 |                          |                        |           |                               |      |                   |  |  |  |
|                        |   |                                 |                          |                        |           |                               |      |                   |  |  |  |
| Fotal DSEs             |   |                                 | 0.00                     | Total DSEs             |           |                               | 0.00 |                   |  |  |  |
| Gross Receipts Third G | Group   | <u>s</u>                        | 0.00                     |                        | th Group  | <b>s</b>                      | 0.00 |                   |  |  |  |
|                        | : =: -  |                                 |                          |                        | <b></b>   |                               |      |                   |  |  |  |
| Base Rate Fee Third G  | Group   | \$                              | 0.00                     | Base Rate Fee Four     | th Group  | \$                            | 0.00 |                   |  |  |  |
|                        | \$ 0.00  Base Rate Fee Fourth Gro                       | 0.00 Base Rate Fee Fourth Gro   | Base Rate Fee Fourth Gro | th Gro                 |           | \$                            |      |                   |  |  |  |

| LEGAL NAME OF OWNER CABLE ONE, INC.            | R OF CABL | E SYSTEM:                       |  |                        |            | S                               | 003838         | Name                 |
|--|-----------|---------------------------------|--|------------------------|------------|---------------------------------|----------------|----------------------|
| FIF <sup>-</sup>                               |           | COMPUTATION C<br>SUBSCRIBER GRO | UP                                     | 11                     | FTY-FOURTH | IBER GROUP<br>I SUBSCRIBER GROU |                | 9                    |
| COMMUNITY/ AREA                                |           |                                 | 0                                      | COMMUNITY/ ARE         | ٩<br>      |                                 | 0              | Computation          |
| CALL SIGN                                      | DSE       | CALL SIGN                       | DSE                                    | CALL SIGN              | DSE        | CALL SIGN                       | DSE            | of                   |
|  |           |                                 |  |                        |            |                                 |                | Base Rate Fee        |
|  |           |                                 | ······································ |                        |            |                                 |                | and<br>Syndicated    |
|  |           |                                 |  |                        |            |                                 |                | Exclusivity          |
|  |           |                                 |  |                        |            |                                 |                | Surcharge            |
|  |           |                                 |  |                        |            |                                 |                | for                  |
|  |           |                                 |  |                        |            |                                 |                | Partially<br>Distant |
|  |           |                                 |  |                        |            |                                 |                | Stations             |
|  |           |                                 |  |                        |            |                                 |                |                      |
|  |           |                                 |  |                        |            |                                 |                |                      |
|  |           |                                 |  |                        |            |                                 |                |                      |
|  |           |                                 |  |                        |            |                                 |                |                      |
|  |           |                                 |  |                        |            |                                 |                |                      |
| Total DSEs                                     |           |                                 | 0.00                                   | Total DSEs             |            |                                 | 0.00           |                      |
| Gross Receipts First Group \$ 0.00             |           |                                 | 0.00                                   | Gross Receipts Sec     | ond Group  | \$                              | 0.00           |                      |
| Base Rate Fee First Group \$ 0.00              |           |                                 | 0.00                                   | Base Rate Fee Sec      | ond Group  | \$                              | 0.00           |                      |
|  | TY-FIFTH  | SUBSCRIBER GRO                  |  |                        |            | SUBSCRIBER GROU                 | JP<br><b>0</b> |                      |
| COMMUNITY/ AREA                                |           |                                 | 0                                      | COMMUNITY/ ARE         |            |                                 |                |                      |
| CALL SIGN                                      | DSE       | CALL SIGN                       | DSE                                    | CALL SIGN              | DSE        | CALL SIGN                       | DSE            |                      |
|  |           |                                 |  |                        |            |                                 |                |                      |
|  |           |                                 |  |                        |            |                                 |                |                      |
|  |           |                                 |  |                        |            |                                 |                |                      |
|  |           |                                 | ····                                   |                        |            |                                 |                |                      |
|  |           |                                 |  |                        |            |                                 |                |                      |
|  |           |                                 |  |                        |            |                                 |                |                      |
|  |           |                                 |  |                        |            |                                 |                |                      |
|  |           |                                 |  |                        |            |                                 |                |                      |
|  |           |                                 |  |                        |            |                                 |                |                      |
|  |           |                                 |  |                        |            |                                 |                |                      |
|  |           |                                 |  |                        |            |                                 |                |                      |
|  |           |                                 |  |                        |            |                                 |                |                      |
| Total DSEs                                     |           |                                 | 0.00                                   | Total DSEs             |            |                                 | 0.00           |                      |
| Gross Receipts Third Gr                        | oup       | \$                              | 0.00                                   | Gross Receipts Fou     | rth Group  | \$                              | 0.00           |                      |
|  |           |                                 |  |                        |            |                                 | <br>           |                      |
| Base Rate Fee Third Gr                         | oup       | \$                              | 0.00                                   | Base Rate Fee Fou      | rth Group  | \$                              | 0.00           |                      |
|  |           |                                 |  | Ш                      |            |                                 |                |                      |
| Base Rate Fee: Add the Enter here and in block |           |                                 | riber group a                          | s shown in the boxes a | above.     | \$                              |                |                      |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  003838 |          |                                 |   |                        |           |                                 |             |                     |  |
|---|----------|---------------------------------|---|------------------------|-----------|---------------------------------|-------------|---------------------|--|
|   |          | COMPUTATION C<br>SUBSCRIBER GRO | TION OF BASE RATE FEES FOR EACH SUBSCRI |                        |           | IBER GROUP<br>I SUBSCRIBER GROU | JP <b>0</b> | 9                   |  |
|   |          |                                 |   |                        |           |                                 |             | Computation         |  |
| CALL SIGN   | DSE      | CALL SIGN                       | DSE                                     | CALL SIGN              | DSE       | CALL SIGN                       | DSE         | of<br>Base Rate Fee |  |
|   |          |                                 | <u>-</u>                                |                        |           |                                 |             | and                 |  |
|   |          |                                 |   |                        |           |                                 |             | Syndicated          |  |
|   |          |                                 |   |                        |           |                                 |             | Exclusivity         |  |
|   |          |                                 | <u> </u>                                |                        |           |                                 |             | Surcharge<br>for    |  |
|   |          |                                 | <u>-</u>                                |                        | ······    |                                 |             | Partially           |  |
|   |          |                                 |   |                        |           |                                 |             | Distant             |  |
|   |          |                                 |   |                        |           |                                 |             | Stations            |  |
|   |          |                                 |   |                        |           |                                 |             |                     |  |
|   |          |                                 |   |                        |           |                                 |             |                     |  |
|   |          |                                 |   |                        |           |                                 |             |                     |  |
|   |          |                                 |   |                        |           |                                 |             |                     |  |
| T-4-1 D05-  |          |                                 | 0.00                                    | T-4-LDOF-              |           |                                 | 0.00        |                     |  |
| Total DSEs 0.00   |          |                                 |   | Total DSEs             |           |                                 | 0.00        |                     |  |
| Gross Receipts First Group \$ 0.00  |          |                                 | 0.00                                    | Gross Receipts Seco    | ond Group | \$                              | 0.00        |                     |  |
| Base Rate Fee First Gr  | oup      | \$                              | 0.00                                    | Base Rate Fee Seco     | ond Group | \$                              | 0.00        |                     |  |
| FIF   | TY-NINTH | SUBSCRIBER GRO                  | UP                                      |                        | SIXTIETH  | SUBSCRIBER GROU                 | JP          |                     |  |
| COMMUNITY/ AREA   |          |                                 | 0                                       | COMMUNITY/ AREA        |           |                                 |             |                     |  |
| CALL SIGN   | DSE      | CALL SIGN                       | DSE                                     | CALL SIGN              | DSE       | CALL SIGN                       | DSE         |                     |  |
|   |          |                                 | <u>-</u>                                |                        |           |                                 |             |                     |  |
|   |          |                                 |   |                        |           |                                 |             |                     |  |
|   |          |                                 |   |                        |           |                                 |             |                     |  |
|   |          |                                 | <u> </u>                                |                        |           |                                 |             |                     |  |
|   |          |                                 |   |                        |           |                                 |             |                     |  |
|   |          |                                 |   |                        |           |                                 |             |                     |  |
|   |          |                                 |   |                        |           |                                 |             |                     |  |
|   |          |                                 |   |                        |           |                                 |             |                     |  |
|   |          |                                 | <u> </u>                                |                        |           |                                 |             |                     |  |
|   |          |                                 |   |                        |           |                                 |             |                     |  |
|   |          |                                 |   |                        |           |                                 |             |                     |  |
| Total DSEs  |          |                                 | 0.00                                    | Total DSEs             |           |                                 | 0.00        |                     |  |
| Gross Receipts Third G  | roup     | \$                              | 0.00                                    | Gross Receipts Four    | th Group  | \$                              | 0.00        |                     |  |
| Base Rate Fee Third G   | roup     | \$                              | 0.00                                    | Base Rate Fee Four     | th Group  | \$                              | 0.00        |                     |  |
| Rate Fee: Add the   |          |                                 | riber group a                           | s shown in the boxes a | bove.     | \$                              |             |                     |  |

| Name                      | LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  003838 |   |         |  |                                 |                                    |               |                                      |  |  |
|---------------------------|---|---|---------|--|---------------------------------|------------------------------------|---------------|--------------------------------------|--|--|
| 9                         | P <b>0</b>  | PUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP CRIBER GROUP  SIXTY-SECOND SUBSCRIBER GROUP  COMMUNITY/ AREA |         |  | COMPUTATION O<br>SUBSCRIBER GRO |                                    |               |                                      |  |  |
| Computation               |   |   |         |  |                                 |                                    |               |                                      |  |  |
| of                        | DSE   | CALL SIGN   | DSE     | CALL SIGN  | DSE                             | CALL SIGN                          | DSE           | CALL SIGN                            |  |  |
| Base Rate F               |   |   |         |  |                                 |                                    |               |                                      |  |  |
| and                       |   |   |         |  |                                 |                                    |               |                                      |  |  |
| Syndicated<br>Exclusivity |   |   |         |  |                                 |                                    | ···           |                                      |  |  |
| Surcharge                 |   |   |         |  |                                 |                                    | <u></u>       |                                      |  |  |
| for                       |   |   |         |  |                                 |                                    |               |                                      |  |  |
| Partially                 |   |   |         |  |                                 |                                    |               |                                      |  |  |
| Distant                   |   |   |         |  |                                 |                                    |               |                                      |  |  |
| Stations                  |   |   |         |  |                                 |                                    |               |                                      |  |  |
|                           |   |   | •••••   |  |                                 |                                    |               |                                      |  |  |
|                           |   |   |         |  |                                 |                                    |               |                                      |  |  |
|                           |   |   | l       |  |                                 |                                    | <u></u>       |                                      |  |  |
|                           |   |   |         |  |                                 |                                    | <u></u>       |                                      |  |  |
|                           |   |   |         |  |                                 |                                    | ···           |                                      |  |  |
|                           | 0.00  |   |         | Total DSEs   | 0.00                            |                                    |               | Total DSEs                           |  |  |
|                           | 0.00  | Gross Receipts Second Group \$ 0.00   |         |  |                                 | Gross Receipts First Group \$ 0.00 |               |                                      |  |  |
|                           |   |   |         |  |                                 |                                    |               |                                      |  |  |
|                           | 0.00  | \$  | Group   | Base Rate Fee Second   | 0.00                            | \$                                 | oup           | Base Rate Fee First Gro              |  |  |
|                           |   | SUBSCRIBER GROU   | -FOURTH |  |                                 | SUBSCRIBER GRO                     | TY-THIRD      |                                      |  |  |
|                           | 0   |   |         | COMMUNITY/ AREA  | 0                               |                                    |               | COMMUNITY/ AREA                      |  |  |
|                           | DSE   | CALL SIGN   | DSE     | CALL SIGN  | DSE                             | CALL SIGN                          | DSE           | CALL SIGN                            |  |  |
|                           |   |   |         |  |                                 |                                    |               |                                      |  |  |
|                           |   |   |         |  |                                 |                                    |               |                                      |  |  |
|                           |   |   |         |  |                                 |                                    |               |                                      |  |  |
|                           |   |   |         |  |                                 |                                    | <del></del>   |                                      |  |  |
|                           |   |   |         |  |                                 |                                    |               |                                      |  |  |
|                           |   |   |         |  |                                 |                                    | ···           |                                      |  |  |
|                           |   |   |         |  |                                 |                                    |               |                                      |  |  |
|                           |   |   |         |  |                                 |                                    |               |                                      |  |  |
|                           |   |   |         |  |                                 |                                    | <mark></mark> |                                      |  |  |
|                           |   |   |         |  |                                 |                                    | <del></del>   |                                      |  |  |
|                           |   |   | <b></b> |  |                                 |                                    | <u></u>       |                                      |  |  |
|                           |   |   |         |  |                                 |                                    |               |                                      |  |  |
|                           |   |   |         | i and the second |                                 |                                    |               |                                      |  |  |
|                           |   |   |         |  |                                 |                                    | <u></u>       |                                      |  |  |
|                           | 0.00  |   |         | Total DSEs   | 0.00                            |                                    |               | Fotal DSEs                           |  |  |
|                           | 0.00  | \$  | Group   | Total DSEs Gross Receipts Fourth   | 0.00                            | \$                                 | roup          | Total DSEs<br>Gross Receipts Third G |  |  |

| Name                    | LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  003838 |                                     |       |           |                               |          |                                    |                |                                      |  |
|-------------------------|---|-------------------------------------|-------|-----------|-------------------------------|----------|------------------------------------|----------------|--------------------------------------|--|
| 9                       | P 0   | BER GROUP<br>SUBSCRIBER GROU        |       | SIXTY-    | TE FEES FOR EA                |          | COMPUTATION OI<br>SUBSCRIBER GROU  |                |                                      |  |
| Computation             |   |                                     |       |           |                               |          |                                    |                | COMMONITY AREA                       |  |
| of                      | DSE   | CALL SIGN                           |       | DS        | CALL SIGN                     | DSE      | CALL SIGN                          | DSE            | CALL SIGN                            |  |
| Base Rate F             |   |                                     |       |           |                               |          |                                    |                |                                      |  |
| and                     |   |                                     |       |           |                               |          |                                    |                |                                      |  |
| Syndicate               |   |                                     |       |           |                               |          |                                    | <u>-</u>       |                                      |  |
| Exclusivit<br>Surcharge |   |                                     |       |           |                               |          |                                    | <del>.</del>   |                                      |  |
| for                     |   |                                     |       |           |                               |          |                                    | <u>.</u>       |                                      |  |
| Partially               |   |                                     |       |           |                               |          |                                    |                |                                      |  |
| Distant                 |   |                                     |       |           |                               |          |                                    |                |                                      |  |
| Stations                |   |                                     |       |           |                               |          |                                    |                |                                      |  |
|                         |   |                                     |       |           |                               |          |                                    |                |                                      |  |
|                         |   |                                     |       |           |                               |          |                                    | <mark></mark>  |                                      |  |
|                         |   |                                     |       |           |                               | <b>.</b> |                                    | <u>-</u>       |                                      |  |
|                         |   |                                     |       |           |                               | ļ        |                                    | <mark>-</mark> |                                      |  |
|                         |   |                                     |       |           |                               |          |                                    | <u></u>        |                                      |  |
|                         | 0.00  |                                     |       |           | T-4-1 D0F-                    | 0.00     |                                    |                | otal DSEs                            |  |
|                         | 0.00  |                                     | -     |           | Total DSEs                    | 0.00     |                                    |                |                                      |  |
|                         | 0.00  | Gross Receipts Second Group \$ 0.00 |       |           |                               | 0.00     | Gross Receipts First Group \$ 0.00 |                |                                      |  |
|                         | 0.00  | \$                                  | o     | cond Gro  | Base Rate Fee Sec             | 0.00     | Base Rate Fee First Group \$ 0.00  |                |                                      |  |
|                         | Р   | SUBSCRIBER GROU                     | HTH S | SIXTY-EI  | S                             | JP       | SUBSCRIBER GROU                    | SEVENTH        | SIXTY-                               |  |
|                         | 0   | COMMUNITY/ AREA 0                   |       |           |                               |          |                                    |                | COMMUNITY/ AREA                      |  |
|                         | DSE   | CALL SIGN                           |       | DS        | CALL SIGN                     | DSE      | CALL SIGN                          | DSE            | CALL SIGN                            |  |
|                         |   |                                     |       |           |                               |          |                                    |                |                                      |  |
|                         |   |                                     |       |           |                               |          |                                    | <u></u>        |                                      |  |
|                         |   |                                     |       |           |                               |          |                                    | <u></u>        |                                      |  |
|                         |   |                                     |       |           |                               |          |                                    |                |                                      |  |
|                         |   |                                     |       |           |                               |          |                                    |                |                                      |  |
|                         |   |                                     |       |           |                               |          |                                    |                |                                      |  |
|                         |   |                                     |       |           |                               |          |                                    |                |                                      |  |
|                         |   |                                     |       |           |                               |          |                                    |                |                                      |  |
|                         |   |                                     |       |           |                               | ļ        |                                    | <u>-</u>       |                                      |  |
|                         |   |                                     |       |           |                               | I        |                                    | <u>-</u>       |                                      |  |
|                         |   |                                     |       |           |                               | <b></b>  |                                    | <u>-</u>       |                                      |  |
|                         | ····  |                                     |       |           |                               |          |                                    | -              |                                      |  |
|                         | •••   |                                     |       |           |                               |          |                                    |                |                                      |  |
|                         |   |                                     |       |           | L                             |          |                                    |                |                                      |  |
|                         | 0.00  |                                     | -     |           | Total DSEs                    | 0.00     |                                    |                | Total DSEs                           |  |
|                         | 0.00  | \$                                  | -     | urth Grou | Total DSEs Gross Receipts Fou | 0.00     | \$                                 | roup           | Total DSEs<br>Gross Receipts Third G |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  003838 |           |                |                |                                     |            |                 |      |                           |
|---|-----------|----------------|----------------|-------------------------------------|------------|-----------------|------|---------------------------|
|   |           |                |                | TE FEES FOR EAC                     | H SUBSCR   | IBER GROUP      |      |                           |
| S   | XTY-NINTH | SUBSCRIBER GRO | UP             | \$                                  | SEVENTIETH | SUBSCRIBER GROU | JP   | 0                         |
| COMMUNITY/ AREA   |           |                | 0              | COMMUNITY/ AREA                     |            |                 | 0    | 9<br>Computation          |
| CALL SIGN   | DSE       | CALL SIGN      | DSE            | CALL SIGN                           | DSE        | CALL SIGN       | DSE  | of                        |
|   |           |                |                |                                     |            |                 |      | Base Rate Fee             |
|   |           |                |                |                                     |            |                 |      | and                       |
|   |           |                |                |                                     |            | H               |      | Syndicated<br>Exclusivity |
|   |           |                |                |                                     |            | -               |      | Surcharge                 |
|   |           |                |                |                                     | ····       |                 |      | for                       |
|   |           |                |                |                                     |            |                 |      | Partially                 |
|   |           |                |                |                                     |            |                 |      | Distant                   |
|   |           |                |                |                                     |            |                 |      | Stations                  |
|   |           |                |                |                                     |            |                 |      |                           |
|   |           |                |                |                                     |            |                 |      |                           |
|   |           |                |                |                                     |            |                 |      |                           |
|   |           |                |                |                                     |            |                 |      |                           |
|   |           |                |                |                                     |            |                 |      |                           |
| Total DSEs  |           |                | 0.00           | Total DSEs                          |            |                 | 0.00 |                           |
|   |           |                | 0.00           | Gross Receipts Second Group \$ 0.00 |            |                 |      |                           |
|   |           |                |                |                                     |            |                 | 1    |                           |
| Base Rate Fee First 0   | Group     | \$             | 0.00           | Base Rate Fee Seco                  | nd Group   | \$              | 0.00 |                           |
| SEVE  | NTY-FIRST | SUBSCRIBER GRO |                | ii –                                |            | SUBSCRIBER GROU | JP   |                           |
| COMMUNITY/ AREA   |           |                | 0              | COMMUNITY/ AREA                     |            |                 |      |                           |
| CALL SIGN   | DSE       | CALL SIGN      | DSE            | CALL SIGN                           | DSE        | CALL SIGN       | DSE  |                           |
|   |           |                |                |                                     |            |                 |      |                           |
|   |           |                |                |                                     |            |                 |      |                           |
|   |           |                |                |                                     |            | -               |      |                           |
|   | ·····     |                |                |                                     |            | -               |      |                           |
|   | ·····     |                |                |                                     |            |                 |      |                           |
|   | ·····     | -              |                |                                     | ····       |                 |      |                           |
|   |           |                |                |                                     |            |                 |      |                           |
|   |           |                |                |                                     |            |                 |      |                           |
|   |           |                |                |                                     |            |                 |      |                           |
|   |           |                |                |                                     |            |                 |      |                           |
|   |           |                |                |                                     |            | -               |      |                           |
|   |           |                |                |                                     |            |                 |      |                           |
|   |           |                |                |                                     |            |                 |      |                           |
| Total DSEs  |           | П              | 0.00           | Total DSEs                          |            | 11              | 0.00 |                           |
| Gross Receipts Third  | Group     | \$             | 0.00           | Gross Receipts Fourt                | h Group    | \$              | 0.00 |                           |
|   |           |                |                |                                     |            |                 |      |                           |
| Base Rate Fee Third   | Group     | \$             | 0.00           | Base Rate Fee Fourt                 | h Group    | \$              | 0.00 |                           |
| Base Rate Fee: Add t  |           |                | riber group as | s shown in the boxes at             | oove.      | \$              |      |                           |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  003838 |           |                |                |                      |            |                 |      |                          |
|---|-----------|----------------|----------------|----------------------|------------|-----------------|------|--------------------------|
|   | BLOCK A:  | COMPUTATION (  | F BASE RA      | TE FEES FOR EAC      | H SUBSCR   | IBER GROUP      |      |                          |
| SEVE  | NTY-THIRD | SUBSCRIBER GRO | UP             | SEVEN                | ITY-FOURTH | SUBSCRIBER GROU | JP   | ^                        |
| COMMUNITY/ AREA   |           |                | 0              | COMMUNITY/ AREA      |            |                 | 0    | <b>9</b> Computation     |
| CALL SIGN   | DSE       | CALL SIGN      | DSE            | CALL SIGN            | DSE        | CALL SIGN       | DSE  | of                       |
|   |           |                |                |                      |            |                 |      | Base Rate Fee            |
|   |           |                |                |                      |            | -               |      | and                      |
|   |           |                |                |                      |            |                 |      | Syndicated               |
|   |           |                |                |                      |            | H               |      | Exclusivity<br>Surcharge |
|   | ·····     | -              |                |                      |            | -               |      | for                      |
|   |           |                |                |                      |            |                 |      | Partially                |
|   |           |                |                |                      |            |                 |      | Distant                  |
|   |           |                |                |                      |            |                 |      | Stations                 |
|   |           |                |                |                      |            |                 |      |                          |
|   |           |                |                |                      |            |                 |      |                          |
|   |           |                |                |                      |            |                 |      |                          |
|   |           |                |                |                      |            |                 |      |                          |
|   |           |                |                |                      |            | <del></del>     |      |                          |
| Total DOFa  |           |                | 0.00           | Total DSEs           |            |                 | 0.00 |                          |
|   |           |                |                | Total DSEs           |            | _               |      |                          |
| Gross Receipts First Group \$ 0.00  |           |                |                | Gross Receipts Seco  | na Group   | \$              | 0.00 |                          |
| Base Rate Fee First Group \$ 0.00   |           |                |                | Base Rate Fee Seco   | nd Group   | \$              | 0.00 |                          |
| SEVE  | NTY-FIFTH | SUBSCRIBER GRO | UP             | SEV                  | ENTY-SIXTH | SUBSCRIBER GROU | JP   |                          |
| COMMUNITY/ AREA   |           |                | 0              | COMMUNITY/ AREA      |            |                 |      |                          |
| CALL SIGN   | DSE       | CALL SIGN      | DSE            | CALL SIGN            | DSE        | CALL SIGN       | DSE  |                          |
|   |           |                |                |                      |            |                 |      |                          |
|   |           |                |                |                      |            |                 |      |                          |
|   |           |                |                |                      |            | <u> </u>        |      |                          |
|   | ·····     |                |                |                      |            | -               |      |                          |
|   |           |                |                |                      |            | -               |      |                          |
|   |           | <del> </del>   |                |                      |            | <del> </del>    |      |                          |
|   |           |                | •              |                      |            |                 |      |                          |
|   |           |                |                |                      |            |                 |      |                          |
|   |           |                |                |                      |            |                 |      |                          |
|   |           |                |                |                      |            |                 |      |                          |
|   |           |                |                |                      |            | -               |      |                          |
|   |           |                |                |                      |            |                 |      |                          |
|   |           |                |                |                      |            |                 |      |                          |
| Total DSEs  |           |                | 0.00           | Total DSEs           |            |                 | 0.00 |                          |
| Gross Receipts Third  | Group     | \$             | 0.00           | Gross Receipts Fourt | th Group   | \$              | 0.00 |                          |
|   |           |                |                |                      |            |                 |      |                          |
| Base Rate Fee Third   | Group     | \$             | 0.00           | Base Rate Fee Fourt  | th Group   | \$              | 0.00 |                          |
| Base Rate Fee: Add t  |           |                | riber group as | II                   | bove.      | \$              |      |                          |

| Name                     | LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  003838 |                                     |                 |  |  |                                   |                 |                                      |  |  |
|--------------------------|---|-------------------------------------|-----------------|--|--|-----------------------------------|-----------------|--------------------------------------|--|--|
| 9                        | P 0   | BER GROUP<br>SUBSCRIBER GROU        |                 | TE FEES FOR EACH<br>SEVEN<br>COMMUNITY/ AREA |  | COMPUTATION O<br>SUBSCRIBER GRO   |                 |                                      |  |  |
| Computation              |   |                                     |                 | COMMONT I/ AREA                              |  |                                   |                 | COMMONT I/ AILA                      |  |  |
| of                       | DSE   | CALL SIGN                           | DSE             | CALL SIGN                                    | DSE                                    | CALL SIGN                         | DSE             | CALL SIGN                            |  |  |
| Base Rate F              |   |                                     |                 |  |  |                                   |                 |                                      |  |  |
| and                      |   |                                     |                 |  |  |                                   |                 |                                      |  |  |
| Syndicate                |   |                                     |                 |  |  |                                   | <del></del>     |                                      |  |  |
| Exclusivity<br>Surcharge |   |                                     |                 |  |  |                                   | <del></del>     |                                      |  |  |
| for                      |   |                                     |                 |  |  |                                   |                 |                                      |  |  |
| Partially                |   |                                     |                 |  |  |                                   |                 |                                      |  |  |
| Distant                  |   |                                     |                 |  |  |                                   |                 |                                      |  |  |
| Stations                 |   |                                     |                 |  |  |                                   |                 |                                      |  |  |
|                          |   |                                     |                 |  |  |                                   |                 |                                      |  |  |
|                          |   |                                     |                 |  |  |                                   |                 |                                      |  |  |
|                          |   |                                     |                 |  |  |                                   |                 |                                      |  |  |
|                          |   |                                     | <u></u>         |  | ļ                                      |                                   | <u></u>         |                                      |  |  |
|                          |   |                                     |                 |  |  |                                   |                 |                                      |  |  |
|                          |   |                                     |                 |  |  |                                   |                 |                                      |  |  |
|                          | 0.00  |                                     |                 | Total DSEs                                   | 0.00                                   |                                   |                 |                                      |  |  |
|                          | 0.00  | Gross Receipts Second Group \$ 0.00 |                 |  |  | ross Receipts First Group \$ 0.00 |                 |                                      |  |  |
|                          |   |                                     |                 |  |  |                                   |                 |                                      |  |  |
|                          | 0.00  | \$                                  | l Group         | Base Rate Fee Secon                          | 0.00                                   | \$                                | oup             | Base Rate Fee First Gro              |  |  |
|                          | Р   | SUBSCRIBER GROU                     | EIGHTIETH       |  | JP                                     | SUBSCRIBER GRO                    | TY-NINTH        | SEVEN'                               |  |  |
|                          | 0   |                                     | COMMUNITY/ AREA | 0  |  |                                   | COMMUNITY/ AREA |                                      |  |  |
|                          | DSE   | CALL SIGN                           | DSE             | CALL SIGN                                    | DSE                                    | CALL SIGN                         | DSE             | CALL SIGN                            |  |  |
|                          |   |                                     |                 |  |  |                                   |                 |                                      |  |  |
|                          |   |                                     |                 |  |  |                                   |                 |                                      |  |  |
|                          |   |                                     |                 |  | -                                      |                                   | <del></del>     |                                      |  |  |
|                          | ····  |                                     |                 |  | ·                                      |                                   | <u></u>         |                                      |  |  |
|                          |   |                                     |                 |  | ······································ |                                   |                 |                                      |  |  |
|                          |   |                                     |                 |  |  |                                   |                 |                                      |  |  |
|                          |   |                                     |                 |  |  |                                   |                 |                                      |  |  |
|                          |   |                                     |                 |  |  |                                   |                 |                                      |  |  |
|                          |   |                                     | <u></u>         |  | ļ                                      |                                   | <u></u>         |                                      |  |  |
|                          |   |                                     | <u> </u>        |  |  |                                   | <u></u>         |                                      |  |  |
|                          |   |                                     |                 |  |  |                                   |                 |                                      |  |  |
|                          | <del></del>   |                                     |                 |  |  |                                   |                 |                                      |  |  |
|                          |   |                                     |                 |  |  |                                   |                 |                                      |  |  |
|                          |   |                                     |                 |  |  |                                   |                 |                                      |  |  |
|                          | 0.00  |                                     |                 | Total DSEs                                   | 0.00                                   |                                   |                 | Fotal DSEs                           |  |  |
|                          | 0.00  | \$                                  | Group           | Total DSEs Gross Receipts Fourth             | 0.00                                   | \$                                | roup            | Total DSEs<br>Gross Receipts Third G |  |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  003838 |           |                                 |              |                                     |           |                             |                |                      |  |
|---|-----------|---------------------------------|--------------|-------------------------------------|-----------|-----------------------------|----------------|----------------------|--|
|   |           | COMPUTATION C<br>SUBSCRIBER GRO |              | ATE FEES FOR EAC                    | TY-SECONE | IBER GROUP  SUBSCRIBER GROU | JP 0           | 9                    |  |
| OOMMONT 17711E/   |           |                                 |              | OCIVIMOTATI 17 7 (TCE)              |           |                             |                | Computation          |  |
| CALL SIGN   | DSE       | CALL SIGN                       | DSE          | CALL SIGN                           | DSE       | CALL SIGN                   | DSE            | of                   |  |
|   |           |                                 | <u></u>      |                                     |           |                             |                | Base Rate Fee and    |  |
|   |           | <u> </u>                        |              |                                     |           |                             |                | Syndicated           |  |
|   |           |                                 | <u> </u>     |                                     |           |                             |                | Exclusivity          |  |
|   |           |                                 |              |                                     |           |                             |                | Surcharge            |  |
|   |           |                                 |              |                                     |           |                             |                | for                  |  |
|   |           |                                 | <u></u>      | -                                   |           |                             |                | Partially<br>Distant |  |
|   |           | <u> </u>                        | <u>-</u>     | -                                   |           |                             |                | Stations             |  |
|   |           |                                 |              |                                     |           |                             |                |                      |  |
|   |           |                                 |              |                                     |           |                             |                |                      |  |
|   |           |                                 | <u></u>      |                                     |           |                             |                |                      |  |
|   |           |                                 | <u></u>      | -                                   |           |                             |                |                      |  |
|   |           |                                 | <u> </u>     |                                     |           |                             |                |                      |  |
| Total DSEs  |           |                                 | 0.00         | Total DSEs                          |           |                             | 0.00           |                      |  |
|   |           |                                 | 0.00         | Gross Receipts Second Group \$ 0.00 |           |                             |                |                      |  |
|   |           |                                 |              |                                     |           |                             |                |                      |  |
| Base Rate Fee First G   |           | \$                              | 0.00         | Base Rate Fee Seco                  | -         | \$                          | 0.00           |                      |  |
|   | ITY-THIRD | SUBSCRIBER GRO                  |              | H                                   |           | I SUBSCRIBER GROU           | JP<br><b>0</b> |                      |  |
| COMMUNITY/ AREA   |           |                                 | 0            | COMMUNITY/ AREA                     |           |                             |                |                      |  |
| CALL SIGN   | DSE       | CALL SIGN                       | DSE          | CALL SIGN                           | DSE       | CALL SIGN                   | DSE            |                      |  |
|   |           |                                 | <u></u>      |                                     |           |                             |                |                      |  |
|   |           |                                 | <u> </u>     |                                     |           |                             |                |                      |  |
|   |           |                                 |              |                                     |           |                             |                |                      |  |
|   |           |                                 |              |                                     |           |                             |                |                      |  |
|   |           |                                 | <u></u>      |                                     |           |                             |                |                      |  |
|   |           |                                 |              |                                     |           |                             |                |                      |  |
|   |           | <b>+</b>                        | <u></u>      |                                     |           |                             |                |                      |  |
|   |           |                                 |              |                                     |           |                             |                |                      |  |
|   |           | +                               | <u>.</u>     |                                     |           |                             |                |                      |  |
|   |           |                                 | <u></u>      |                                     |           |                             |                |                      |  |
|   | <u></u>   |                                 | <del></del>  |                                     |           |                             |                |                      |  |
|   |           |                                 | <u></u>      |                                     |           |                             |                |                      |  |
| Total DSEs  |           |                                 | 0.00         | Total DSEs                          |           |                             | 0.00           |                      |  |
| Gross Receipts Third G  | iroup     | \$                              | 0.00         | Gross Receipts Four                 | th Group  | \$                          | 0.00           |                      |  |
| Base Rate Fee Third G   | iroup     | \$                              | 0.00         | Base Rate Fee Four                  | th Group  | \$                          | 0.00           |                      |  |
| Base Rate Fee: Add th<br>Enter here and in block                          |           |                                 | iber group a | s shown in the boxes a              | bove.     | \$                          |                |                      |  |

| Name                     | LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  003838 |                                     |           |                       |   |                                       |          |                         |  |
|--------------------------|---|-------------------------------------|-----------|-----------------------|---|---------------------------------------|----------|-------------------------|--|
|                          |   | BER GROUP                           | SUBSCRIE  | TE FEES FOR EACH      |   |                                       |          |                         |  |
| 9                        |   | SUBSCRIBER GROU                     | HTY-SIXTH | EIG                   |   | SUBSCRIBER GROU                       | TY-FIFTH | EIGH                    |  |
| Computation              | 0   |                                     |           | COMMUNITY/ AREA       | 0                                       |                                       |          | COMMUNITY/ AREA         |  |
| of                       | DSE   | CALL SIGN                           | DSE       | CALL SIGN             | DSE                                     | CALL SIGN                             | DSE      | CALL SIGN               |  |
| Base Rate Fe             |   | _                                   |           |                       |   |                                       |          |                         |  |
| and                      |   |                                     |           |                       |   |                                       |          |                         |  |
| Syndicated               |   |                                     |           |                       |   |                                       |          |                         |  |
| Exclusivity<br>Surcharge |   | H                                   |           |                       | <b></b>                                 |                                       |          |                         |  |
| for                      |   | H                                   |           |                       |   |                                       |          |                         |  |
| Partially                |   |                                     |           |                       |   |                                       |          |                         |  |
| Distant                  |   |                                     |           |                       |   |                                       |          |                         |  |
| Stations                 |   |                                     |           |                       |   |                                       |          |                         |  |
|                          |   |                                     |           |                       |   |                                       |          |                         |  |
|                          |   |                                     |           |                       |   |                                       |          |                         |  |
|                          |   | H                                   |           |                       | <b></b>                                 |                                       |          |                         |  |
|                          |   |                                     |           |                       | <b></b>                                 |                                       | <u>.</u> |                         |  |
|                          |   |                                     |           |                       |   |                                       |          |                         |  |
|                          | 0.00  |                                     |           | Total DSEs            | 0.00                                    |                                       |          | Total DSEs              |  |
|                          | 0.00  | Gross Receipts Second Group \$ 0.00 |           |                       |   | siross Receipts First Group \$ 0.0    |          |                         |  |
|                          |   |                                     |           |                       |   | · · · · · · · · · · · · · · · · · · · |          |                         |  |
|                          | 0.00  | \$                                  | Group     | Base Rate Fee Second  | 0.00                                    | Base Rate Fee First Group \$ 0.00     |          |                         |  |
|                          | Р   | SUBSCRIBER GROU                     | Y-EIGHTH  | EIGH"                 | IP                                      | SUBSCRIBER GROU                       | SEVENTH  | EIGHTY-S                |  |
|                          | COMMUNITY/ AREA 0   |                                     |           |                       |   |                                       |          | COMMUNITY/ AREA         |  |
|                          | DSE   | CALL SIGN                           | DSE       | CALL SIGN             | DSE                                     | CALL SIGN                             | DSE      | CALL SIGN               |  |
|                          |   |                                     |           |                       |   |                                       |          |                         |  |
|                          |   |                                     |           |                       |   |                                       |          |                         |  |
|                          |   |                                     |           |                       |   |                                       |          |                         |  |
|                          |   |                                     |           |                       |   |                                       |          |                         |  |
|                          |   |                                     |           |                       |   |                                       |          |                         |  |
|                          |   | H                                   |           |                       |   |                                       |          |                         |  |
|                          |   |                                     |           |                       | *************************************** |                                       |          |                         |  |
|                          |   |                                     |           |                       |   |                                       |          |                         |  |
|                          |   |                                     |           |                       | ļ                                       |                                       |          |                         |  |
|                          |   |                                     |           |                       | ļ                                       |                                       |          |                         |  |
|                          |   |                                     |           |                       | ļ                                       |                                       |          |                         |  |
|                          |   |                                     | ļ         |                       | <b> </b>                                |                                       |          |                         |  |
|                          |   |                                     |           |                       | <b>!</b>                                |                                       |          |                         |  |
|                          |   |                                     | 1         | Total DSEs            | 0.00                                    |                                       | I        | Total DSEs              |  |
|                          | 0.00  |                                     |           | TOTAL DOES            | 0.00                                    |                                       |          |                         |  |
|                          |   | \$                                  | Group     |                       |   | <u> </u>                              | oun      |                         |  |
|                          | 0.00  | \$                                  | Group     | Gross Receipts Fourth | 0.00                                    | \$<br>[                               | oup      | Gross Receipts Third Gr |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  003838 |          |                        |              |                                     |                |                 |      |                          |
|---|----------|------------------------|--------------|-------------------------------------|----------------|-----------------|------|--------------------------|
| E   | BLOCK A: | COMPUTATION O          | F BASE RA    | ATE FEES FOR EACH                   | SUBSCR         | IBER GROUP      |      |                          |
| EIGH  | TY-NINTH | SUBSCRIBER GRO         | UP           |                                     | NINTIETH       | SUBSCRIBER GROU | IP   | 0                        |
| COMMUNITY/ AREA   |          |                        | 0            | COMMUNITY/ AREA                     |                |                 | 0    | <b>9</b> Computation     |
| CALL SIGN   | DSE      | CALL SIGN              | DSE          | CALL SIGN                           | DSE            | CALL SIGN       | DSE  | of                       |
|   |          |                        |              |                                     |                |                 |      | Base Rate Fee            |
|   |          | <br>                   |              |                                     |                | -               |      | and                      |
|   |          |                        |              |                                     |                |                 |      | Syndicated               |
|   |          |                        |              |                                     |                | -               |      | Exclusivity<br>Surcharge |
|   |          | <u> </u>               |              |                                     |                | -               |      | for                      |
|   | -        |                        |              |                                     |                |                 |      | Partially                |
|   |          |                        |              |                                     |                |                 |      | Distant                  |
|   |          |                        |              |                                     |                |                 |      | Stations                 |
|   |          |                        |              |                                     |                |                 |      |                          |
|   |          |                        |              |                                     |                |                 |      |                          |
|   |          |                        | <del>-</del> |                                     |                | -               |      |                          |
|   |          |                        | <u>-</u>     |                                     | <del></del>    |                 |      |                          |
|   |          |                        |              |                                     |                |                 |      |                          |
| Total DSEs  |          |                        | 0.00         | Total DSEs                          |                |                 | 0.00 |                          |
| Gross Receipts First Group \$ 0.00  |          |                        |              | Gross Receipts Second Group \$ 0.00 |                |                 |      |                          |
| Sioss Necelpts i list Group   |          |                        |              |                                     | •              |                 |      |                          |
| Base Rate Fee First Group \$ 0.00   |          |                        | 0.00         | Base Rate Fee Secon                 | d Group        | \$              | 0.00 |                          |
| NINE  | TY-FIRST | SUBSCRIBER GRO         | UP           | NINET                               | Y-SECOND       | SUBSCRIBER GROU | IP   |                          |
| COMMUNITY/ AREA   |          |                        | 0            | COMMUNITY/ AREA                     |                |                 |      |                          |
| CALL SIGN   | DSE      | CALL SIGN              | DSE          | CALL SIGN                           | DSE            | CALL SIGN       | DSE  |                          |
|   |          | -                      |              |                                     |                |                 |      |                          |
|   |          |                        |              |                                     |                |                 |      |                          |
|   |          |                        |              |                                     |                | -               |      |                          |
|   |          |                        |              |                                     |                |                 |      |                          |
|   |          | <del> </del>           | <u></u>      |                                     |                | <del></del>     |      |                          |
|   | <u></u>  |                        |              |                                     |                |                 |      |                          |
|   |          |                        |              |                                     |                |                 |      |                          |
|   |          |                        |              |                                     |                |                 |      |                          |
|   |          |                        |              |                                     |                |                 |      |                          |
|   |          |                        |              |                                     |                |                 |      |                          |
|   |          |                        | <u>_</u>     |                                     |                |                 |      |                          |
|   |          |                        | <del></del>  |                                     | <u></u>        |                 |      |                          |
|   |          |                        | -            |                                     | <del></del>    | -               |      |                          |
| Total DSEs  |          | II                     | 0.00         | Total DSEs                          |                | 11              | 0.00 |                          |
| Gross Receipts Third G  | roup     | <u> </u>               | 0.00         | Gross Receipts Fourth               | Group          | \$              | 0.00 |                          |
|   | :p*      |                        |              |                                     | -:- <b>~</b> P |                 |      |                          |
| Base Rate Fee Third G   | roup     | \$                     | 0.00         | Base Rate Fee Fourth                | Group          | \$              | 0.00 |                          |
|   |          | e fees for each subsci | iber group a | s shown in the boxes abo            | ove.           | \$              |      |                          |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  003838 |           |                                 |              |                                     |   |                   |                |                     |  |
|---|-----------|---------------------------------|--------------|-------------------------------------|---|-------------------|----------------|---------------------|--|
|   |           | COMPUTATION C<br>SUBSCRIBER GRO |              | NINI                                | E FEES FOR EACH SUBSCRIBER GROUP  NINETY-FOURTH SUBSCRIBER GROUP  COMMUNITY/ AREA |                   |                | 9                   |  |
|   |           |                                 |              |                                     |   |                   |                | Computation         |  |
| CALL SIGN   | DSE       | CALL SIGN                       | DSE          | CALL SIGN                           | DSE   | CALL SIGN         | DSE            | of<br>Base Rate Fee |  |
|   |           | <u> </u>                        | <u>-</u>     |                                     |   |                   |                | and                 |  |
|   |           |                                 |              |                                     |   |                   |                | Syndicated          |  |
|   |           | -                               |              |                                     |   |                   |                | Exclusivity         |  |
|   |           |                                 | <u></u>      |                                     |   |                   |                | Surcharge           |  |
|   |           | <del> </del>                    | <u> </u>     | -                                   |   |                   |                | for<br>Partially    |  |
|   | ···       | <del> </del>                    | -            |                                     |   |                   |                | Distant             |  |
|   |           |                                 |              |                                     |   |                   |                | Stations            |  |
|   |           |                                 |              |                                     |   |                   |                |                     |  |
|   |           |                                 | <u></u>      |                                     |   |                   |                |                     |  |
|   |           |                                 | -            |                                     |   |                   |                |                     |  |
|   |           |                                 |              |                                     |   |                   |                |                     |  |
|   |           |                                 |              |                                     |   |                   |                |                     |  |
| Total DSEs  |           |                                 | 0.00         | Total DSEs                          |   |                   | 0.00           |                     |  |
| Gross Receipts First Group \$ 0.00  |           |                                 | 0.00         | Gross Receipts Second Group \$ 0.00 |   |                   |                |                     |  |
|   |           |                                 |              |                                     |   |                   |                |                     |  |
| Base Rate Fee First G   |           | \$                              | 0.00         | Base Rate Fee Seco                  | -   | \$                | 0.00           |                     |  |
|   | ETY-FIFTH | SUBSCRIBER GRO                  |              | H                                   |   | I SUBSCRIBER GROL | JP<br><b>0</b> |                     |  |
| COMMUNITY/ AREA   |           |                                 | 0            | COMMUNITY/ AREA                     |   |                   |                |                     |  |
| CALL SIGN   | DSE       | CALL SIGN                       | DSE          | CALL SIGN                           | DSE   | CALL SIGN         | DSE            |                     |  |
|   |           |                                 | <u> </u>     |                                     |   |                   |                |                     |  |
|   |           |                                 |              |                                     |   |                   |                |                     |  |
|   |           |                                 | <u></u>      |                                     |   |                   |                |                     |  |
|   | ···       | <del></del>                     | -            |                                     |   |                   |                |                     |  |
|   |           |                                 |              |                                     |   |                   |                |                     |  |
|   |           |                                 |              |                                     |   |                   |                |                     |  |
|   |           |                                 |              |                                     |   |                   |                |                     |  |
|   |           |                                 | <u></u>      |                                     |   |                   |                |                     |  |
|   |           |                                 |              |                                     |   |                   |                |                     |  |
|   |           |                                 |              |                                     |   |                   |                |                     |  |
|   |           |                                 | <u> </u>     |                                     |   |                   |                |                     |  |
|   |           |                                 | <u></u>      |                                     |   |                   |                |                     |  |
| Total DSEs  |           |                                 | 0.00         | Total DSEs                          |   |                   | 0.00           |                     |  |
| Gross Receipts Third G  | Group     | \$                              | 0.00         | Gross Receipts Four                 | th Group  | \$                | 0.00           |                     |  |
| Base Rate Fee Third G   | Group     | \$                              | 0.00         | Base Rate Fee Four                  | th Group  | \$                | 0.00           |                     |  |
| Base Rate Fee: Add the Enter here and in block                            |           |                                 | iber group a | s shown in the boxes a              | bove.   | \$                |                |                     |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  003838 |          |   |              |                        |            |                                 |                |                     |  |
|---|----------|---|--------------|------------------------|------------|---------------------------------|----------------|---------------------|--|
|   |          | COMPUTATION O<br>SUBSCRIBER GRO           |              | ATE FEES FOR EAC       | ETY-EIGHTH | IBER GROUP<br>I SUBSCRIBER GROU | JP 0           | 9                   |  |
|   |          |   |              |                        |            |                                 |                | Computation         |  |
| CALL SIGN   | DSE      | CALL SIGN                                 | DSE          | CALL SIGN              | DSE        | CALL SIGN                       | DSE            | of<br>Base Rate Fee |  |
|   |          |   | <u> </u>     |                        | ·····      |                                 |                | and                 |  |
|   |          |   |              |                        |            |                                 |                | Syndicated          |  |
|   |          |   |              |                        |            |                                 |                | Exclusivity         |  |
|   |          |   |              |                        |            |                                 |                | Surcharge<br>for    |  |
|   |          |   | <u> </u>     |                        | ·····      |                                 |                | Partially           |  |
|   |          |   |              |                        |            |                                 |                | Distant             |  |
|   |          |   |              |                        |            |                                 |                | Stations            |  |
|   |          |   |              |                        |            |                                 |                |                     |  |
|   |          |   | <u> </u>     |                        |            |                                 |                |                     |  |
|   |          |   |              |                        |            |                                 |                |                     |  |
|   |          |   |              |                        |            |                                 |                |                     |  |
|   |          |   |              |                        |            |                                 |                |                     |  |
| Total DSEs  |          |   | 0.00         | Total DSEs             |            |                                 | 0.00           |                     |  |
| Gross Receipts First Group \$ 0.00  |          |   | 0.00         | Gross Receipts Seco    | ond Group  | \$                              | 0.00           |                     |  |
| Base Rate Fee First Gr  | oup      | \$  | 0.00         | Base Rate Fee Seco     | ond Group  | \$                              | 0.00           |                     |  |
|   | TY-NINTH | SUBSCRIBER GROU                           |              | 11                     |            | SUBSCRIBER GROU                 | JP<br><b>0</b> |                     |  |
| COMMUNITY/ AREA   |          |   | 0            | COMMUNITY/ AREA        |            |                                 |                |                     |  |
| CALL SIGN   | DSE      | CALL SIGN                                 | DSE          | CALL SIGN              | DSE        | CALL SIGN                       | DSE            |                     |  |
|   |          |   | <b></b>      |                        |            |                                 |                |                     |  |
|   |          |   |              |                        |            |                                 |                |                     |  |
|   |          |   |              |                        |            |                                 |                |                     |  |
|   |          |   |              |                        |            |                                 |                |                     |  |
|   |          |   | <u> </u>     |                        |            |                                 |                |                     |  |
|   |          |   |              |                        |            |                                 |                |                     |  |
|   |          |   |              |                        |            |                                 |                |                     |  |
|   |          |   |              |                        |            |                                 |                |                     |  |
|   |          |   |              |                        | ••••       |                                 |                |                     |  |
|   |          |   |              |                        |            |                                 |                |                     |  |
|   |          |   |              |                        |            |                                 |                |                     |  |
| Total DSEs  |          |   | 0.00         | Total DSEs             |            |                                 | 0.00           |                     |  |
| Gross Receipts Third G  | roup     | \$  | 0.00         | Gross Receipts Four    | th Group   | \$                              | 0.00           |                     |  |
| Base Rate Fee Third G   | roup     | \$  | 0.00         | Base Rate Fee Four     | th Group   | \$                              | 0.00           |                     |  |
|   |          | e fees for each subscr<br>pace L (page 7) | iber group a | s shown in the boxes a | bove.      | \$                              |                |                     |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  003838 |  |                                |             |                         |             |                               |      |                      |
|---|--|--------------------------------|-------------|-------------------------|-------------|-------------------------------|------|----------------------|
|   |  | COMPUTATION OF SUBSCRIBER GROU |             | ONE HUNDR               | ED SECOND   | IBER GROUP<br>SUBSCRIBER GROU | JP 0 | 9                    |
|   |  |                                |             |                         |             |                               |      | Computation          |
| CALL SIGN   | DSE  | CALL SIGN                      | DSE         | CALL SIGN               | DSE         | CALL SIGN                     | DSE  | of                   |
|   |  |                                |             |                         |             |                               |      | Base Rate Fee and    |
|   | <u>.                                    </u> |                                | <u> </u>    |                         | ····        |                               |      | Syndicated           |
|   |  |                                |             |                         |             |                               |      | Exclusivity          |
|   |  |                                |             |                         |             |                               |      | Surcharge            |
|   | <mark></mark>                                |                                |             |                         |             |                               |      | for                  |
|   |  |                                | <u> </u>    |                         |             |                               |      | Partially<br>Distant |
|   |  |                                |             |                         |             |                               |      | Stations             |
|   |  |                                |             |                         |             |                               |      |                      |
|   | <mark></mark>                                |                                |             |                         |             |                               |      |                      |
|   | <u>-</u>                                     |                                | <b></b>     |                         |             |                               |      |                      |
|   | <del></del>                                  |                                | <u> </u>    |                         | <del></del> |                               |      |                      |
|   |  |                                |             |                         |             |                               |      |                      |
| Total DSEs  |  |                                | 0.00        | Total DSEs              |             |                               | 0.00 |                      |
| Gross Receipts First Gro  | oup  | \$                             | 0.00        | Gross Receipts Seco     | nd Group    | \$                            | 0.00 |                      |
| ·   | •  |                                |             |                         | •           |                               |      |                      |
| Base Rate Fee First Gro   | oup  | \$                             | 0.00        | Base Rate Fee Seco      | nd Group    | \$                            | 0.00 |                      |
| ONE HUNDRI  | ED THIRD                                     | SUBSCRIBER GROU                | JP          | ONE HUNDR               | ED FOURTH   | I SUBSCRIBER GROU             | JP   |                      |
| COMMUNITY/ AREA   |  |                                | 0           | COMMUNITY/ AREA         |             |                               | 0    |                      |
| CALL SIGN   | DSE  | CALL SIGN                      | DSE         | CALL SIGN               | DSE         | CALL SIGN                     | DSE  |                      |
|   | <u></u>                                      |                                |             |                         |             |                               |      |                      |
|   | <u></u>                                      |                                |             |                         |             |                               |      |                      |
|   |  |                                |             |                         |             |                               |      |                      |
|   |  |                                |             |                         |             |                               |      |                      |
|   |  |                                |             |                         |             |                               |      |                      |
|   |  |                                | ·           |                         | ····        |                               |      |                      |
|   |  |                                |             |                         |             |                               |      |                      |
|   | <u>.</u>                                     |                                |             |                         |             |                               |      |                      |
|   | <u> </u>                                     |                                | <u> </u>    |                         |             |                               |      |                      |
|   | <u>.                                    </u> |                                |             |                         |             |                               |      |                      |
|   |  |                                |             |                         |             |                               |      |                      |
|   |  |                                |             |                         |             |                               |      |                      |
| Total DSEs  |  |                                | 0.00        | Total DSEs              |             |                               | 0.00 |                      |
| Gross Receipts Third G  | roup   | \$                             | 0.00        | Gross Receipts Fourt    | th Group    | \$                            | 0.00 |                      |
| Base Rate Fee Third G   | roup   | \$                             | 0.00        | Base Rate Fee Fourt     | th Group    | \$                            | 0.00 |                      |
| Base Rate Fee: Add the Enter here and in block                            |  |                                | ber group a | s shown in the boxes al | oove.       | \$                            |      |                      |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  003838 |               |                                  |             |                        |            |  |      |                      |
|---|---------------|----------------------------------|-------------|------------------------|------------|--|------|----------------------|
|   |               | COMPUTATION O<br>SUBSCRIBER GROU |             | ONE HUN                | DRED SIXTH | IBER GROUP<br>I SUBSCRIBER GROU                  | JP 0 | 9                    |
| oommonn 1, , a.e., c  |               |                                  |             | OCIVIIVOTAT 1774 (L)   |            |  |      | Computation          |
| CALL SIGN   | DSE           | CALL SIGN                        | DSE         | CALL SIGN              | DSE        | CALL SIGN  | DSE  | of                   |
|   |               |                                  | <u> </u>    |                        |            |  |      | Base Rate Fee and    |
|   |               |                                  |             |                        |            | <del>                                     </del> |      | Syndicated           |
|   |               |                                  |             |                        |            |  |      | Exclusivity          |
|   |               |                                  |             |                        |            |  |      | Surcharge            |
|   |               |                                  |             |                        |            |  |      | for                  |
|   | <mark></mark> |                                  | <u> </u>    |                        |            |  |      | Partially<br>Distant |
|   |               |                                  |             |                        |            |  |      | Stations             |
|   |               |                                  |             |                        |            |  |      |                      |
|   | <u>-</u>      |                                  | <u>.</u>    |                        |            |  |      |                      |
|   | <u>.</u>      |                                  | <u> </u>    |                        |            |  |      |                      |
|   |               |                                  |             |                        |            |  |      |                      |
|   |               |                                  |             |                        |            |  |      |                      |
| Total DSEs  |               |                                  | 0.00        | Total DSEs             |            |  | 0.00 |                      |
| Gross Receipts First Gro  | oup           | \$                               | 0.00        | Gross Receipts Seco    | and Group  | \$   | 0.00 |                      |
| •   | •             |                                  |             |                        | •          |  |      |                      |
| Base Rate Fee First Gro   | oup           | \$                               | 0.00        | Base Rate Fee Seco     | ond Group  | \$   | 0.00 |                      |
| ONE HUNDRED   | SEVENTH       | SUBSCRIBER GROU                  | JP          | ONE HUND               | RED EIGHTH | SUBSCRIBER GROU                                  | JP   |                      |
| COMMUNITY/ AREA   |               |                                  | 0           | COMMUNITY/ AREA        |            |  | 0    |                      |
| CALL SIGN   | DSE           | CALL SIGN                        | DSE         | CALL SIGN              | DSE        | CALL SIGN  | DSE  |                      |
|   |               |                                  |             |                        |            |  |      |                      |
|   |               |                                  | ·           |                        |            |  |      |                      |
|   |               |                                  |             |                        |            |  |      |                      |
|   |               |                                  |             |                        |            |  |      |                      |
|   | <u> </u>      |                                  | <u> </u>    |                        |            |  |      |                      |
|   |               |                                  |             |                        |            | <del>                                     </del> |      |                      |
|   |               |                                  |             |                        |            |  |      |                      |
|   | <u>.</u>      |                                  |             |                        |            |  |      |                      |
|   | <mark></mark> |                                  |             |                        |            |  |      |                      |
|   | <u> </u>      |                                  |             |                        |            |  |      |                      |
|   |               |                                  |             |                        |            |  |      |                      |
|   |               |                                  |             |                        |            |  |      |                      |
| Total DSEs  |               |                                  | 0.00        | Total DSEs             |            |  | 0.00 |                      |
| Gross Receipts Third G  | roup          | \$                               | 0.00        | Gross Receipts Four    | th Group   | \$   | 0.00 |                      |
| Base Rate Fee Third G   | roup          | \$                               | 0.00        | Base Rate Fee Four     | th Group   | \$   | 0.00 |                      |
| Base Rate Fee: Add the Enter here and in block                            |               |                                  | ber group a | s shown in the boxes a | bove.      | \$   |      |                      |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  003838 |                                   |                |               |                         |           |                 |      |                      |
|---|-----------------------------------|----------------|---------------|-------------------------|-----------|-----------------|------|----------------------|
| -   | BLOCK A:                          | COMPUTATION O  | F BASE RA     | ATE FEES FOR EAC        | H SUBSCR  | BER GROUP       |      |                      |
| ONE HUNDR   | ED NINTH                          | SUBSCRIBER GRO | UP            | ONE HUND                | RED TENTH | SUBSCRIBER GROU | JP   | •                    |
| COMMUNITY/ AREA   |                                   |                | 0             | COMMUNITY/ AREA         |           |                 | 0    | <b>9</b> Computation |
| CALL SIGN   | DSE                               | CALL SIGN      | DSE           | CALL SIGN               | DSE       | CALL SIGN       | DSE  | of                   |
|   |                                   |                |               |                         |           |                 |      | Base Rate Fee        |
|   |                                   |                |               |                         |           |                 |      | and                  |
|   |                                   |                |               |                         |           |                 |      | Syndicated           |
|   |                                   | -              |               |                         |           |                 |      | Exclusivity          |
|   |                                   |                |               |                         |           |                 |      | Surcharge            |
|   | <mark></mark>                     |                |               |                         | <u>.</u>  |                 |      | for                  |
|   |                                   |                |               |                         |           |                 |      | Partially            |
|   | <del></del>                       |                |               |                         |           |                 |      | Distant              |
|   |                                   |                |               |                         |           |                 |      | Stations             |
|   |                                   |                |               |                         | ·····     | -               |      |                      |
|   |                                   |                | <del>-</del>  |                         |           |                 |      |                      |
|   | <mark></mark>                     |                | <del></del>   |                         |           |                 |      |                      |
|   | ···                               |                | +             |                         |           |                 | ···· |                      |
|   | ···                               |                | <del></del>   |                         | ····      |                 |      |                      |
| Total DSEs  |                                   |                | 0.00          | Total DSEs              |           |                 | 0.00 |                      |
| Gross Receipts First G  | oup                               | \$             | 0.00          | Gross Receipts Secon    | nd Group  | \$              | 0.00 |                      |
|   |                                   |                |               |                         |           |                 | 1    |                      |
| Base Rate Fee First G   | roup                              | \$             | 0.00          | Base Rate Fee Secon     | nd Group  | \$              | 0.00 |                      |
| ONE HUNDRED E   | LEVENTH                           | SUBSCRIBER GRO | UP            | ONE HUNDRE              | D TWELVTH | SUBSCRIBER GROU | JP   |                      |
| COMMUNITY/ AREA   |                                   |                | 0             | COMMUNITY/ AREA         |           |                 | 0    |                      |
| CALL SIGN   | DSE                               | CALL SIGN      | DSE           | CALL SIGN               | DSE       | CALL SIGN       | DSE  |                      |
|   |                                   |                |               |                         |           |                 |      |                      |
|   |                                   |                |               |                         |           |                 |      |                      |
|   |                                   |                |               |                         |           |                 |      |                      |
|   |                                   |                |               |                         |           |                 |      |                      |
|   |                                   |                |               |                         |           |                 |      |                      |
|   |                                   |                |               |                         |           |                 |      |                      |
|   |                                   |                |               |                         |           |                 |      |                      |
|   |                                   |                |               |                         |           |                 |      |                      |
|   | <mark></mark>                     |                |               |                         |           |                 |      |                      |
|   | <mark></mark>                     |                | <del>-</del>  |                         | <u> </u>  | -               |      |                      |
|   |                                   |                | <del>-</del>  |                         |           | H               |      |                      |
|   | <mark></mark>                     |                | <del></del>   |                         |           | -               |      |                      |
|   |                                   |                | <del></del>   |                         |           |                 |      |                      |
|   |                                   |                |               |                         |           |                 |      |                      |
| Total DSEs  | 1                                 |                | 0.00          | Total DSEs              |           |                 | 0.00 |                      |
| Gross Receipts Third G  | iroup                             | \$             | 0.00          | Gross Receipts Fourt    | h Group   | \$              | 0.00 |                      |
|   | uss receipts i nira Group \$ 0.00 |                |               |                         |           | ·               |      |                      |
| Base Rate Fee Third G   | iroup                             | \$             | 0.00          | Base Rate Fee Fourt     | h Group   | \$              | 0.00 |                      |
| e Rate Fee: Add ther here and in block                                    |                                   |                | riber group a | s shown in the boxes ab | oove.     | \$              |      |                      |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  003838 |              |                 |              |                         |           |                 |      | Name                     |
|---|--------------|-----------------|--------------|-------------------------|-----------|-----------------|------|--------------------------|
|   |              |                 |              | ATE FEES FOR EACH       | H SUBSCR  | IBER GROUP      |      |                          |
| ONE HUNDRED TH  | IIRTEENTH    | SUBSCRIBER GROU | JP           | ONE HUNDRED FO          | URTEENTH  | SUBSCRIBER GROU | JP   | ^                        |
| COMMUNITY/ AREA   |              |                 | 0            | COMMUNITY/ AREA         |           |                 | 0    | 9<br>Computation         |
| CALL SIGN   | DSE          | CALL SIGN       | DSE          | CALL SIGN               | DSE       | CALL SIGN       | DSE  | of                       |
|   |              |                 |              |                         |           |                 |      | Base Rate Fee            |
|   |              |                 | <u> </u>     |                         |           | -               |      | and                      |
|   |              |                 | <u> </u>     |                         |           |                 |      | Syndicated               |
|   |              |                 | <del></del>  |                         |           | H               |      | Exclusivity<br>Surcharge |
|   |              |                 |              |                         |           | -               |      | for                      |
|   |              |                 | <u> </u>     |                         |           |                 |      | Partially                |
|   |              |                 |              |                         |           |                 |      | Distant                  |
|   |              |                 |              |                         |           |                 |      | Stations                 |
|   |              |                 |              |                         |           |                 |      |                          |
|   |              |                 | <u> </u>     |                         |           |                 |      |                          |
|   |              |                 |              |                         |           |                 |      |                          |
|   |              |                 |              |                         |           |                 |      |                          |
|   |              |                 | <u> </u>     |                         |           |                 |      |                          |
| Total DSEs  |              |                 | 0.00         | Total DSEs              |           |                 | 0.00 |                          |
| Gross Receipts First G  | iroun        | <u> </u>        | 0.00         | Gross Receipts Secon    | nd Group  | \$              | 0.00 |                          |
| Cross Neceiple First C  | поир         | 4               | 0.00         | Gross Neceipts decor    | ій Огойр  |                 | 0.00 |                          |
| Base Rate Fee First G   | roup         | \$              | 0.00         | Base Rate Fee Secon     | nd Group  | \$              | 0.00 |                          |
| ONE HUNDRED I   | IFTEENTH     | SUBSCRIBER GROU | JP           | ONE HUNDRED             | SIXTEENTH | SUBSCRIBER GROU | JP   |                          |
| COMMUNITY/ AREA   |              |                 | 0            | COMMUNITY/ AREA         |           |                 | 0    |                          |
| CALL SIGN   | DSE          | CALL SIGN       | DSE          | CALL SIGN               | DSE       | CALL SIGN       | DSE  |                          |
|   |              |                 |              |                         |           |                 |      |                          |
|   |              |                 |              |                         |           |                 |      |                          |
|   |              |                 | <u> </u>     |                         |           | -               |      |                          |
|   | ····         |                 | <u> </u>     |                         |           | -               |      |                          |
|   | ·····        |                 | <del></del>  |                         |           |                 |      |                          |
|   | ····         |                 | <u>-</u>     |                         | ••••      | <del> </del>    |      |                          |
|   | ••••         |                 | <u> </u>     |                         |           |                 |      |                          |
|   |              |                 |              |                         |           |                 |      |                          |
|   |              |                 |              |                         |           |                 |      |                          |
|   |              |                 |              |                         |           |                 |      |                          |
|   |              |                 | <u> </u>     |                         |           | -               |      |                          |
|   |              |                 | <u></u>      |                         |           |                 |      |                          |
|   |              |                 | <del></del>  |                         |           |                 |      |                          |
| Total DSEs  |              | 11              | 0.00         | Total DSEs              |           | 11              | 0.00 |                          |
| Gross Receipts Third  | Group        | \$              | 0.00         | Gross Receipts Fourth   | h Group   | \$              | 0.00 |                          |
| C.000 NOOOIPIO TIIIIU   | о <b>ч</b> р |                 | <u> </u>     | Sisso rescipts i suiti  | . Олоцр   | <del>*</del>    |      |                          |
| Base Rate Fee Third   | Group        | \$              | 0.00         | Base Rate Fee Fourth    | n Group   | \$              | 0.00 |                          |
| Base Rate Fee: Add t<br>Enter here and in bloc                            |              |                 | iber group a | s shown in the boxes ab | ove.      | \$              |      |                          |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  003838 |                                   |                |               |                        |  |            |      |                      |
|---|-----------------------------------|----------------|---------------|------------------------|--|------------|------|----------------------|
| ONE HUNDRED SEVE  |                                   |                | )             | Ħ                      | EIGHTEENTH                             | IBER GROUP |      | 9                    |
| COMMUNITY/ AREA   |                                   |                | 0             | COMMUNITY/ AREA        | 4                                      |            | 0    | Computation          |
| CALL SIGN   | DSE                               | CALL SIGN      | DSE           | CALL SIGN              | DSE                                    | CALL SIGN  | DSE  | of                   |
|   |                                   |                | <u> </u>      |                        |  |            |      | Base Rate Fee        |
|   | <u> </u>                          |                | <u></u>       |                        |  |            |      | and<br>Syndicated    |
|   |                                   |                |               |                        |  |            |      | Exclusivity          |
|   |                                   |                |               |                        |  |            |      | Surcharge            |
|   |                                   |                | <u> </u>      |                        |  |            |      | for                  |
|   |                                   |                |               |                        |  |            |      | Partially<br>Distant |
|   |                                   |                |               |                        |  |            |      | Stations             |
|   |                                   |                |               |                        |  |            |      |                      |
|   |                                   |                |               |                        |  |            |      |                      |
|   | <u>-</u>                          |                | <del>-</del>  |                        |  |            |      |                      |
|   |                                   |                |               |                        |  |            |      |                      |
|   |                                   |                |               |                        |  |            |      |                      |
| Total DSEs  |                                   |                | 0.00          | Total DSEs             |  |            | 0.00 |                      |
| Gross Receipts First Gro  | ross Receipts First Group \$ 0.00 |                |               |                        | ond Group                              | \$         | 0.00 |                      |
| Base Rate Fee First Gro   | oup                               | \$             | 0.00          | Base Rate Fee Sec      | ond Group                              | \$         | 0.00 |                      |
|   | NTEENTH                           | SUBSCRIBER GRO |               | Ħ                      | ONE HUNDRED TWENTIETH SUBSCRIBER GROUP |            |      |                      |
| COMMUNITY/ AREA   |                                   |                | 0             | COMMUNITY/ ARE         | 4                                      |            | 0    |                      |
| CALL SIGN   | DSE                               | CALL SIGN      | DSE           | CALL SIGN              | DSE                                    | CALL SIGN  | DSE  |                      |
|   |                                   |                |               |                        |  |            |      |                      |
|   |                                   |                |               |                        |  |            |      |                      |
|   |                                   |                |               |                        |  |            |      |                      |
|   | <u></u>                           |                | <u>-</u>      |                        |  |            |      |                      |
|   |                                   |                |               |                        | •••••                                  |            |      |                      |
|   |                                   |                |               |                        |  |            |      |                      |
|   |                                   |                |               |                        |  |            |      |                      |
|   |                                   |                | <u>-</u>      |                        |  |            |      |                      |
|   |                                   |                | <u> </u>      |                        |  |            |      |                      |
|   |                                   |                |               |                        |  |            |      |                      |
|   |                                   |                |               |                        |  |            |      |                      |
|   |                                   |                |               |                        |  |            |      |                      |
| Total DSEs  |                                   |                | 0.00          | Total DSEs             |  |            | 0.00 |                      |
| Gross Receipts Third G  | roup                              | <u>\$</u>      | 0.00          | Gross Receipts Fou     | th Group                               | \$         | 0.00 |                      |
| Base Rate Fee Third Gr  | roup                              | \$             | 0.00          | Base Rate Fee Foun     | th Group                               | \$         | 0.00 |                      |
| Base Rate Fee: Add the Enter here and in block                            |                                   |                | riber group a | s shown in the boxes a | bove.                                  | \$         |      |                      |

| Name                   | LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  003838 |                     |                     |   |               |                     |            |  |  |
|------------------------|---|---------------------|---------------------|---|---------------|---------------------|------------|--|--|
|                        |   |                     |                     | TE FEES FOR EACH  |               |                     |            |  |  |
| 9                      |   | SUBSCRIBER GROUP    | Y-SECOND            | H   |               | SUBSCRIBER GROUP    | ENTY-FIRST |  |  |
| Computat               | 0   |                     |                     | COMMUNITY/ AREA   | 0             |                     |            | COMMUNITY/ AREA  |  |
| of                     | DSE   | CALL SIGN           | DSE                 | CALL SIGN   | DSE           | CALL SIGN           | DSE        | CALL SIGN  |  |
| Base Rate              |   |                     |                     |   |               | -                   |            |  |  |
| and                    |   |                     |                     |   |               |                     |            |  |  |
| Syndicate<br>Exclusive |   |                     |                     |   |               |                     |            |  |  |
| Surcharg               |   |                     |                     |   |               |                     |            |  |  |
| for                    |   |                     |                     |   |               |                     |            |  |  |
| Partially              |   |                     |                     |   |               |                     |            |  |  |
| Distant                |   |                     |                     |   |               | -                   |            |  |  |
| Stations               |   |                     |                     |   | <u></u>       |                     |            |  |  |
|                        |   |                     |                     |   | <mark></mark> |                     | <u></u>    |  |  |
|                        |   |                     |                     |   |               |                     |            |  |  |
|                        |   |                     |                     |   |               |                     |            |  |  |
|                        |   |                     |                     |   |               |                     |            |  |  |
|                        |   |                     |                     |   |               |                     |            |  |  |
|                        | 0.00  |                     |                     | Total DSEs  | 0.00          |                     |            | Total DSEs   |  |
|                        |   |                     |                     |   | 0.00          |                     |            |  |  |
|                        | 0.00  | \$                  | Group               | Gross Receipts Secor  |               | Ψ.                  | iroup      | gross Receipts First G                                 |  |
|                        |   | \$                  | Group               | Gross Receipts Secor  |               |                     | iroup      | iross Receipis Filsi G                                 |  |
|                        |   | \$                  | ·                   | Gross Receipts Secon  | 0.00          | \$                  |            |  |  |
|                        | 0.00  |                     | Group               | Base Rate Fee Secon   | 0.00          |                     | iroup      | Sase Rate Fee First G                                  |  |
|                        | 0.00  | \$                  | Group               | Base Rate Fee Secon   | 0.00          | \$                  | iroup      | Sase Rate Fee First G                                  |  |
|                        | 0.00  | \$                  | Group               | Base Rate Fee Secon   | 0.00          | \$                  | iroup      | Base Rate Fee First G                                  |  |
|                        | 0.00  | \$ SUBSCRIBER GROUP | Group<br>Y-FOURTH   | Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA                          | 0.00          | \$ SUBSCRIBER GROUP | NTY-THIRD  | Base Rate Fee First G ONE HUNDRED TWE COMMUNITY/ AREA  |  |
|                        | 0.00  | \$ SUBSCRIBER GROUP | Group<br>Y-FOURTH   | Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA                          | 0.00          | \$ SUBSCRIBER GROUP | NTY-THIRD  | ONE HUNDRED TWE  |  |
|                        | 0.00  | \$ SUBSCRIBER GROUP | Group<br>Y-FOURTH   | Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA                          | 0.00          | \$ SUBSCRIBER GROUP | NTY-THIRD  | Base Rate Fee First G ONE HUNDRED TWE COMMUNITY/ AREA  |  |
|                        | 0.00  | \$ SUBSCRIBER GROUP | Group<br>Y-FOURTH   | Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA                          | 0.00          | \$ SUBSCRIBER GROUP | NTY-THIRD  | Base Rate Fee First G ONE HUNDRED TWE COMMUNITY/ AREA  |  |
|                        | 0.00  | \$ SUBSCRIBER GROUP | Group<br>Y-FOURTH   | Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA                          | 0.00          | \$ SUBSCRIBER GROUP | NTY-THIRD  | Base Rate Fee First G ONE HUNDRED TWE COMMUNITY/ AREA  |  |
|                        | 0.00  | \$ SUBSCRIBER GROUP | Group<br>Y-FOURTH   | Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA                          | 0.00          | \$ SUBSCRIBER GROUP | NTY-THIRD  | Base Rate Fee First G ONE HUNDRED TWE COMMUNITY/ AREA  |  |
|                        | 0.00  | \$ SUBSCRIBER GROUP | Group<br>Y-FOURTH   | Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA                          | 0.00          | \$ SUBSCRIBER GROUP | NTY-THIRD  | Base Rate Fee First G ONE HUNDRED TWE COMMUNITY/ AREA  |  |
|                        | 0.00  | \$ SUBSCRIBER GROUP | Group<br>Y-FOURTH   | Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA                          | 0.00          | \$ SUBSCRIBER GROUP | NTY-THIRD  | Base Rate Fee First G ONE HUNDRED TWE COMMUNITY/ AREA  |  |
|                        | 0.00  | \$ SUBSCRIBER GROUP | Group<br>Y-FOURTH   | Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA                          | 0.00          | \$ SUBSCRIBER GROUP | NTY-THIRD  | Base Rate Fee First G ONE HUNDRED TWE COMMUNITY/ AREA  |  |
|                        | 0.00  | \$ SUBSCRIBER GROUP | Group<br>Y-FOURTH   | Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA                          | 0.00          | \$ SUBSCRIBER GROUP | NTY-THIRD  | Base Rate Fee First G ONE HUNDRED TWE COMMUNITY/ AREA  |  |
|                        | 0.00  | \$ SUBSCRIBER GROUP | Group<br>Y-FOURTH   | Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA                          | 0.00          | \$ SUBSCRIBER GROUP | NTY-THIRD  | Base Rate Fee First G ONE HUNDRED TWE COMMUNITY/ AREA  |  |
|                        | 0.00  | \$ SUBSCRIBER GROUP | Group<br>Y-FOURTH   | Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA                          | 0.00          | \$ SUBSCRIBER GROUP | NTY-THIRD  | Base Rate Fee First G ONE HUNDRED TWE COMMUNITY/ AREA  |  |
|                        | 0.00  0.00  DSE   | \$ SUBSCRIBER GROUP | Group<br>Y-FOURTH   | Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA  CALL SIGN               | 0.00          | \$ SUBSCRIBER GROUP | NTY-THIRD  | ONE HUNDRED TWE COMMUNITY/ AREA  CALL SIGN             |  |
|                        | 0.00  0.00  DSE   | \$ SUBSCRIBER GROUP | Group Y-FOURTH  DSE | Base Rate Fee Secon  ONE HUNDRED TWEN  COMMUNITY/ AREA  CALL SIGN  Total DSEs | 0.00          | \$ SUBSCRIBER GROUP | DSE        | ONE HUNDRED TWE COMMUNITY/ AREA  CALL SIGN  Fotal DSEs |  |
|                        | 0.00  0.00  DSE   | \$ SUBSCRIBER GROUP | Group Y-FOURTH  DSE | Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA  CALL SIGN               | 0.00          | \$ SUBSCRIBER GROUP | DSE        | ONE HUNDRED TWE COMMUNITY/ AREA  CALL SIGN             |  |

| Name                | LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  003838 |                            |  |                      |  |                                   |           |                                   |  |
|---------------------|---|----------------------------|--|----------------------|--|-----------------------------------|-----------|-----------------------------------|--|
| ^                   |   | BER GROUP SUBSCRIBER GROUP |  | TE FEES FOR EACH     |  | COMPUTATION O<br>SUBSCRIBER GROUF |           |                                   |  |
| 9<br>Computatio     | 0   |                            |  | COMMUNITY/ AREA      | 0  |                                   |           | COMMUNITY/ AREA                   |  |
| of                  | DSE   | CALL SIGN                  | DSE                                    | CALL SIGN            | DSE  | CALL SIGN                         | DSE       | CALL SIGN                         |  |
| Base Rate F         |   |                            |  |                      |  |                                   |           |                                   |  |
| and<br>Syndicated   |   |                            |  |                      |  |                                   | ····      |                                   |  |
| Exclusivity         |   |                            | ······································ |                      |  |                                   |           |                                   |  |
| Surcharge           |   |                            |  |                      |  |                                   |           |                                   |  |
| for                 |   |                            |  |                      |  |                                   |           |                                   |  |
| Partially           |   |                            |  |                      |  |                                   |           |                                   |  |
| Distant<br>Stations |   |                            |  |                      | <u> </u>                                     |                                   |           |                                   |  |
|                     |   |                            | ••••••••••                             |                      |  |                                   |           |                                   |  |
|                     |   |                            |  |                      |  |                                   |           |                                   |  |
|                     |   |                            |  |                      | ļ  |                                   |           |                                   |  |
|                     |   |                            |  |                      | <b> </b>                                     |                                   |           |                                   |  |
|                     |   |                            |  |                      | <u>.                                    </u> |                                   |           |                                   |  |
|                     | 0.00  |                            |  | Total DSEs           | 0.00   |                                   |           | otal DSEs                         |  |
|                     | 0.00  | \$                         | d Group                                | Gross Receipts Secor | 0.00   | \$                                | roup      | Gross Receipts First G            |  |
|                     | 0.00  | \$                         | d Group                                | Base Rate Fee Secon  | 0.00   | \$                                | iroup     | Base Rate Fee First G             |  |
|                     |   | SUBSCRIBER GROUP           | NTY-EIGHTH                             | i i                  |  | SUBSCRIBER GROUP                  | Y-SEVENTH | NE HUNDRED TWENT                  |  |
|                     | 0   |                            |  | COMMUNITY/ AREA      | 0  |                                   |           | COMMUNITY/ AREA                   |  |
|                     |   |                            |  |                      |  | CALL SIGN                         | DSE       | CALL SIGN                         |  |
|                     | DSE   | CALL SIGN                  | DSF                                    | CALLSIGN             | I DSE  |                                   | DOL       | Of REE GIGIT                      |  |
|                     | DSE   | CALL SIGN                  | DSE                                    | CALL SIGN            | DSE  |                                   |           |                                   |  |
|                     | DSE   | CALL SIGN                  | DSE                                    | CALL SIGN            | DSE  |                                   |           |                                   |  |
|                     | DSE   | CALL SIGN                  | DSE                                    | CALL SIGN            | DSE  |                                   |           |                                   |  |
|                     | DSE   | CALL SIGN                  | DSE                                    | CALL SIGN            | DSE  |                                   |           |                                   |  |
|                     | DSE   | CALL SIGN                  | DSE                                    | CALL SIGN            | DSE  |                                   |           |                                   |  |
|                     | DSE   | CALL SIGN                  | DSE                                    | CALL SIGN            | DSE  |                                   |           |                                   |  |
|                     | DSE   | CALL SIGN                  | DSE                                    | CALL SIGN            | DSE  |                                   |           |                                   |  |
|                     | DSE   | CALL SIGN                  | DSE                                    | CALL SIGN            | DSE  |                                   |           |                                   |  |
|                     | DSE   | CALL SIGN                  | DSE                                    | CALL SIGN            | DSE  |                                   |           |                                   |  |
|                     | DSE   | CALL SIGN                  | DSE                                    | CALL SIGN            | DSE  |                                   |           |                                   |  |
|                     | DSE   | CALL SIGN                  | DSE                                    | CALL SIGN            | DSE  |                                   |           |                                   |  |
|                     | DSE   | CALL SIGN                  | DSE                                    | CALL SIGN            | DSE  |                                   |           |                                   |  |
|                     | DSE   | CALL SIGN                  | DSE                                    | Total DSEs           | 0.00   |                                   |           | Fotal DSEs                        |  |
|                     |   | CALL SIGN                  |  |                      |  | \$                                | Group     | Total DSEs Gross Receipts Third ( |  |

| BIBER GROUP  O Computation of Base Rate F and Syndicated Exclusivity Surcharge for Partially Distant Stations  O.00  O.00  O.000  Diber Group O.00 |                    | LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  003838 |                       |      |                  |           |                         |  |  |
|--|--------------------|---|-----------------------|------|------------------|-----------|-------------------------|--|--|
| O Computation of Base Rate F and Syndicated Exclusivity Surcharge for Partially Distant Stations  O.00  O.00  O.00  O.00  O.00  O.00  O.00         | CLIDECDIDED CDOLLD |   | TE FEES FOR EACH      |      |                  |           |                         |  |  |
| Computation of Base Rate F and Syndicated Exclusivity Surcharge for Partially Distant Stations  0.00 0.00 0.00 0.00 0.00                           | SUBSCRIBER GROUP   | THIRTIETH   | ii                    |      | SUBSCRIBER GROUP | NTY-NINTH |                         |  |  |
| SIGN DSE of Base Rate F and Syndicated Exclusivity Surcharge for Partially Distant Stations  0.00 0.00 0.00 0.00                                   |                    |   | COMMUNITY/ AREA       | 0    |                  |           | COMMUNITY/ AREA         |  |  |
| and Syndicated Exclusivity Surcharge for Partially Distant Stations  0.00 0.00 0.00  0.00  | CALL SIGN          | DSE   | CALL SIGN             | DSE  | CALL SIGN        | DSE       | CALL SIGN               |  |  |
| Syndicated Exclusivity Surcharge for Partially Distant Stations  0.00 0.00 0.00  |                    |   |                       |      |                  |           |                         |  |  |
| D.00  O.00  O.00  O.00  O.00  O.00  O.00  O.00  O.00  O.00  O.00  O.00  O.00   |                    |   |                       |      |                  |           |                         |  |  |
| O.00 O.00 O.00 UBER GROUP O  |                    |   |                       |      |                  |           |                         |  |  |
| O.00 O.00 O.00 O.00 O.00 O.00 O.00 O.00  |                    | <u></u>   |                       |      |                  |           |                         |  |  |
| 0.00 0.00 0.00 0.00 0.00   |                    | <u> </u>  |                       |      |                  | <u></u>   |                         |  |  |
| 0.00<br>0.00<br>0.00<br>0.00   |                    |   |                       |      |                  |           |                         |  |  |
| 0.00<br>0.00<br>0.00<br>0.00   |                    |   |                       |      |                  |           |                         |  |  |
| 0.00  0.00  DIBER GROUP  0   |                    |   |                       |      |                  |           |                         |  |  |
| 0.00  0.00  DIBER GROUP  0   |                    |   |                       |      |                  |           |                         |  |  |
| 0.00  0.00  DIBER GROUP  0   |                    |   |                       |      | -                |           |                         |  |  |
| 0.00  0.00  DIBER GROUP  0   |                    |   |                       |      |                  |           |                         |  |  |
| 0.00  0.00  DIBER GROUP  0   |                    |   |                       |      |                  |           |                         |  |  |
| 0.00  0.00  DIBER GROUP  0   |                    |   |                       |      |                  |           |                         |  |  |
| 0.00  BIBER GROUP  0   |                    |   | Total DSEs            | 0.00 |                  |           | otal DSEs               |  |  |
| DIBER GROUP  | \$                 | d Group   | Gross Receipts Secor  | 0.00 | \$               | oup       | Gross Receipts First Gr |  |  |
| DIBER GROUP  |                    |   |                       |      |                  |           |                         |  |  |
| 0  | \$                 | d Group   | Base Rate Fee Secon   | 0.00 | \$               | oup       | ase Rate Fee First Gr   |  |  |
|  | SUBSCRIBER GROUP   | TY-SECOND   |                       |      | SUBSCRIBER GROUP | RTY-FIRST |                         |  |  |
| SIGN DSE   |                    |   | COMMUNITY/ AREA       | 0    |                  |           | OMMUNITY/ AREA          |  |  |
|  | CALL SIGN          | DSE   | CALL SIGN             | DSE  | CALL SIGN        | DSE       | CALL SIGN               |  |  |
|  |                    |   |                       |      |                  |           |                         |  |  |
|  |                    |   |                       |      |                  |           |                         |  |  |
|  |                    |   |                       |      |                  |           |                         |  |  |
|  |                    |   |                       |      |                  |           |                         |  |  |
|  |                    |   |                       |      |                  |           |                         |  |  |
|  |                    |   |                       |      |                  |           |                         |  |  |
|  |                    |   |                       |      |                  |           |                         |  |  |
|  |                    |   |                       |      |                  |           |                         |  |  |
|  |                    |   |                       |      |                  |           |                         |  |  |
|  |                    |   |                       |      |                  |           |                         |  |  |
|  |                    |   |                       |      |                  |           |                         |  |  |
|  |                    |   |                       |      |                  |           |                         |  |  |
| 0.00   |                    |   | Total DSEs            | 0.00 |                  |           | otal DSEs               |  |  |
| 0.00   | \$                 | Group   | Gross Receipts Fourth | 0.00 | \$               | roup      | Gross Receipts Third G  |  |  |
| 0.00   |                    |   | Base Rate Fee Fourth  | 0.00 | \$               | roup      | Base Rate Fee Third G   |  |  |

|             | •                                       |                             |           | TE FEES FOR EACH  | - DAOF DA        | COMPUTATION                  |                       |  |  |
|-------------|---|-----------------------------|-----------|---|------------------|------------------------------|-----------------------|--|--|
|             |   |                             |           |   |                  |                              |                       |  |  |
| 9           |   | SUBSCRIBER GROUP            | TY-FOURTH |   |                  | SUBSCRIBER GROUP             | RTY-THIRD             |  |  |
| Computation | 0                                       |                             |           | COMMUNITY/ AREA   | 0                |                              |                       | COMMUNITY/ AREA  |  |
| of          | DSE                                     | CALL SIGN                   | DSE       | CALL SIGN   | DSE              | CALL SIGN                    | DSE                   | CALL SIGN  |  |
| Base Rate F | DOL                                     | OALE GIGIN                  | DOL       | CALL CIGIT  | DOL              | O/ILL GIGIT                  | DOL                   | O/ALL GIGIT  |  |
| and         | *************************************** |                             |           |   | •                |                              |                       |  |  |
| Syndicate   |   |                             |           |   |                  |                              |                       |  |  |
| Exclusivit  |   |                             |           |   |                  |                              |                       |  |  |
| Surcharge   |   |                             |           |   |                  |                              |                       |  |  |
| for         |   |                             |           |   |                  |                              |                       |  |  |
| Partially   |   |                             |           |   |                  |                              |                       |  |  |
| Distant     |   |                             |           |   |                  |                              |                       |  |  |
| Stations    |   |                             |           |   |                  |                              |                       |  |  |
|             |   |                             |           |   |                  |                              |                       |  |  |
|             |   |                             |           |   |                  |                              |                       |  |  |
|             |   |                             | ļ         |   |                  |                              |                       |  |  |
|             |   |                             |           |   |                  |                              |                       |  |  |
|             |   | -                           | ļ         |   | <u>_</u>         |                              |                       |  |  |
|             |   |                             |           |   |                  |                              |                       |  |  |
|             | 0.00                                    |                             |           | Total DSEs  | 0.00             |                              |                       | otal DSEs  |  |
|             | 0.00                                    | \$                          | d Group   | Gross Receipts Secon  | 0.00             | \$                           | roup                  | ross Receints First Gr   |  |
|             |   |                             |           | GIUSS Receipts Secon  |                  | ross Receipts First Group \$ |                       |  |  |
|             |   |                             | . Огоар   | Gloss Receipts Secol  |                  |                              |                       | roco reconpio i noi Ci   |  |
|             |   |                             |           |   |                  |                              |                       |  |  |
|             | 0.00                                    | \$                          |           | Base Rate Fee Secon   | 0.00             | \$                           |                       | ·  |  |
|             | 0.00                                    | \$ SUBSCRIBER GROU          | d Group   | Base Rate Fee Secon   | 0.00             | \$                           | roup                  | ase Rate Fee First Gr  |  |
|             | 0.00                                    | <b>1</b>                    | d Group   | Base Rate Fee Secon   | 0.00             | \$                           | roup                  | ase Rate Fee First Gr  |  |
|             | 0.00                                    | <b>1</b>                    | d Group   | Base Rate Fee Secon   | <b>0.00</b>      | \$                           | roup                  | ase Rate Fee First Gr  |  |
|             | 0.00                                    | <b>1</b>                    | d Group   | Base Rate Fee Secon   | <b>0.00</b>      | \$                           | roup                  | ase Rate Fee First Gr<br>ONE HUNDRED THIF<br>OMMUNITY/ AREA      |  |
|             | 0.00                                    | SUBSCRIBER GROU             | d Group   | Base Rate Fee Secon ONE HUNDRED TH COMMUNITY/ AREA              | 0.00<br>UP       | \$ SUBSCRIBER GRO            | RTY-FIFTH             | ase Rate Fee First Gr<br>ONE HUNDRED THIF<br>OMMUNITY/ AREA      |  |
|             | 0.00                                    | SUBSCRIBER GROU             | d Group   | Base Rate Fee Secon ONE HUNDRED TH COMMUNITY/ AREA              | 0.00<br>UP       | \$ SUBSCRIBER GRO            | RTY-FIFTH             | ase Rate Fee First Gr<br>ONE HUNDRED THIF<br>OMMUNITY/ AREA      |  |
|             | 0.00                                    | SUBSCRIBER GROU             | d Group   | Base Rate Fee Secon ONE HUNDRED TH COMMUNITY/ AREA              | 0.00<br>UP       | \$ SUBSCRIBER GRO            | RTY-FIFTH             | ase Rate Fee First Gr<br>ONE HUNDRED THIF<br>OMMUNITY/ AREA      |  |
|             | 0.00                                    | SUBSCRIBER GROU             | d Group   | Base Rate Fee Secon ONE HUNDRED TH COMMUNITY/ AREA              | 0.00<br>UP       | \$ SUBSCRIBER GRO            | RTY-FIFTH             | ase Rate Fee First Gr<br>ONE HUNDRED THIF<br>OMMUNITY/ AREA      |  |
|             | 0.00                                    | SUBSCRIBER GROU             | d Group   | Base Rate Fee Secon ONE HUNDRED TH COMMUNITY/ AREA              | 0.00<br>UP       | \$ SUBSCRIBER GRO            | RTY-FIFTH             | ase Rate Fee First Gr<br>ONE HUNDRED THIF<br>OMMUNITY/ AREA      |  |
|             | 0.00                                    | SUBSCRIBER GROU             | d Group   | Base Rate Fee Secon ONE HUNDRED TH COMMUNITY/ AREA              | 0.00<br>UP       | \$ SUBSCRIBER GRO            | RTY-FIFTH             | ase Rate Fee First Gr<br>ONE HUNDRED THIF<br>OMMUNITY/ AREA      |  |
|             | 0.00                                    | SUBSCRIBER GROU             | d Group   | Base Rate Fee Secon ONE HUNDRED TH COMMUNITY/ AREA              | 0.00<br>UP       | \$ SUBSCRIBER GRO            | RTY-FIFTH             | ase Rate Fee First Gr<br>ONE HUNDRED THIF<br>OMMUNITY/ AREA      |  |
|             | 0.00                                    | SUBSCRIBER GROU             | d Group   | Base Rate Fee Secon ONE HUNDRED TH COMMUNITY/ AREA              | 0.00<br>UP       | \$ SUBSCRIBER GRO            | RTY-FIFTH             | ase Rate Fee First Gr<br>ONE HUNDRED THIF<br>OMMUNITY/ AREA      |  |
|             | 0.00                                    | SUBSCRIBER GROU             | d Group   | Base Rate Fee Secon ONE HUNDRED TH COMMUNITY/ AREA              | 0.00<br>UP       | \$ SUBSCRIBER GRO            | RTY-FIFTH             | ase Rate Fee First Gr<br>ONE HUNDRED THIF<br>OMMUNITY/ AREA      |  |
|             | 0.00                                    | SUBSCRIBER GROU             | d Group   | Base Rate Fee Secon ONE HUNDRED TH COMMUNITY/ AREA              | 0.00<br>UP       | \$ SUBSCRIBER GRO            | RTY-FIFTH             | ase Rate Fee First Gr<br>ONE HUNDRED THIF<br>OMMUNITY/ AREA      |  |
|             | 0.00                                    | SUBSCRIBER GROU             | d Group   | Base Rate Fee Secon ONE HUNDRED TH COMMUNITY/ AREA              | 0.00<br>UP       | \$ SUBSCRIBER GRO            | RTY-FIFTH             | ase Rate Fee First Gr<br>ONE HUNDRED THIF<br>OMMUNITY/ AREA      |  |
|             | 0.00                                    | SUBSCRIBER GROU             | d Group   | Base Rate Fee Secon ONE HUNDRED TH COMMUNITY/ AREA              | 0.00<br>UP       | \$ SUBSCRIBER GRO            | RTY-FIFTH             | ase Rate Fee First Gr<br>ONE HUNDRED THIF<br>OMMUNITY/ AREA      |  |
|             | 0.00                                    | SUBSCRIBER GROU             | d Group   | Base Rate Fee Secon ONE HUNDRED TH COMMUNITY/ AREA              | 0.00<br>UP       | \$ SUBSCRIBER GRO            | RTY-FIFTH             | ase Rate Fee First Gr<br>ONE HUNDRED THIF<br>OMMUNITY/ AREA      |  |
|             | 0.00                                    | SUBSCRIBER GROU             | d Group   | Base Rate Fee Secon ONE HUNDRED TH COMMUNITY/ AREA              | 0.00<br>UP       | \$ SUBSCRIBER GRO            | RTY-FIFTH             | ase Rate Fee First Gr<br>ONE HUNDRED THIF<br>OMMUNITY/ AREA      |  |
|             | 0.00                                    | SUBSCRIBER GROU             | d Group   | Base Rate Fee Secon  ONE HUNDRED TH  COMMUNITY/ AREA  CALL SIGN | 0.00  UP  O  DSE | \$ SUBSCRIBER GRO            | RTY-FIFTH             | ase Rate Fee First Gr ONE HUNDRED THIF OMMUNITY/ AREA  CALL SIGN |  |
|             | 0.00                                    | SUBSCRIBER GROU             | d Group   | Base Rate Fee Secon ONE HUNDRED TH COMMUNITY/ AREA              | 0.00<br>UP       | \$ SUBSCRIBER GRO            | RTY-FIFTH             | ase Rate Fee First Gr ONE HUNDRED THIF OMMUNITY/ AREA  CALL SIGN |  |
|             | 0.00                                    | SUBSCRIBER GROU             | DSE       | Base Rate Fee Secon  ONE HUNDRED TH  COMMUNITY/ AREA  CALL SIGN | 0.00  UP  O  DSE | \$ SUBSCRIBER GRO            | DSE DSE               | ONE HUNDRED THIF COMMUNITY/ AREA  CALL SIGN                      |  |
|             | 0.00                                    | SUBSCRIBER GROUND CALL SIGN | DSE       | DASE Rate Fee Second ONE HUNDRED TH COMMUNITY/ AREA CALL SIGN   | 0.00  UP         | SUBSCRIBER GRO  CALL SIGN    | DSE DSE               | Base Rate Fee First Gr<br>ONE HUNDRED THIF<br>COMMUNITY/ AREA    |  |
|             | 0.00                                    | SUBSCRIBER GROUND CALL SIGN | DSE Group | DASE Rate Fee Second ONE HUNDRED TH COMMUNITY/ AREA CALL SIGN   | 0.00  UP         | SUBSCRIBER GRO  CALL SIGN    | RTY-FIFTH  DSE  Oroup | ONE HUNDRED THIF COMMUNITY/ AREA  CALL SIGN                      |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  003838 |          |                 |             |                         |            |                   |             |                          |
|---|----------|-----------------|-------------|-------------------------|------------|-------------------|-------------|--------------------------|
| ONE HUNDRED THIRTY  |          |                 |             | ONE HUNDRED TH          |            | IBER GROUP        |             | •                        |
| COMMUNITY/ AREA   |          |                 | 0           | COMMUNITY/ AREA         |            |                   | 0           | 9<br>Computation         |
| CALL SIGN   | DSE      | CALL SIGN       | DSE         | CALL SIGN               | DSE        | CALL SIGN         | DSE         | of                       |
|   |          |                 |             |                         |            |                   |             | Base Rate Fee and        |
|   |          |                 |             |                         |            |                   |             | Syndicated               |
|   |          |                 |             |                         |            |                   |             | Exclusivity<br>Surcharge |
|   |          |                 |             |                         |            |                   |             | for                      |
|   |          |                 |             |                         |            |                   |             | Partially<br>Distant     |
|   |          |                 |             |                         |            |                   |             | Stations                 |
|   |          |                 |             |                         |            |                   |             |                          |
|   |          |                 |             |                         |            |                   |             |                          |
|   |          |                 |             |                         |            |                   |             |                          |
|   |          |                 |             |                         |            |                   |             |                          |
| Total DSEs  |          |                 | 0.00        | Total DSEs              |            |                   | 0.00        |                          |
| Gross Receipts First Gro  | oup      | \$              | 0.00        | Gross Receipts Secon    | nd Group   | \$                | 0.00        |                          |
| Base Rate Fee First Gro   | oup      | \$              | 0.00        | Base Rate Fee Secon     | nd Group   | \$                | 0.00        |                          |
| ONE HUNDRED THIR  | TY-NINTH | SUBSCRIBER GROU | JP <b>0</b> | ONE HUNDRED             | ) FORTIETH | I SUBSCRIBER GROU | JP <b>0</b> |                          |
| COMMONITY AREA  |          |                 |             | COMMUNITY/ AREA         |            |                   |             |                          |
| CALL SIGN   | DSE      | CALL SIGN       | DSE         | CALL SIGN               | DSE        | CALL SIGN         | DSE         |                          |
|   |          |                 |             |                         |            |                   |             |                          |
|   |          |                 |             |                         |            |                   |             |                          |
|   |          |                 |             |                         |            |                   |             |                          |
|   |          |                 |             |                         |            |                   |             |                          |
|   |          | -               |             |                         |            |                   |             |                          |
|   |          |                 |             |                         |            |                   |             |                          |
|   |          |                 |             |                         |            |                   |             |                          |
|   |          |                 |             |                         |            |                   |             |                          |
|   |          |                 |             |                         |            |                   |             |                          |
|   |          |                 |             |                         |            |                   |             |                          |
| Total DSEs  |          |                 | 0.00        | Total DSEs              |            |                   | 0.00        |                          |
| Gross Receipts Third Gr   | roup     | \$              | 0.00        | Gross Receipts Fourth   | n Group    | \$                | 0.00        |                          |
| Base Rate Fee Third G   | roup     | \$              | 0.00        | Base Rate Fee Fourth    | n Group    | \$                | 0.00        |                          |
| Base Rate Fee: Add the Enter here and in block                            |          |                 | ber group a | s shown in the boxes ab | ove.       | \$                |             |                          |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  003838 |         |                 |                |                        |           |                              |      |                      |
|---|---------|-----------------|----------------|------------------------|-----------|------------------------------|------|----------------------|
| ONE HIMDDED   |         | COMPUTATION (   |                | ATE FEES FOR EA        |           | IBER GROUP  SUBSCRIBER GROUP |      |                      |
| COMMUNITY/ AREA   |         | SOBSCRIBER GROU | 0              | COMMUNITY/ ARE         |           | , SUBSCRIBER GRUUP           | 0    | 9                    |
| CALL SIGN   | DSE     | CALL SIGN       | DSE            | CALL SIGN              | DSE       | CALL SIGN                    | DSE  | Computatio<br>of     |
|   |         |                 |                |                        |           |                              |      | Base Rate Fe         |
|   |         | -               |                |                        |           |                              |      | and<br>Syndicated    |
|   |         |                 |                |                        |           |                              |      | Exclusivity          |
|   |         |                 |                |                        |           |                              |      | Surcharge            |
|   |         |                 |                |                        |           |                              |      | for                  |
|   |         | -               |                |                        |           |                              |      | Partially<br>Distant |
|   |         |                 |                |                        |           |                              |      | Stations             |
|   |         |                 |                |                        |           |                              |      |                      |
|   |         |                 |                |                        |           |                              |      |                      |
|   |         |                 |                |                        |           |                              |      |                      |
|   |         |                 |                |                        |           |                              |      |                      |
|   |         |                 |                |                        |           |                              |      |                      |
| Total DSEs  |         |                 | 0.00           | Total DSEs             |           |                              | 0.00 |                      |
| Gross Receipts First  | Group   | \$              | 0.00           | Gross Receipts Sec     | ond Group | \$                           | 0.00 |                      |
| Base Rate Fee First   | Group   | \$              | 0.00           | Base Rate Fee Sec      | ond Group | \$                           | 0.00 |                      |
|   |         | SUBSCRIBER GROU |                | 11                     |           | SUBSCRIBER GROUP             | )    |                      |
| COMMUNITY/ AREA   |         |                 | 0              | COMMUNITY/ ARE         | Α         |                              | 0    |                      |
| CALL SIGN   | DSE     | CALL SIGN       | DSE            | CALL SIGN              | DSE       | CALL SIGN                    | DSE  |                      |
|   |         |                 |                |                        |           |                              |      |                      |
|   |         |                 |                |                        |           |                              |      |                      |
|   |         |                 |                |                        |           |                              |      |                      |
|   |         | -               |                |                        |           |                              |      |                      |
|   |         |                 |                |                        |           |                              |      |                      |
|   |         |                 |                |                        |           |                              |      |                      |
|   |         |                 |                |                        |           |                              |      |                      |
|   |         |                 |                |                        |           |                              |      |                      |
|   |         |                 |                |                        |           |                              |      |                      |
|   |         |                 |                |                        |           |                              |      |                      |
|   |         |                 |                |                        |           |                              |      |                      |
|   |         |                 |                |                        |           |                              |      |                      |
| Total DSEs  | -       |                 | 0.00           | Total DSEs             | •         |                              | 0.00 |                      |
| Gross Receipts Third  | I Group | <b>\$</b>       | 0.00           | Gross Receipts Fou     | rth Group | \$                           | 0.00 |                      |
|   | -: m/h  | •               |                | 1.111111000            |           |                              |      |                      |
| Base Rate Fee Third   | I Group | \$              | 0.00           | Base Rate Fee Fou      | rth Group | \$                           | 0.00 |                      |
|   |         |                 |                | Ш                      |           |                              |      |                      |
|   |         |                 | criber group a | s shown in the boxes a | above.    | e                            |      |                      |
| Enter here and in blo   |         |                 | 5 1 -          |                        |           | \$                           |      |                      |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  003838 |             |  |             |                         |             |                               |      |                      |
|---|-------------|--|-------------|-------------------------|-------------|-------------------------------|------|----------------------|
| ONE HUNDRED FO  |             | COMPUTATION OI<br>SUBSCRIBER GROUP     |             | TI .                    | FORTY-SIXTH | IBER GROUP I SUBSCRIBER GROUP |      | 9                    |
| COMMUNITY/ AREA   |             |  | 0           | COMMUNITY/ AREA         |             |                               | 0    | Computation          |
| CALL SIGN   | DSE         | CALL SIGN                              | DSE         | CALL SIGN               | DSE         | CALL SIGN                     | DSE  | of                   |
|   | <u></u>     |  |             |                         |             |                               |      | Base Rate Fee        |
|   | <u></u>     |  | <b></b>     |                         |             |                               |      | and<br>Syndicated    |
|   | <u></u>     |  |             |                         |             |                               |      | Exclusivity          |
|   |             |  |             |                         |             |                               |      | Surcharge            |
|   |             |  | <u></u>     |                         |             |                               |      | for                  |
|   | <u></u>     |  |             |                         |             |                               |      | Partially<br>Distant |
|   |             |  |             |                         |             |                               |      | Stations             |
|   |             |  |             |                         |             |                               |      |                      |
|   |             |  |             |                         |             |                               |      |                      |
|   |             |  |             |                         |             |                               |      |                      |
|   |             |  |             |                         |             |                               |      |                      |
|   |             |  |             |                         |             |                               |      |                      |
| Total DSEs  |             |  | 0.00        | Total DSEs              |             |                               | 0.00 |                      |
| Gross Receipts First Gr   | oup         | \$                                     | 0.00        | Gross Receipts Seco     | nd Group    | \$                            | 0.00 |                      |
| Base Rate Fee First Gr  | oup         | \$                                     | 0.00        | Base Rate Fee Seco      | nd Group    | \$                            | 0.00 |                      |
| ONE HUNDRED FORTY   | -SEVENTH    | SUBSCRIBER GROUP                       |             | ii e                    |             | SUBSCRIBER GROUP              |      |                      |
| COMMUNITY/ AREA   |             |  | 0           | COMMUNITY/ AREA         |             |                               | 0    |                      |
| CALL SIGN   | DSE         | CALL SIGN                              | DSE         | CALL SIGN               | DSE         | CALL SIGN                     | DSE  |                      |
|   |             |  |             |                         |             |                               |      |                      |
|   |             |  |             |                         |             |                               |      |                      |
|   |             |  |             |                         |             |                               |      |                      |
|   |             |  |             |                         |             |                               |      |                      |
|   |             |  |             |                         |             |                               |      |                      |
|   | <u> </u>    |  |             |                         |             |                               |      |                      |
|   |             |  |             |                         |             |                               |      |                      |
|   |             |  |             |                         |             |                               |      |                      |
|   | <u></u>     |  |             |                         |             |                               |      |                      |
|   |             |  |             |                         |             |                               |      |                      |
|   | <del></del> |  |             |                         |             |                               |      |                      |
| Total DSEs  |             |  | 0.00        | Total DSEs              |             |                               | 0.00 |                      |
| Gross Receipts Third G  | roup        | <u>\$</u>                              | 0.00        | Gross Receipts Four     | th Group    | \$                            | 0.00 |                      |
| Base Rate Fee Third G   | roup        | \$                                     | 0.00        | Base Rate Fee Four      | th Group    | \$                            | 0.00 |                      |
|   |             | r fees for each subscripace L (page 7) | ber group a | s shown in the boxes al | pove.       | \$                            |      |                      |

| LEGAL NAME OF OWNER CABLE ONE, INC.            | R OF CABLI   | E SYSTEM:       |                       |                         |             | S                           | 003838      | Name                 |
|--|--------------|-----------------|-----------------------|-------------------------|-------------|-----------------------------|-------------|----------------------|
| B ONE HUNDRED FOR COMMUNITY/ AREA              |              |                 |                       | ONE HUNDR               | ED FIFTIETH | IBER GROUP  SUBSCRIBER GROU | JP <b>0</b> | 9                    |
|  |              |                 | OGIVINIOTAT 1774 (E27 |                         |             |                             | Computation |                      |
| CALL SIGN                                      | DSE          | CALL SIGN       | DSE                   | CALL SIGN               | DSE         | CALL SIGN                   | DSE         | of                   |
|  |              |                 | <b>.</b>              |                         |             |                             |             | Base Rate Fee        |
|  |              |                 | <u> </u>              |                         |             |                             |             | and<br>Syndicated    |
|  |              |                 |                       |                         |             |                             |             | Exclusivity          |
|  |              |                 |                       |                         |             |                             |             | Surcharge            |
|  |              |                 | <u> </u>              |                         |             | -                           |             | for                  |
|  |              |                 |                       |                         |             |                             |             | Partially<br>Distant |
|  | <del>.</del> |                 |                       |                         |             |                             |             | Stations             |
|  |              |                 |                       |                         |             |                             |             |                      |
|  |              |                 |                       |                         |             |                             |             |                      |
|  |              |                 |                       |                         |             |                             |             |                      |
|  | <del>.</del> |                 | <u></u>               |                         |             |                             |             |                      |
|  |              |                 |                       |                         |             |                             |             |                      |
| Total DSEs                                     |              |                 | 0.00                  | Total DSEs              |             |                             | 0.00        |                      |
| Gross Receipts First Gro                       | oup          | \$              | 0.00                  | Gross Receipts Seco     | nd Group    | \$                          | 0.00        |                      |
|  |              |                 |                       |                         |             |                             |             |                      |
| Base Rate Fee First Gro                        | oup          | \$              | 0.00                  | Base Rate Fee Seco      | nd Group    | \$                          | 0.00        |                      |
|  | TY-FIRST     | SUBSCRIBER GROU |                       | Ħ                       |             | SUBSCRIBER GROU             | IP          |                      |
| COMMUNITY/ AREA                                |              |                 | 0                     | COMMUNITY/ AREA         |             |                             | 0           |                      |
| CALL SIGN                                      | DSE          | CALL SIGN       | DSE                   | CALL SIGN               | DSE         | CALL SIGN                   | DSE         |                      |
|  |              |                 |                       |                         |             |                             |             |                      |
|  |              |                 |                       |                         |             |                             |             |                      |
|  |              |                 |                       |                         |             |                             |             |                      |
|  |              |                 |                       |                         |             | -                           |             |                      |
|  |              |                 |                       |                         |             | -                           |             |                      |
|  |              |                 |                       |                         |             |                             |             |                      |
|  |              |                 |                       |                         |             |                             |             |                      |
|  |              |                 | <u> </u>              |                         |             |                             |             |                      |
|  |              |                 |                       |                         |             |                             |             |                      |
|  |              |                 |                       |                         |             |                             |             |                      |
|  |              |                 |                       |                         |             |                             |             |                      |
| Total DSEs                                     |              |                 | 0.00                  | Total DSEs              |             |                             | 0.00        |                      |
|  |              | •               |                       |                         | t- O        | •                           |             |                      |
| Gross Receipts Third Gr                        | roup         | *               | 0.00                  | Gross Receipts Fourt    | n Group     | \$                          | 0.00        |                      |
| Base Rate Fee Third Gr                         | roup         | \$              | 0.00                  | Base Rate Fee Fourt     | h Group     | \$                          | 0.00        |                      |
| Base Rate Fee: Add the Enter here and in block |              |                 | ber group a           | s shown in the boxes al | pove.       | \$                          |             |                      |

| CABLE ONE, INC.                                  | R OF CABL | E SYSTEM:                        | -           |  |             | S  | 003838 | Name                 |
|--|-----------|----------------------------------|-------------|--|-------------|--|--------|----------------------|
|  |           | COMPUTATION O<br>SUBSCRIBER GROU |             | ONE HUNDRED FIF  | TY-FOURTH   | IBER GROUP<br>I SUBSCRIBER GROU                  | JP 0   | 9                    |
| OCHMICITATI I / / III ZZ                         |           |                                  |             | O SINING THE TOTAL CONTROL OF THE CO |             |  |        | Computation          |
| CALL SIGN  | DSE       | CALL SIGN                        | DSE         | CALL SIGN  | DSE         | CALL SIGN  | DSE    | of                   |
|  |           |                                  |             |  |             |  |        | Base Rate Fee        |
|  |           |                                  | <u> </u>    |  |             |  |        | and<br>Syndicated    |
|  |           |                                  |             |  |             |  |        | Exclusivity          |
|  |           |                                  |             |  |             |  |        | Surcharge            |
|  |           |                                  |             |  |             |  |        | for                  |
|  |           |                                  |             |  |             |  |        | Partially<br>Distant |
|  |           |                                  | <u> </u>    |  |             | <del>                                     </del> |        | Stations             |
|  |           |                                  |             |  |             |  |        |                      |
|  |           |                                  |             |  |             |  |        |                      |
|  |           |                                  |             |  |             |  |        |                      |
|  |           |                                  | <u> </u>    |  | <u>-</u>    |  |        |                      |
|  |           |                                  |             |  |             |  |        |                      |
| Total DSEs                                       |           |                                  | 0.00        | Total DSEs   |             |  | 0.00   |                      |
| Gross Receipts First Gr                          | oup       | \$                               | 0.00        | Gross Receipts Seco  | and Group   | \$   | 0.00   |                      |
| •  | •         |                                  |             |  | •           |  |        |                      |
| Base Rate Fee First Gr                           | oup       | \$                               | 0.00        | Base Rate Fee Seco   | ond Group   | \$   | 0.00   |                      |
| ONE HUNDRED FIF                                  | TY-FIFTH  | SUBSCRIBER GROU                  | JP          | ONE HUNDRED  | FIFTY-SIXTH | SUBSCRIBER GROU                                  | JP     |                      |
| COMMUNITY/ AREA                                  |           |                                  | 0           | COMMUNITY/ AREA  |             |  | 0      |                      |
| CALL SIGN  | DSE       | CALL SIGN                        | DSE         | CALL SIGN  | DSE         | CALL SIGN  | DSE    |                      |
|  |           |                                  | ·           |  |             |  |        |                      |
|  |           |                                  |             |  |             |  |        |                      |
|  |           |                                  |             |  |             |  |        |                      |
|  |           |                                  | <u> </u>    |  |             |  |        |                      |
|  |           |                                  |             |  |             |  |        |                      |
|  |           |                                  |             |  |             |  |        |                      |
|  |           |                                  |             |  |             |  |        |                      |
|  |           |                                  |             |  |             |  |        |                      |
|  |           |                                  |             |  |             |  |        |                      |
|  |           |                                  |             |  |             |  |        |                      |
|  |           |                                  | ļ           |  |             |  |        |                      |
| Total DSEs                                       |           |                                  | 0.00        | Total DSEs   |             |  | 0.00   |                      |
| Gross Receipts Third G                           | roup      | <u> </u>                         | 0.00        | Gross Receipts Four  | th Group    | \$   | 0.00   |                      |
|  |           |                                  |             | Surrey   Surrey  |             | <u></u>  | 1      |                      |
| Base Rate Fee Third G                            | roup      | \$                               | 0.00        | Base Rate Fee Four   | th Group    | \$   | 0.00   |                      |
| Base Rate Fee: Add th<br>Enter here and in block |           |                                  | ber group a | s shown in the boxes al  | bove.       | \$   |        |                      |

| Name             | 903838<br>003838 | S   |          |                                  |         | E SYSTEM:  |                         | LEGAL NAME OF OWNER  CABLE ONE, INC. |  |  |
|------------------|------------------|---|----------|----------------------------------|---------|--|-------------------------|--------------------------------------|--|--|
|                  |                  |   |          | TE FEES FOR EACH                 |         |  |                         |                                      |  |  |
| 9                | 0                | ONE HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP  COMMUNITY/ AREA  0 |          |                                  | 0       | ONE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  0 |                         |                                      |  |  |
| Computation of   | DSE              | CALL SIGN   | DSE      | CALL SIGN                        | DSE     | CALL SIGN  | DSE                     | CALL SIGN                            |  |  |
| Base Rate F      |                  |   |          |                                  |         |  |                         |                                      |  |  |
| and<br>Syndicate |                  |   |          |                                  |         |  |                         |                                      |  |  |
| Exclusivit       |                  |   |          |                                  |         |  |                         |                                      |  |  |
| Surcharge        |                  |   |          |                                  |         |  |                         |                                      |  |  |
| for<br>Partially |                  |   |          |                                  |         |  |                         |                                      |  |  |
| Distant          |                  |   |          |                                  |         |  |                         |                                      |  |  |
| Stations         |                  |   |          |                                  |         |  |                         |                                      |  |  |
|                  |                  |   |          |                                  |         |  |                         |                                      |  |  |
|                  |                  | <del> </del>  |          |                                  |         |  |                         |                                      |  |  |
|                  |                  |   |          |                                  |         |  |                         |                                      |  |  |
|                  |                  |   |          |                                  |         |  |                         |                                      |  |  |
|                  | 0.00             |   |          | Total DSEs                       | 0.00    |  |                         | otal DSEs                            |  |  |
|                  | 0.00             |   |          | 0.00                             | \$      | oun  | Gross Receipts First Gr |                                      |  |  |
|                  | 0.00             | \$  | 2 Oloup  | Gross receipts ecoor             | 0.00    | •  | oup                     | oroga recorpts i list on             |  |  |
|                  | 0.00             | \$  | d Group  | Base Rate Fee Secon              | 0.00    | \$   | oup                     | Base Rate Fee First Gro              |  |  |
|                  |                  | SUBSCRIBER GROU   | SIXTIETH |                                  |         | SUBSCRIBER GRO   | TY-NINTH                | ONE HUNDRED FIF                      |  |  |
|                  | 0                |   |          | COMMUNITY/ AREA                  | 0       |  |                         | COMMUNITY/ AREA                      |  |  |
|                  | DSE              | CALL SIGN   | DSE      | CALL SIGN                        | DSE     | CALL SIGN  | DSE                     | CALL SIGN                            |  |  |
|                  |                  |   |          |                                  |         |  |                         |                                      |  |  |
|                  |                  |   |          |                                  | <b></b> |  | <del></del>             |                                      |  |  |
|                  |                  |   |          |                                  |         |  |                         |                                      |  |  |
|                  |                  |   |          |                                  |         |  |                         |                                      |  |  |
|                  |                  |   |          |                                  |         |  |                         |                                      |  |  |
|                  |                  |   |          |                                  |         |  |                         |                                      |  |  |
|                  |                  |   |          |                                  |         |  |                         |                                      |  |  |
|                  |                  |   |          |                                  |         |  |                         |                                      |  |  |
|                  |                  |   |          |                                  |         |  |                         |                                      |  |  |
|                  |                  |   |          |                                  |         |  |                         |                                      |  |  |
|                  |                  |   |          |                                  |         |  |                         |                                      |  |  |
|                  |                  |   |          |                                  |         |  |                         |                                      |  |  |
|                  | 0.00             |   |          | Total DSEs                       | 0.00    |  |                         | Total DSEs                           |  |  |
|                  | 0.00             | \$  | Group    | Total DSEs Gross Receipts Fourth | 0.00    | \$   | roup                    | Fotal DSEs<br>Gross Receipts Third G |  |  |

FORM SA3E. PAGE 20.

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 003838 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation Second 50 major television market First 50 major television market of INSTRUCTIONS: Base Rate Fee and 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 Syndicated this schedule. **Exclusivity** 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 Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

EODM SASE DAGE 30

|                                  | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | FORM SA3E. PAGE 20.  SYSTEM ID#   |
|----------------------------------|--|---|
| Name                             | CABLE ONE, INC.  | 003838  |
|                                  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS  | SIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| <b>9</b> Computation             | If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television market by section 76.5 of FCC rules in effect on June 24, 1981: |   |
| of                               | ☐ First 50 major television market   | Second 50 major television market   |
| Base Rate Fee                    | INSTRUCTIONS:  |   |
| and                              | Step 1: In line 1, give the total DSEs by subscriber group for commer  | cial VHF Grade B contour stations listed in block A, part 9 of  |
| Syndicated<br>Exclusivity        | this schedule. <b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for   | or the VHE Grade B contour stations, that were classified as  |
| Surcharge                        | Exempt DSEs in block C, part 7 of this schedule. If none enter   |   |
| for                              | Step 3: In line 3, subtract line 2 from line 1. This is the total number of  |   |
| Partially<br>Distant<br>Stations | Step 4: Compute the surcharge for each subscriber group using the f schedule. In making this computation, use gross receipts figur your actual calculations on this form.                                    | formula outlined in block D, section 3 or 4 of part 7 of this res applicable to the particular group. You do not need to show |
|                                  | FIFTH SUBSCRIBER GROUP   | SIXTH SUBSCRIBER GROUP  |
|                                  |  |   |
|                                  | Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs   | 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  | Line 3: Subtract line 2 from line 1 and enter here. This is the   |
|                                  | total number of DSEs for   | total number of DSEs for  |
|                                  | this subscriber group  | this subscriber group   |
|                                  | subject to the surcharge   | subject to the surcharge  |
|                                  | computation  | computation   |
|                                  | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY  |
|                                  | SURCHARGE  | SURCHARGE   |
|                                  | First Group  | 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  | Line 3: Subtract line 2 from line 1 and enter here. This is the   |
|                                  | total number of DSEs for   | total number of DSEs for  |
|                                  | this subscriber group subject to the surcharge   | this subscriber group<br>subject to the surcharge   |
|                                  | computation  | computation   |
|                                  | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY  |
|                                  | SURCHARGE Third Group  | SURCHARGE Fourth Group  |
|                                  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each in the boxes above. Enter here and in block 4, line 2 of space L (page  |   |
|                                  |  |   |

EODM SASE DAGE 30

|                           | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | FORM SASE. PAGE 20.  SYSTEM ID#                                 |
|---------------------------|--|---|
| Name                      | CABLE ONE, INC.  | 003838  |
|                           | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS  | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                       |
| 9<br>Computation          | If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television mark by section 76.5 of FCC rules in effect on June 24, 1981: | •   |
| Computation of            | ☐ First 50 major television market   | Second 50 major television market                               |
| Base Rate Fee             | INSTRUCTIONS:  | ,   |
| and                       | Step 1: In line 1, give the total DSEs by subscriber group for commer  | cial VHF Grade B contour stations listed in block A, part 9 of  |
| Syndicated<br>Exclusivity | this schedule.  Step 2: In line 2, give the total number of DSEs by subscriber group for   | or the VHF Grade B contour stations that were classified as     |
| Surcharge                 | Exempt DSEs in block C, part 7 of this schedule. If none enter   |   |
| for<br>Partially          | <ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of</li> <li>Step 4: Compute the surcharge for each subscriber group using the f</li> </ul>                               | · · · · · · · · · · · · · · · · · · ·                           |
| Distant<br>Stations       |  | es applicable to the particular group. You do not need to show  |
|                           | NINTH SUBSCRIBER GROUP   | TENTH SUBSCRIBER GROUP  |
|                           | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs                                      |
|                           | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs                                   |
|                           | Line 3: Subtract line 2 from line 1  | Line 3: Subtract line 2 from line 1                             |
|                           | and enter here. This is the total number of DSEs for   | and enter here. This is the total number of DSEs for            |
|                           | this subscriber group  | this subscriber group   |
|                           | subject to the surcharge   | subject to the surcharge  |
|                           | computation  | computation   |
|                           | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY  |
|                           | SURCHARGE First Group  | 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  | Line 3: Subtract line 2 from line 1 and enter here. This is the |
|                           | total number of DSEs for   | total number of DSEs for  |
|                           | this subscriber group subject to the surcharge   | this subscriber group subject to the surcharge                  |
|                           | computation  | computation   |
|                           | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY  |
|                           | SURCHARGE  | SURCHARGE   |
|                           | Third Group  | Fourth Group  |
|                           | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for earlin the boxes above. Enter here and in block 4, line 2 of space L (page   |   |
|                           |  |   |
|                           |  |   |
|                           |  |   |
|                           |  |   |

EODM SASE BAGE 30

|                           | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | FORM SASE. PAGE 20.  SYSTEM ID#                                    |
|---------------------------|--|--|
| Name                      | CABLE ONE, INC.  | 003838   |
|                           | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS  | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                          |
| 9<br>Computation          | If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television mark by section 76.5 of FCC rules in effect on June 24, 1981: | •  |
| Computation of            | ☐ First 50 major television market   | Second 50 major television market                                  |
| Base Rate Fee             | INSTRUCTIONS:  | ,  |
| and                       | Step 1: In line 1, give the total DSEs by subscriber group for commer  | cial VHF Grade B contour stations listed in block A, part 9 of     |
| Syndicated<br>Exclusivity | this schedule.  Step 2: In line 2, give the total number of DSEs by subscriber group for   | or the VHF Grade B contour stations that were classified as        |
| Surcharge                 | Exempt DSEs in block C, part 7 of this schedule. If none enter   |  |
| for<br>Partially          | <ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of</li> <li>Step 4: Compute the surcharge for each subscriber group using the f</li> </ul>                               | · · · · · · · · · · · · · · · · · · ·                              |
| Distant<br>Stations       | schedule. In making this computation, use gross receipts figur your actual calculations on this form.  | ·  |
|                           | THIRTEENTH SUBSCRIBER GROUP  | FOURTEENTH SUBSCRIBER GROUP  |
|                           | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|                           | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs                                      |
|                           | Line 3: Subtract line 2 from line 1  | Line 3: Subtract line 2 from line 1                                |
|                           | and enter here. This is the  | and enter here. This is the  |
|                           | total number of DSEs for<br>this subscriber group  | total number of DSEs for<br>this subscriber group                  |
|                           | subject to the surcharge   | subject to the surcharge   |
|                           | computation  | computation  |
|                           | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY   |
|                           | SURCHARGE First Group  | SURCHARGE Second Group   |
|                           | First Group  | Second Group   |
|                           | FIFTEENTH SUBSCRIBER GROUP   | SIXTEENTH SUBSCRIBER GROUP   |
|                           | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|                           | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs                                      |
|                           | Line 3: Subtract line 2 from line 1 and enter here. This is the  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the |
|                           | total number of DSEs for   | total number of DSEs for   |
|                           | this subscriber group<br>subject to the surcharge  | this subscriber group subject to the surcharge                     |
|                           | computation  | computation  |
|                           | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY   |
|                           | SURCHARGE  | SURCHARGE  |
|                           | Third Group  | Fourth Group   |
|                           | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for earin the boxes above. Enter here and in block 4, line 2 of space L (page  |  |
|                           |  |  |
|                           |  |  |

FORM SA3E. PAGE 20.

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 003838 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation Second 50 major television market First 50 major television market of INSTRUCTIONS: Base Rate Fee and 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 Syndicated this schedule. **Exclusivity** 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 Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. SEVENTEENTH SUBSCRIBER GROUP EIGHTEENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group NINEENTH SUBSCRIBER GROUP TWENTYTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

EODM SASE DAGE 30

|   | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#   |
|---|---|--|
| Name  | CABLE ONE, INC.   | 003838   |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS   | SIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |
| 9<br>Computation  | If your cable system is located within a top 100 television market and t<br>Syndicated Exclusivity Surcharge. Indicate which major television mar<br>by section 76.5 of FCC rules in effect on June 24, 1981:   | •  |
| Computation of  | ☐ First 50 major television market  | Second 50 major television market  |
| Base Rate Fee   | INSTRUCTIONS:   |  |
| and Syndicated Exclusivity Surcharge for Partially Distant Stations | <ul> <li>Step 1: In line 1, give the total DSEs by subscriber group for comment this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none entered Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts figure your actual calculations on this form.</li> </ul> | or the VHF Grade B contour stations that were classified as zero.  f DSEs used to compute the surcharge. |
|   | TWENTY-FIRST SUBSCRIBER GROUP   | TWENTY-SECOND SUBSCRIBER GROUP   |
|   |   |  |
|   | Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs  | Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs   |
|   | Line 3: Subtract line 2 from line 1   | Line 3: Subtract line 2 from line 1  |
|   | and enter here. This is the   | and enter here. This is the  |
|   | total number of DSEs for  | total number of DSEs for   |
|   | this subscriber group subject to the surcharge  | this subscriber group subject to the surcharge   |
|   | computation   | computation  |
|   | SYNDICATED EXCLUSIVITY  | SYNDICATED EXCLUSIVITY   |
|   | SURCHARGE   | SURCHARGE  |
|   | First Group   | 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   | Line 3: Subtract line 2 from line 1 and enter here. This is the  |
|   | total number of DSEs for  | total number of DSEs for   |
|   | this subscriber group subject to the surcharge  | this subscriber group subject to the surcharge   |
|   | computation   | computation  |
|   | SYNDICATED EXCLUSIVITY  | SYNDICATED EXCLUSIVITY   |
|   | SURCHARGE Third Group   | SURCHARGE Fourth Group   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page  |  |

EODM SASE BAGE 30

|                                  | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | FORM SA3E. PAGE 20.  SYSTEM ID#                                 |
|----------------------------------|--|---|
| Name                             | CABLE ONE, INC.  | 003838  |
|                                  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS  | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                       |
| 9<br>Computation                 | If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television mark by section 76.5 of FCC rules in effect on June 24, 1981: | •   |
| Computation of                   | ☐ First 50 major television market   | Second 50 major television market                               |
| Base Rate Fee                    | INSTRUCTIONS:  |   |
| and                              | Step 1: In line 1, give the total DSEs by subscriber group for commerce  | cial VHF Grade B contour stations listed in block A, part 9 of  |
| Syndicated<br>Exclusivity        | this schedule.  Step 2: In line 2, give the total number of DSEs by subscriber group for   | or the VHF Grade B contour stations that were classified as     |
| Surcharge                        | Exempt DSEs in block C, part 7 of this schedule. If none enter   |   |
| for                              | <ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of</li> <li>Step 4: Compute the surcharge for each subscriber group using the for</li> </ul>                             | · · · · · · · · · · · · · · · · · · ·                           |
| Partially<br>Distant<br>Stations | schedule. In making this computation, use gross receipts figure 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  | Line 3: Subtract line 2 from line 1                             |
|                                  | and enter here. This is the total number of DSEs for   | and enter here. This is the<br>total number of DSEs for         |
|                                  | this subscriber group  | this subscriber group   |
|                                  | subject to the surcharge   | subject to the surcharge  |
|                                  | computation  | computation   |
|                                  | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY  |
|                                  | SURCHARGE First Group \$   | SURCHARGE Second Group  |
|                                  | riist Gioup  | 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  | Line 3: Subtract line 2 from line 1 and enter here. This is the |
|                                  | total number of DSEs for   | total number of DSEs for  |
|                                  | this subscriber group  | this subscriber group   |
|                                  | subject to the surcharge  computation  | subject to the surcharge computation                            |
|                                  |  |   |
|                                  | SYNDICATED EXCLUSIVITY SURCHARGE   | SYNDICATED EXCLUSIVITY SURCHARGE                                |
|                                  | Third Group  | Fourth Group  |
|                                  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ear 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 EXCLUS  | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| 9   | If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television mark by section 76.5 of FCC rules in effect on June 24, 1981:   |  |
| Computation of                              | ☐ First 50 major television market   | ☐ Second 50 major television market  |
| Base Rate Fee                               | INSTRUCTIONS:  |  |
| and<br>Syndicated                           | Step 1: In line 1, give the total DSEs by subscriber group for comment<br>this schedule.   | cial VHF Grade B contour stations listed in block A, part 9 of   |
| Exclusivity Surcharge for Partially Distant | Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the for schedule. In making this computation, use gross receipts figur | zero.  DSEs used to compute the surcharge.  ormula outlined in block D, section 3 or 4 of part 7 of this |
| Stations                                    | your actual calculations on this form.   |  |
|   | TWENTY-NINTH SUBSCRIBER GROUP  | THIRTIETH SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs  |
|   | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for   | 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   | this subscriber group subject to the surcharge computation   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE First Group   | SYNDICATED EXCLUSIVITY SURCHARGE Second Group  |
|   |  |  |
|   | THIRTY-FIRST SUBSCRIBER GROUP  | THIRTY-SECOND SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs  |
|   | Line 3: Subtract line 2 from line 1 and enter here. This is the  | Line 3: Subtract line 2 from line 1 and enter here. This is the  |
|   | total number of DSEs for   | total number of DSEs for   |
|   | this subscriber group  | this subscriber group subject to the surcharge   |
|   | subject to the surcharge computation   | computation  |
|   | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY   |
|   | SURCHARGE Third Group  | SURCHARGE Fourth Group   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for earlin the boxes above. Enter here and in block 4, line 2 of space L (page   |  |
|   |  |  |
|   |  |  |

EODM SASE DAGE 30

|   | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | FORM SASE. PAGE 20.  SYSTEM ID#   |
|---|--|---|
| Name  | CABLE ONE, INC.  | 003838  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI   | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |
| <b>9</b> Computation  | If your cable system is located within a top 100 television market and th Syndicated Exclusivity Surcharge. Indicate which major television mark by section 76.5 of FCC rules in effect on June 24, 1981:  | •   |
| of  | ☐ First 50 major television market   | Second 50 major television market   |
| Base Rate Fee   | INSTRUCTIONS:  |   |
| and Syndicated Exclusivity Surcharge for Partially Distant Stations | <ul> <li>Step 1: In line 1, give the total DSEs by subscriber group for commerce this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the for schedule. In making this computation, use gross receipts figure your actual calculations on this form.</li> </ul> | or the VHF Grade B contour stations that were classified as zero.  DSEs used to compute the surcharge.  Tormula outlined in block D, section 3 or 4 of part 7 of this |
|   |  |   |
|   | 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  | Line 3: Subtract line 2 from line 1   |
|   | and enter here. This is the total number of DSEs for   | and enter here. This is the<br>total number of DSEs for   |
|   | this subscriber group  | this subscriber group   |
|   | subject to the surcharge   | subject to the surcharge  |
|   | computation  | computation   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE   | SYNDICATED EXCLUSIVITY SURCHARGE  |
|   | First Group  | 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  | Line 3: Subtract line 2 from line 1 and enter here. This is the   |
|   | total number of DSEs for<br>this subscriber group  | total number of DSEs for<br>this subscriber group   |
|   | subject to the surcharge   | subject to the surcharge  |
|   | computation  | computation   |
|   | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY  |
|   | SURCHARGE Third Group  | SURCHARGE Fourth Group  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page 7  |   |
|   |  |   |

FORM SA3E. PAGE 20.

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 003838 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation Second 50 major television market First 50 major television market of INSTRUCTIONS: Base Rate Fee and 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 Syndicated this schedule. **Exclusivity** 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 Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. THIRTY-SEVENTH SUBSCRIBER GROUP 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group THIRTY-NINTH SUBSCRIBER GROUP 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E. PAGE 20.

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 003838 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation Second 50 major television market First 50 major television market of INSTRUCTIONS: Base Rate Fee and 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 Syndicated this schedule. **Exclusivity** 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 Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E. PAGE 20.

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 003838 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation Second 50 major television market First 50 major television market of INSTRUCTIONS: Base Rate Fee and 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 Syndicated this schedule. **Exclusivity** 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 Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FORTY-FIFTH SUBSCRIBER GROUP 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . FORTY-SEVENTH SUBSCRIBER GROUP 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

EODM SASE DAGE 30

|                           | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | FORM SASE. PAGE 20.  SYSTEM ID#                                 |
|---------------------------|--|---|
| Name                      | CABLE ONE, INC.  | 003838  |
|                           | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS  | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                       |
| 9<br>Computation          | If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television mark by section 76.5 of FCC rules in effect on June 24, 1981: | •   |
| Computation of            | ☐ First 50 major television market   | Second 50 major television market                               |
| Base Rate Fee             | INSTRUCTIONS:  |   |
| and                       | Step 1: In line 1, give the total DSEs by subscriber group for commen  | cial VHF Grade B contour stations listed in block A, part 9 of  |
| Syndicated<br>Exclusivity | this schedule.  Step 2: In line 2, give the total number of DSEs by subscriber group for   | or the VHF Grade B contour stations that were classified as     |
| Surcharge                 | Exempt DSEs in block C, part 7 of this schedule. If none enter   | zero.   |
| for<br>Partially          | <ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of</li> <li>Step 4: Compute the surcharge for each subscriber group using the f</li> </ul>                               | · · · · · · · · · · · · · · · · · · ·                           |
| Distant<br>Stations       | schedule. In making this computation, use gross receipts figur your actual calculations on this form.  | ·   |
|                           | FORTY-NINTH SUBSCRIBER GROUP   | FIFTIETH SUBSCRIBER GROUP                                       |
|                           | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs                                      |
|                           | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs                                   |
|                           | Line 3: Subtract line 2 from line 1  | Line 3: Subtract line 2 from line 1                             |
|                           | and enter here. This is the<br>total number of DSEs for  | and enter here. This is the total number of DSEs for            |
|                           | this subscriber group  | this subscriber group   |
|                           | subject to the surcharge   | subject to the surcharge  |
|                           | computation  | computation   |
|                           | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY  |
|                           | SURCHARGE First Group  | SURCHARGE Second Group\$  |
|                           | ·  |   |
|                           | FIFTY-FIRST SUBSCRIBER GROUP   | 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  | Line 3: Subtract line 2 from line 1 and enter here. This is the |
|                           | total number of DSEs for   | total number of DSEs for  |
|                           | this subscriber group subject to the surcharge   | this subscriber group subject to the surcharge                  |
|                           | computation  | computation   |
|                           | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY  |
|                           | SURCHARGE  | SURCHARGE   |
|                           | Third Group  | Fourth Group  |
|                           | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page  |   |
|                           |  |   |
|                           |  |   |
|                           |  |   |
|                           |  |   |

FORM SA3E. PAGE 20.

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 003838 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation Second 50 major television market First 50 major television market of INSTRUCTIONS: Base Rate Fee and 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 Syndicated this schedule. **Exclusivity** 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 Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E. PAGE 20.

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 003838 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation Second 50 major television market First 50 major television market of INSTRUCTIONS: Base Rate Fee and 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 Syndicated this schedule. **Exclusivity** 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 Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E, PAGE 20.

| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#   |  |  |
|---|--|--|--|--|
| Name  | CABLE ONE, INC.  | 003838   |  |  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI   | VITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |  |  |
| 9   | If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television market by section 76.5 of FCC rules in effect on June 24, 1981:   |  |  |  |
| Computation of                                | ☐ First 50 major television market   | Second 50 major television market  |  |  |
| Base Rate Fee                                 | INSTRUCTIONS:  | _  |  |  |
| and<br>Syndicated<br>Exclusivity<br>Surcharge | <ul> <li>Step 1: In line 1, give the total DSEs by subscriber group for commerce this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter it</li> </ul>   | r the VHF Grade B contour stations that were classified as   |  |  |
| for<br>Partially<br>Distant<br>Stations       | for 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 sho |  |  |  |
|   | SIXTY-FIRST SUBSCRIBER GROUP   | SIXTY-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  |  |  |
|   | SIXTY-THIRD SUBSCRIBER GROUP   | SIXTY-FOURTH SUBSCRIBER GROUP  |  |  |
|   | Line 1: Enter the VHF DSEs   | 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   | 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 |  |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE Third Group   | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group  |  |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea 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#  |
|---|---|---|
| Name                                    | CABLE ONE, INC. 003838  |   |
|   | 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: |   |
| 9                                       |   |   |
| Computation of                          | ☐ First 50 major television market  | Second 50 major television market   |
| Base Rate Fee                           | INSTRUCTIONS:   |   |
| and<br>Syndicated                       | Step 1: In line 1, give the total DSEs by subscriber group for commer<br>this schedule.   | cial VHF Grade B contour stations listed in block A, part 9 of                      |
| Exclusivity<br>Surcharge                | 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.   |   |
| for<br>Partially<br>Distant<br>Stations | p 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  | SIXTY-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   | 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   | total number of DSEs for this subscriber group subject to the surcharge computation |
|   | SYNDICATED EXCLUSIVITY SURCHARGE First Group  | SYNDICATED EXCLUSIVITY SURCHARGE Second Group                                       |
|   | SIXTY-SEVENTH SUBSCRIBER GROUP  | SIXTY-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   | Line 3: Subtract line 2 from line 1 and enter here. This is the                     |
|   | total number of DSEs for<br>this subscriber group<br>subject to the surcharge   | total number of DSEs for<br>this subscriber group<br>subject to the surcharge       |
|   | SYNDICATED EXCLUSIVITY  | SYNDICATED EXCLUSIVITY  |
|   | SURCHARGE Third Group   | SURCHARGE Fourth Group  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for earlin the boxes above. Enter here and in block 4, line 2 of space L (page  |   |
|   |   |   |
|   |   |   |
|   |   |   |

FORM SA3E. PAGE 20.

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 003838 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation Second 50 major television market First 50 major television market of INSTRUCTIONS: Base Rate Fee and 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 Syndicated this schedule. **Exclusivity** 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 Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. SIXTY-NINTH SUBSCRIBER GROUP SEVENTIETH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . SEVENTY-FIRST SUBSCRIBER GROUP SEVENTY-SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E. PAGE 20.

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 003838 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation Second 50 major television market First 50 major television market of INSTRUCTIONS: Base Rate Fee and 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 Syndicated this schedule. Exclusivity 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 Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. SEVENTY-THIRD SUBSCRIBER GROUP SEVENTY-FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . SEVENTY-FIFTH SUBSCRIBER GROUP SEVENTY-SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E. PAGE 20.

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 003838 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation Second 50 major television market First 50 major television market of INSTRUCTIONS: Base Rate Fee and 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 Syndicated this schedule. Exclusivity 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 Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E. PAGE 20.

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 003838 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation Second 50 major television market First 50 major television market of INSTRUCTIONS: Base Rate Fee and 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 Syndicated this schedule. **Exclusivity** 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 Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E. PAGE 20.

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 003838 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation Second 50 major television market First 50 major television market of INSTRUCTIONS: Base Rate Fee and 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 Syndicated this schedule. Exclusivity 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 Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E. PAGE 20.

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 003838 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation Second 50 major television market First 50 major television market of INSTRUCTIONS: Base Rate Fee and 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 Syndicated this schedule. **Exclusivity** 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 Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E. PAGE 20.

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 003838 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation Second 50 major television market First 50 major television market of INSTRUCTIONS: Base Rate Fee and 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 Syndicated this schedule. **Exclusivity** 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 Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E. PAGE 20.

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 003838 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation Second 50 major television market First 50 major television market of INSTRUCTIONS: Base Rate Fee and 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 Syndicated this schedule. **Exclusivity** 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 Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. NINETY-SEVENTH SUBSCRIBER GROUP NINETY-EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . NINETY-NINTH SUBSCRIBER GROUP ONE HUNDREDTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

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   | If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television mark by section 76.5 of FCC rules in effect on June 24, 1981:   |  |
| Computation of                              | ☐ First 50 major television market   | Second 50 major television market  |
| Base Rate Fee                               | INSTRUCTIONS:  |  |
| and<br>Syndicated                           | Step 1: In line 1, give the total DSEs by subscriber group for commer<br>this schedule.  | cial VHF Grade B contour stations listed in block A, part 9 of   |
| Exclusivity Surcharge for Partially Distant | Step 2: In line 2, give the total number of DSEs by subscriber group f Exempt DSEs in block C, part 7 of this schedule. If none enter Step 3: In line 3, subtract line 2 from line 1. This is the total number o Step 4: Compute the surcharge for each subscriber group using the f schedule. In making this computation, use gross receipts figure | zero.<br>f DSEs used to compute the surcharge.   |
| Stations                                    | 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   | 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   | 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   | 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  | subject to the surcharge computation   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE Third Group   | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page   |  |
|   |  |  |
|   |  |  |

FORM SA3E. PAGE 20.

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 003838 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation Second 50 major television market First 50 major television market of INSTRUCTIONS: Base Rate Fee and 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 Syndicated this schedule. Exclusivity 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 Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. ONE HUNDRED FIFTH SUBSCRIBER GROUP ONE HUNDRED SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group Second Group . . . . . . . . . ONE HUNDRED SEVENTH SUBSCRIBER GROUP ONE HUNDRED EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E, PAGE 20.

| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#   |  |
|---|---|--|--|
| Name  | CABLE ONE, INC.   | 003838   |  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |  |  |
| 9   | If your cable system is located within a top 100 television market and t<br>Syndicated Exclusivity Surcharge. Indicate which major television mar<br>by section 76.5 of FCC rules in effect on June 24, 1981:   |  |  |
| Computation of                              | ☐ First 50 major television market  | Second 50 major television market  |  |
| Base Rate Fee                               | INSTRUCTIONS:   |  |  |
| and<br>Syndicated                           | Step 1: In line 1, give the total DSEs by subscriber group for comment<br>this schedule.  | rcial VHF Grade B contour stations listed in block A, part 9 of                          |  |
| Exclusivity Surcharge for Partially Distant | Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none entered the step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the | r zero.<br>f DSEs used to compute the surcharge.   |  |
| Stations                                    | your actual calculations on this form.  | res applicable to the particular group. Fou do not need to show                          |  |
|   | 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<br>and enter here. This is the<br>total number of DSEs for  | 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  | 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  | 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  | 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 e in the boxes above. Enter here and in block 4, line 2 of space L (page  |  |  |
|   |   |  |  |
|   |   |  |  |

FORM SA3E, PAGE 20.

| Name                             | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#  |
|----------------------------------|---|---|
| Name                             | CABLE ONE, INC.   | 003838  |
|                                  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |   |
| 9                                | If your cable system is located within a top 100 television market and t<br>Syndicated Exclusivity Surcharge. Indicate which major television mar<br>by section 76.5 of FCC rules in effect on June 24, 1981: |   |
| Computation of                   | ☐ First 50 major television market  | Second 50 major television market                               |
| Base Rate Fee                    | INSTRUCTIONS:   |   |
| and<br>Syndicated                | Step 1: In line 1, give the total DSEs by subscriber group for comment this schedule.   | cial VHF Grade B contour stations listed in block A, part 9 of  |
| Exclusivity                      | Step 2: In line 2, give the total number of DSEs by subscriber group to   | or the VHF Grade B contour stations that were classified as     |
| Surcharge<br>for                 | Exempt DSEs in block C, part 7 of this schedule. If none enter<br>Step 3: In line 3, subtract line 2 from line 1. This is the total number of   |   |
| Partially<br>Distant<br>Stations | Step 4: Compute the surcharge for each subscriber group using the   | · -   |
|                                  | ONE HUNDRED THIRTEENTH SUBSCRIBER GROUP   | ONE HUNDRED FOURTEENTH SUBSCRIBER GROUP                         |
|                                  | Line 1: Enter the VIJE DSEs   | Line 1: Enter the V/JE DSEs                                     |
|                                  | Line 1: Enter the VHF DSEs  | 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   | Line 3: Subtract line 2 from line 1 and enter here. This is the |
|                                  | total number of DSEs for  | total number of DSEs for  |
|                                  | this subscriber group subject to the surcharge  | this subscriber group subject to the surcharge                  |
|                                  | computation   | computation   |
|                                  | SYNDICATED EXCLUSIVITY  | SYNDICATED EXCLUSIVITY  |
|                                  | SURCHARGE First Group   | SURCHARGE Second Group  |
|                                  | ONE HUNDRED FIFTEENTH SUBSCRIBER GROUP  | ONE HUNDRED SIXTEENTH SUBSCRIBER GROUP                          |
|                                  | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs                                      |
|                                  | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs                                   |
|                                  | Line 3: Subtract line 2 from line 1   | Line 3: Subtract line 2 from line 1 and enter here. This is the |
|                                  | and enter here. This is the total number of DSEs for  | total number of DSEs for  |
|                                  | this subscriber group<br>subject to the surcharge   | this subscriber group subject to the surcharge                  |
|                                  | computation   | computation   |
|                                  | SYNDICATED EXCLUSIVITY  | SYNDICATED EXCLUSIVITY  |
|                                  | SURCHARGE Third Group   | SURCHARGE Fourth Group  |
|                                  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page  |   |
|                                  |   |   |
|                                  |   |   |

FORM SA3E. PAGE 20.

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 003838 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation Second 50 major television market First 50 major television market of INSTRUCTIONS: Base Rate Fee and 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 Syndicated this schedule. Exclusivity 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 Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for Partially Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. ONE HUNDRED 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . First 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E. PAGE 20.

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 003838 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation Second 50 major television market First 50 major television market of INSTRUCTIONS: Base Rate Fee and 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 Syndicated this schedule. Exclusivity 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 Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for Partially Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. ONE HUNDRED 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . ONE HUNDRED 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

EODM SASE BAGE 30

| BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROU  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   | <b>003838</b> |
|--|---------------|
| If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:    Computation 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 which major television market and the station is not exempt in Part 7, you must also compute a Syndicated in Syndicated in Syndicated   Indicate which major television market   Indicate which major television | P             |
| Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:  Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations  Syndicated Exclusivity Surcharge for Partially Distant Stations  Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:  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. If none enter zero.  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.   |               |
| of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations    First 50 major television market   Second 50 major television market   Second 50 major television market   Second 50 major television market   Second 50 major television market   |               |
| 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.   |               |
| Syndicated Exclusivity Surcharge for Partially Distant Stations  this schedule.  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 ONE HUNDRED TWENTY-SIXTH SUBSCRIBER GROUP  | UP.           |
| Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs  |               |
| Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs  |               |
| Line 3: Subtract line 2 from line 1  Line 3: Subtract line 2 from line 1   |               |
| and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for  |               |
| this subscriber group this subscriber group  |               |
| subject to the surcharge subject to the surcharge  |               |
| computation computation  | <del>-</del>  |
| SYNDICATED EXCLUSIVITY SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE  |               |
| First Group  |               |
| ONE HUNDRED TWENTY-SEVENTH SUBSCRIBER GROUP  ONE HUNDRED TWENTY-EIGHTH SUBSCRIBER GROUP  | OUP           |
| Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs  |               |
| Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs  |               |
| Line 3: Subtract line 2 from line 1  Line 3: Subtract line 2 from line 1   |               |
| and enter here. This is the total number of DSEs for total number of DSEs for  |               |
| this subscriber group subject to the surcharge this subscriber group subject to the surcharge  |               |
| computation  |               |
| SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY  |               |
| SURCHARGE Third 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.

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 003838 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation Second 50 major television market First 50 major television market of INSTRUCTIONS: Base Rate Fee and 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 Syndicated this schedule. Exclusivity 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 Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for Partially Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. ONE HUNDRED TWENTY-NINTH SUBSCRIBER GROUP ONE HUNDRED THIRTIETH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . First Group ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

EODM SASE DAGE 30

| 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 and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge, Indicate which major television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge and Syndicated Exclusivity Surcharge for graph of the Stations (Sept. 1 in line 1; give the total number of Levision market and the station is not exempt in Part 7, you must also compute a Station in Station in Stations (Sept. 2 in line 1, give the total number of 195% by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of the Step 1: In line 1; give the total number of DSEs by subscriber group for the VHF Grade B contour stations listed in block A, part 9 of this schedule. In making this computation are enter zero.  Step 3: In line 2, give the total number of DSEs by subscriber group of the VHF Grade B contour stations that were classified as Exempt DSEs in United 2; Either the Exempt DSEs in United 2; Either the Exempt DSEs in United 2; Either the Exempt DSEs in United 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  First Group.  SYNDICATED EXCLUSIVITY  SURCHARGE  First Group.  SYNDICATED EXCLUSIVITY  SURCHARGE  Line 1: Enter the VHF DSEs.  Line 2: Enter the Exempt 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  The subscriber group on the surcharge computation.  SYNDICATED EXCLUSIVITY  SURCHARGE  Line 3: Subtract line 2 from line 1 and enter here |   | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | FORM SA3E. PAGE 20.  SYSTEM ID#   |  |
|--|---|---|---|--|
| 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 Syndicated Exclusivity Surcharge for Partiality Distant Stations    Instructions   | Name  | CABLE ONE, INC.   | 003838  |  |
| 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:    Second 50 major television market   Second 50 major television market   |   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |   |  |
| Second 50 major television market   Second 50 major television market   Second 50 major television market   Second 50 major television market   Second 50 major television market   Second 50 major television market   Step 1: In line 1, give the total DSEs by subscriber group for the 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.   |   | Syndicated Exclusivity Surcharge. Indicate which major television mark  | · · · · · · · · · · · · · · · · · · ·   |  |
| 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, 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, give 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  \$ SYNDICATED EXCLUSIVITY  SURCHARGE  First Group  SYNDICATED EXCLUSIVITY  SURCHARGE  First Group  SYNDICATED EXCLUSIVITY  SURCHARGE  Second Group  Line 2: Enter the Exempt DSEs  Line 2: Enter the Exempt DSEs  Line 2: Enter the VHF DSEs  Line 2: Enter the Exempt DSEs  Line 2: Enter the Exempt 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  | -   | ☐ First 50 major television market  | Second 50 major television market   |  |
| this schedule.  Surcharge for Partially Distant Stations  Step 3: In line 3, subtract line 2 from line 1. This is 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.  SYNDICATED EXCLUSIVITY  SURCHARGE  First Group.  SYNDICATED EXCLUSIVITY  SURCHARGE  First Group.  SYNDICATED EXCLUSIVITY  SURCHARGE  Line 2: Enter the Exempt DSEs.  Line 2: Enter the Exempt DSEs.  Line 2: Enter the Exempt DSEs.  Line 2: Enter the Exempt DSEs.  Line 2: Enter the Exempt DSEs.  Line 2: Enter the Exempt DSEs for this is the total number of DSEs for   |   |   | reiel VIII Crade December stations listed in block A part 0 of  |  |
| 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<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant | this schedule.  Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the for schedule. In making this computation, use gross receipts figure | for the VHF Grade B contour stations that were classified as r zero.  If DSEs used to compute the surcharge.  If DSEs used in block D, section 3 or 4 of part 7 of this |  |
| 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   |   | ONE HUNDRED THIRTY-THIRD SUBSCRIBER GROUP   | ONE HUNDRED THIRTY-FOURTH SUBSCRIBER GROUP  |  |
| 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   |   |   | ONE HONDINES THINK I FOOTH TO SUBSTRIBET ON ON  |  |
| 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  |   |   |   |  |
| and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  |   |   |   |  |
| this subscriber group subject to the surcharge computation   |   | and enter here. This is the   | and enter here. This is the   |  |
| subject to the surcharge computation   |   |   |   |  |
| SYNDICATED EXCLUSIVITY SURCHARGE First Group   |   | - '   | [ ]   |  |
| SURCHARGE First Group  |   | computation   | computation   |  |
| Second Group   |   |   |   |  |
| 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  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   |   | ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP   | ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP   |  |
| Line 3: Subtract line 2 from line 1  and enter here. This is the total number of DSEs for  Line 3: Subtract line 2 from line 1  and enter here. This is the total number of DSEs for   |   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs  |  |
| and enter here. This is the total number of DSEs for and enter here. This is the total number of DSEs for  |   | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs   |  |
|  |   |   |   |  |
| this subscriber group  |   |   |   |  |
| subject to the surcharge subject to the surcharge  |   | <u> </u>  |   |  |
| computation computation  |   | , c   | computation   |  |
| SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY  |   |   |   |  |
| SURCHARGE Third 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.

| N   | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#   |  |
|---|--|--|--|
| Name  | CABLE ONE, INC.  | 003838   |  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |  |  |
| 9   | If your cable system is located within a top 100 television market and th Syndicated Exclusivity Surcharge. Indicate which major television mark by section 76.5 of FCC rules in effect on June 24, 1981:  |  |  |
| Computation of                              | ☐ First 50 major television market   | Second 50 major television market  |  |
| Base Rate Fee                               | INSTRUCTIONS:  |  |  |
| and<br>Syndicated                           | Step 1: In line 1, give the total DSEs by subscriber group for commerce this schedule.   | cial VHF Grade B contour stations listed in block A, part 9 of   |  |
| Exclusivity Surcharge for Partially Distant | Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the for schedule. In making this computation, use gross receipts figure. | zero. DSEs used to compute the surcharge. Drawla outlined in block D, section 3 or 4 of part 7 of this |  |
| Stations                                    | your actual calculations on this form.   | es applicable to the particular group. Tou do not need to show   |  |
|   | 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  | Line 3: Subtract line 2 from line 1 and enter here. This is the  |  |
|   | total number of DSEs for   | total number of DSEs for   |  |
|   | this subscriber group subject to the surcharge   | this subscriber group subject to the surcharge   |  |
|   | computation  | computation  |  |
|   | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY   |  |
|   | SURCHARGE First Group  | 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  | Line 3: Subtract line 2 from line 1 and enter here. This is the  |  |
|   | total number of DSEs for   | total number of DSEs for   |  |
|   | this subscriber group<br>subject to the surcharge  | this subscriber group subject to the surcharge   |  |
|   | computation  | computation  |  |
|   | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY   |  |
|   | SURCHARGE Third Group  | SURCHARGE Fourth Group   |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7   |  |  |
|   |  |  |  |
|   |  |  |  |

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 003838 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation Second 50 major television market First 50 major television market of INSTRUCTIONS: Base Rate Fee and 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 Syndicated this schedule. Exclusivity 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 Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for Partially Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show Distant **Stations** your actual calculations on this form. ONE HUNDRED FORTY-FIRST SUBSCRIBER GROUP ONE HUNDRED 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . First Group ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP ONE HUNDRED 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E. PAGE 20.

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 003838 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation Second 50 major television market First 50 major television market of INSTRUCTIONS: Base Rate Fee and 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 Syndicated this schedule. Exclusivity 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 Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for Partially Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. ONE HUNDRED FORTY-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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . First 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E, PAGE 20.

|   | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#   |
|---|--|--|
| Name  | CABLE ONE, INC.  | 003838   |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |  |
| 9   | If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television mark by section 76.5 of FCC rules in effect on June 24, 1981:   |  |
| Computation of  | ☐ First 50 major talaviaion market   | Second 50 major television market  |
| Base Rate Fee   | ☐ First 50 major television market  INSTRUCTIONS:  | Second 50 major television market  |
| and   | Step 1: In line 1, give the total DSEs by subscriber group for commerce  | cial VHF Grade B contour stations listed in block A, part 9 of   |
| Syndicated Exclusivity Surcharge for Partially Distant Stations | this schedule.  Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the formula schedule. In making this computation, use gross receipts figure your actual calculations on this form. | zero.  DSEs used to compute the surcharge.  ormula outlined in block D, section 3 or 4 of part 7 of this |
|   | ONE HUNDRED FORTY-NINTH SUBSCRIBER GROUP   | ONE HUNDRED FIFTIETH SUBSCRIBER GROUP  |
|   | 512 115 125 1 51 1 1 1 1 1 1 1 1 1 1 1 1   | 312 1013 123 1 1211 3333 1132 1 3133   |
|   | Line 1: Enter the VHF DSEs  Line 2: Enter the Exempt DSEs  | Line 1: Enter the VHF DSEs  Line 2: Enter the Exempt DSEs  |
|   | Line 3: Subtract line 2 from line 1  | Line 3: Subtract line 2 from line 1  |
|   | and enter here. This is the  | and enter here. This is the  |
|   | total number of DSEs for   | total number of DSEs for   |
|   | this subscriber group  | this subscriber group  |
|   | subject to the surcharge  computation  | 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  | Line 3: Subtract line 2 from line 1  |
|   | and enter here. This is the total number of DSEs for   | and enter here. This is the total number of DSEs for   |
|   | this subscriber group  | this subscriber group  |
|   | subject to the surcharge  computation  | subject to the surcharge computation   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE Third Group   | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for earlin the boxes above. Enter here and in block 4, line 2 of space L (page 1)  |  |
|   |  |  |

FORM SA3E. PAGE 20.

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 003838 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation Second 50 major television market First 50 major television market of INSTRUCTIONS: Base Rate Fee and 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 Syndicated this schedule. Exclusivity 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 Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for Partially Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. ONE HUNDRED 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . ONE HUNDRED 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

EODM SASE DAGE 30

|                                  | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | FORM SA3E. PAGE 20.  |
|----------------------------------|--|--|
| Name                             | CABLE ONE, INC.  | SYSTEM ID# 003838  |
|                                  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS  | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                          |
| <b>9</b> Computation             | If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television mark by section 76.5 of FCC rules in effect on June 24, 1981: | •  |
| of                               | ☐ First 50 major television market   | Second 50 major television market                                  |
| Base Rate Fee                    | INSTRUCTIONS:  |  |
| and                              | Step 1: In line 1, give the total DSEs by subscriber group for commer  | cial VHF Grade B contour stations listed in block A, part 9 of     |
| Syndicated                       | this schedule.   |  |
| Exclusivity                      | Step 2: In line 2, give the total number of DSEs by subscriber group for   |  |
| Surcharge<br>for                 | Exempt DSEs in block C, part 7 of this schedule. If none enter<br>Step 3: In line 3, subtract line 2 from line 1. This is the total number of  |  |
| Partially<br>Distant<br>Stations | Step 4: Compute the surcharge for each subscriber group using the f  | =  |
|                                  | 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 2. Enter the Exempt DSEs                                      |
|                                  | Line 3: Subtract line 2 from line 1  | Line 3: Subtract line 2 from line 1                                |
|                                  | and enter here. This is the  | and enter here. This is the  |
|                                  | total number of DSEs for<br>this subscriber group  | total number of DSEs for<br>this subscriber group                  |
|                                  | subject to the surcharge   | subject to the surcharge   |
|                                  | computation  | computation  |
|                                  | ·  |  |
|                                  | SYNDICATED EXCLUSIVITY SURCHARGE   | SYNDICATED EXCLUSIVITY SURCHARGE                                   |
|                                  | First Group  | 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  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the |
|                                  | total number of DSEs for   | total number of DSEs for   |
|                                  | this subscriber group  | this subscriber group  |
|                                  | subject to the surcharge  computation  | subject to the surcharge computation                               |
|                                  | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY   |
|                                  | SURCHARGE  | SURCHARGE  |
|                                  | Third Group  | Fourth Group   |
|                                  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ein the boxes above. Enter here and in block 4, line 2 of space L (page  |  |
|                                  |  |  |