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

Return completed workbook by email to:

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
3/15/22	\$
	ALLOCATION NUMBER

coplicsoa@loc.gov

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

Α	AC	COUNTING PERIOD COVERED BY THIS STATEMENT	:								
Accounting		2021/2									
Period											
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 37590										
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM										
		CNMI Cablevision LLC									
		DOCOMO PACIFIC									
					37590	2021/2					
					37590	2021/2					
		890 S. Marine Corps Drive Tamuning, Guam 96913									
	INS	STRUCTIONS: In line 1, give any business or trade names used	to identify the busines	s and operation of the svs	tem unles:	s these					
С		nes already appear in space B. In line 2, give the mailing addres									
System	1	IDENTIFICATION OF CABLE SYSTEM:									
		MAILING ADDRESS OF CABLE SYSTEM:									
	2	(Number, street, rural route, apartment, or suite number)									
		(City, town, state, zip code)									
D	Inc	+	tify only the frat com	aunity convod balaw and re	list on nor						
_		tructions: For complete space D instructions, see page 1b. Ider	any only the list comi	numity served below and re	inst on pag	je in					
Area Served	with all communities. CITY OR TOWN STATE										
First	Susupe MP										
Community	F	elow is a sample for reporting communities if you report multiple		nace G							
	-	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	GRP#					
0 annual a	Alc		MD	Α		1					
Sample	В		2								
	Ge	ing	MD	В		3					
form in order to pro numbers. By provi search reports pre	ocess ding F pared	tion 111 of title 17 of the United States Code authorizes the Copyright Offce to co your statement of account. PII is any personal information that can be used to ide II, you are agreeing to the routine use of it to establish and maintain a public reco for the public. The effect of not providing the PII requested is that it may delay pro ements of account, and it may affect the legal sufficiency of the fling, a determinati	ntify or trace an individual, rd, which includes appearin cessing of your statement	such as name, address and telep g in the Offce's public indexes ar of account and its placement in th	ohone nd in						

FORM SA3E. PAGE 1b.

ORM SA3E. PAGE 1b.									
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#						
CNMI Cablevision LLC			37590						
CNMI Cablevision LLC 37 390 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 filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your space G reporting) and a subscriber group designated by a number (based on your space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below.									
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	-					
			50D GI(I #						
Susupe	MP	Α		First					
				Community					
				See instructions for					
				additional information					
				on alphabetization.					
				Add rows as necessary.					
				1					

Name	LEGAL NAME OF OWNER OF CABL	E SYSTEM:						S	YSTEM II 3759				
Name	CNMI Cablevision LLC												
Е	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												
Secondary Transmission Service: Sub-	about other services (including plast day of the accounting period	bay cable) in s d (June 30 or E	pace F,)ecemb	not here. All tl er 31, as the c	ne facts y ase may	you state must be v be).	e those exis	ting on the					
scribers and Rates	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 that applies to your system. Not categories, that person or entity subscriber who pays extra for ca first set" and would be counted of Block 2: If your cable system printed in block 1 (for example, the with the number of subscribers a sufficient.	e to their subs e: Where an ir should be cou able service to once again und has rate categ iers of service	cribers. Individua Inted as addition der "Sen Iories fo s that ir	Give the numb al or organizati a subscriber in nal sets would rvice to additio or secondary tr nclude one or r	per of sul on is rec n each a be includ nal set(s ansmissi nore sec	bscribers and rate eiving service tha applicable categor ded in the count u)." ion service that a condary transmiss	e for each li it falls unde ry. Example inder "Serv re different ions), list th	isted category or different e: a residential rice to the from those nem, together					
	BLC	DCK 1					BLOC		[
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CA	TEGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE				
	Residential: • Service to first set • Service to additional set(s)		786	\$ 95.00									
	• FM radio (if separate rate) Motel, hotel		400	\$ 15.79									
	Commercial Converter			• 10.70									
	Residential Non-residential												
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There are furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a	te (not subscri hose services re two exception or facilities fur hit in which it is rate column. te charged by t your cable sy separate charge	ber) info that are ons: you nished s usually the cab	ormation with r e not offered ir u do not need to to nonsubscrib y billed. If any le system for e irnished or offe	espect to combine o give ra ers. Rate rates are rates of the red durin	ation with any sec ate information co e information sho e charged on a va ne applicable serving the accounting	condary tra ncerning (1 uld include riable per-p vices listed. period tha	nsmission) services both the program basis, t were not					
	brief (two- or three-word) descrip	otion and inclu	de the r										
	brief (two- or three-word) descrip	BLO	CK 1	rate for each.				BLOCK 2					
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	BLO RATE	CK 1 CATEC	rate for each. GORY OF SEF ation: Non-re	RVICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE				
	brief (two- or three-word) descrip CATEGORY OF SERVICE	BLO	CK 1 CATEC Install • Mo • Co	rate for each. GORY OF SEF	RVICE	RATE	CATEGO		RATE				
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel	BLO RATE	CK 1 CATEC Install • Mo • Co • Pa • Pa • Fire	ate for each. GORY OF SEF ation: Non-res atel, hotel mmercial y cable y cable-add'l c e protection	RVICE sidential	RATE	CATEGO		RATE				
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential	BLO0 RATE \$ 17.00	CK 1 CATEC Install • Mo • Co • Pa • Firr • Bu Other • Re	ate for each. GORY OF SEF ation: Non-res tel, hotel mmercial y cable y cable-add'l c	RVICE sidential	RATE	CATEGO		RATE				

LEGAL NAME OF OWN	NER OF CABLE SY	STEM:			SYSTEM ID#	Namo
CNMI Cablevis	ion LLC				37590	ivame
RIMARY TRANSMITT	ERS: TELEVISI	ON				
n General: In space arried by your cable CC rules and regular 6.59(d)(2) and (4), 7 ubstitute program ba Substitute Basis asis under specifc FI Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fc Column 1: List ear each multicast stream ast stream as "WET/ VETA-simulcast). Column 2: Give th is community of licen in which your cable s Column 3: Indicate ducational station, by	G, identify ever system during tions in effect o 6.61(e)(2) and sis, as explaine Stations: With CC rules, regul n here in space d only on a subs , and also in sp nformation con- orm. ch station's call n associated with A-2". Simulcast he channel num ise. For exampl system carried t e in each case y entering the la icast), "E" (for r	y television s the accountin n June 24, 19 (4), or 76.63 ed in the next respect to an ations, or aut G—but do lis stitute basis ace I, if the st cerning subst sign. Do not th a station ac streams mus ber the FCC e, WRC is Ch he station whether the s etter "N" (for n ioncommercia	g period except 981, permitting t (referring to 76.6 paragraph by distant station horizations: st it in space I (t tation was carrie itute basis static report originatic ccording to its ov st be reported in has assigned to hannel 4 in Was station is a netw network), "N-M" al educational),	(1) stations carrie he carriage of cer 51(e)(2) and (4))]; s carried by your he Special Staten ed both on a subsi- tons, see page (v) on program servic ver-the-air design column 1 (list eac the television stat hington, D.C. This ork station, an inc (for network multi or "E-M" (for none	s and low power television stations) ad only on a part-time basis under tain network programs [section: and (2) certain stations carried on a cable system on a substitute program nent and Program Log)—if the titute basis and also on some othe of the general instructions located es such as HBO, ESPN, etc. Identify ation. For example, report multi ch stream separately; for example titon for broadcasting over-the-air ir s may be different from the channe lependent station, or a noncommercia cast), "I" (for independent), "I-M commercial educational multicast) the name SA3 form	G Primary Transmitters: Television
able system carried t arried the distant sta For the retransmiss	have entered "Y the distant stati tion on a part-ti sion of a distan	es" in column on during the me basis bec t multicast str	n 4, you must co accounting per cause of lack of ream that is not	omplete column 5 iod. Indicate by en activated channel subject to a royal	stating the basis on which you ntering "LAC" if your cable syster capacity ty payment because it is the subjec	
he cable system and ion "E" (exempt). For explanation of these t Column 6: Give th FCC. For Mexican or	a primary trans simulcasts, als hree categories location of ea Canadian statio	smitter or an a to enter "E". It s, see page (\ ach station. F ons, if any, gi	association repr f you carried the /) of the general or U.S. stations ve the name of t	esenting the prim channel on any o instructions locat list the communi the community wi	ystem or an association representin ary transmitter, enter the designa other basis, enter "O." For a furthe ed in the paper SA3 form ty to which the station is licensed by the th which the station is identifec	
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the cable system and tion "E" (exempt). For explanation of these t Column 6: Give th FCC. For Mexican or Note: If you are utilizi 1. CALL SIGN KUAM KUAM -LP KEQI-LP KTGM	a primary trans simulcasts, als hree categories to location of ea Canadian station multiple cha 2. B'CAST CHANNEL NUMBER 8 11 6 7	smitter or an a so enter "E". It s, see page (\ ach station. F ons, if any, gi' nnel line-ups CHANN 3. TYPE OF STATION N N I N	association repri- f you carried the /) of the general or U.S. stations, ve the name of ti , use a separate EL LINE-UP 4. DISTANT? (Yes or No) Yes Yes Yes Yes Yes	esenting the prime channel on any of instructions locat list the community the community wite space G for each AA 5. BASIS OF CARRIAGE (If Distant) 0 0 0	Ary transmitter, enter the designa bother basis, enter "O." For a furthe red in the paper SA3 form ty to which the station is licensed by the th which the station is identifec in channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION Agana, Guam Agana, Guam Dededo, Guam Tamuning, Guam	additional informatio
the cable system and tion "E" (exempt). For explanation of these t Column 6: Give th FCC. For Mexican or Note: If you are utilizi 1. CALL SIGN KUAM KUAM -LP KEQI-LP KTGM	a primary trans simulcasts, als hree categories to location of ea Canadian station multiple cha 2. B'CAST CHANNEL NUMBER 8 11 6 7	smitter or an a so enter "E". It s, see page (\ ach station. F ons, if any, gi' nnel line-ups CHANN 3. TYPE OF STATION N N I N	association repri- f you carried the /) of the general or U.S. stations, ve the name of ti , use a separate EL LINE-UP 4. DISTANT? (Yes or No) Yes Yes Yes Yes Yes	esenting the prime channel on any of instructions locat list the community the community wite space G for each AA 5. BASIS OF CARRIAGE (If Distant) 0 0 0	Ary transmitter, enter the designa bother basis, enter "O." For a furthe red in the paper SA3 form ty to which the station is licensed by the th which the station is identifec in channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION Agana, Guam Agana, Guam Dededo, Guam Tamuning, Guam	additional informatio
the cable system and tion "E" (exempt). For explanation of these t Column 6: Give th FCC. For Mexican or Note: If you are utilizi 1. CALL SIGN KUAM KUAM -LP KEQI-LP KTGM	a primary trans simulcasts, als hree categories to location of ea Canadian station multiple cha 2. B'CAST CHANNEL NUMBER 8 11 6 7	smitter or an a so enter "E". It s, see page (\ ach station. F ons, if any, gi' nnel line-ups CHANN 3. TYPE OF STATION N N I N	association repri- f you carried the /) of the general or U.S. stations, ve the name of ti , use a separate EL LINE-UP 4. DISTANT? (Yes or No) Yes Yes Yes Yes Yes	esenting the prime channel on any of instructions locat list the community the community wite space G for each AA 5. BASIS OF CARRIAGE (If Distant) 0 0 0	Ary transmitter, enter the designa bother basis, enter "O." For a furthe red in the paper SA3 form ty to which the station is licensed by the th which the station is identifec in channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION Agana, Guam Agana, Guam Dededo, Guam Tamuning, Guam	additional informatio
the cable system and tion "E" (exempt). For explanation of these ti Column 6: Give th FCC. For Mexican or Note: If you are utilizi 1. CALL SIGN KUAM KUAM -LP KEQI-LP KTGM	a primary trans simulcasts, als hree categories to location of ea Canadian station multiple cha 2. B'CAST CHANNEL NUMBER 8 11 6 7	smitter or an a so enter "E". It s, see page (\ ach station. F ons, if any, gi' nnel line-ups CHANN 3. TYPE OF STATION N N I N	association repri- f you carried the /) of the general or U.S. stations, ve the name of ti , use a separate EL LINE-UP 4. DISTANT? (Yes or No) Yes Yes Yes Yes Yes	esenting the prime channel on any of instructions locat list the community the community wite space G for each AA 5. BASIS OF CARRIAGE (If Distant) 0 0 0	Ary transmitter, enter the designa bother basis, enter "O." For a furthe red in the paper SA3 form ty to which the station is licensed by the th which the station is identifec in channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION Agana, Guam Agana, Guam Dededo, Guam Tamuning, Guam	additional informatio
the cable system and tion "E" (exempt). For explanation of these t Column 6: Give th FCC. For Mexican or Note: If you are utilizi 1. CALL	a primary trans simulcasts, als hree categories to location of ea Canadian station multiple cha 2. B'CAST CHANNEL NUMBER 8 11 6 7	smitter or an a so enter "E". It s, see page (\ ach station. F ons, if any, gi' nnel line-ups CHANN 3. TYPE OF STATION N N I N	association repri- f you carried the /) of the general or U.S. stations, ve the name of ti , use a separate EL LINE-UP 4. DISTANT? (Yes or No) Yes Yes Yes Yes Yes	esenting the prime channel on any of instructions locat list the community the community wite space G for each AA 5. BASIS OF CARRIAGE (If Distant) 0 0 0	Ary transmitter, enter the designa bother basis, enter "O." For a furthe red in the paper SA3 form ty to which the station is licensed by the th which the station is identifec in channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION Agana, Guam Agana, Guam Dededo, Guam Tamuning, Guam	additional informatio

ACCOUNTING PER	LEGAL NAME OF	OWNER OF CAR	LE SYSTE	EM:				SYSTEM ID#					
Name	CNMI Cable							37590					
H Primary Transmitters: Radio	 PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). 												
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION					
	N/A												
		I		_	1			 _					

ACCOUNTING PERIOD:	2021/2
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FORM SA3E. PAGE 5.						ACCOUNTING	PERIOD: 2021/2
LEGAL NAME OF OWNER OF	CABLE SYS	TEM:			S	SYSTEM ID#	
CNMI Cablevision LLC)					37590	Name
SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO	G			
In General: In space I, ident substitute basis during the a explanation of the programm form.	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regu	lations, or authorizations	. For a further	Substitute
1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				Carriage:
During the accounting per broadcast by a distant start	riod, did you			isis, any non	network television prog	ram XNo	Special Statement and Program Log
Note: If your answer is "No log in block 2.	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you	must complete the proc	jram	
period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love Column 2: If the progra Column 3: Give the call Column 4: Give the bro the case of Mexican or Cal Column 5: Give the mo first. Example: for May 7 g Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	stitute progra ace, please of every no a distant sta egulations, of ation. Do no Lucy" or "N m was broa sign of the adcast statii nadian statii nth and day ive "5/7." nes when th . Example: ter "R" if the and regulat rogramming	am on a separ attach addition onnetwork tele tion and that y or authorizatio ot use general BA Basketball dcast live, ent station broadc on's location (on's location (on's location (on's ubstitute pr a program car e listed program ions in effect d	nal pages. vision program (substitute our cable system substitut ns. See page (vi) of the ge categories like "movies", r : 76ers vs. Bulls." er "Yes." Otherwise enter casting the substitute prog the community to which th e community with which th rstem carried the substitute ogram was carried by you ried by a system from 6:07 m was substituted for prog luring the accounting period	program) th ted for the pr eneral instruc- or "basketba "No." ram. e station is li e station is li e station is li e program. U r cable syste 1:15 p.m. to for ramming that od; enter the	at, during the accountir rogramming of another stions located in the pap II". List specific program icensed by the FCC or, dentified). Jse numerals, with the r em. List the times accur 6:28:30 p.m. should be at your system was required.	ing in nonth ately	
		E PROGRAM	1		EN SUBSTITUTE IAGE OCCURRED	7. REASON	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		5. MONTH AND DAY		FOR DELETION	
		CALL SIGN		AND DAT			
					_		
					_		
					_		
					_		
					·		

ACCOUNTING PERIOD: 2021/2

Nama		ERIOD: 2021/2								SA3E. PAGE 6.		
J 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 carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours you are required to complete this log giving the total dates and hours you are required to complete this log giving the total dates and hours you are required to complete this log giving the total dates and hours you are required to complete this log giving the total dates and hours you are required to complete this log giving the total dates and hours you are required to complete this log giving the total dates and hours you are required to complete this log giving the total dates and hours you are required to complete this log giving the total dates and hours you are required to complete this log giving the total dates and hours you are required to complete this log giving the total dates and hours you are required to complete this log giving the total dates and hours you are required to complete this log giving the total dates and hours you are required to complete this log giving the total dates and hours you are required to complete this log giving the total dates and hours you are required to complete this log giving the total dates and hours you are required to astation whose basis of carriage as "LAC" in complete this log giving the total dates and hours of carriage as "LAC" in carriage to the carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's basis of carriage were the same. Example: "5/10-5/14, 6:00 p.m12:00 p.m." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m12:00 p.m." CALL SIGN WHEN CARRIAGE OCCUR	Name			SYSTEM:					5	37590 37590		
WHEN CARRIAGE OCCURRED CALL SIGN WHEN CARRIAGE OCCURRED DATE FROM TO N/A	Carriage	 In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G. Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period. Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10." State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m 12:00 p.m." 										
CALL SIGN HOURS DATE FROM TO N/A – Image: Constraint of the stress of the				DA	TES AND HOURS	OF F	PART-TIME CAF	RIAGE				
DATE FROM TO N/A Image: Sector of the secto		CALL SIGN	WHEN	1			CALL SIGN	WHEN				
			DATE					DATE				
Image: section of the section of t		N/A			_							
					-							
					_	-			_			
Image: set of the set of th					_							
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Image: state s					_	-						
Image: state s					<u>. </u>							
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Image: selection of the					_							
Image: selection of the					_	-						
Image: select												
Image: second												
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FORM	SA3E. PAGE 7.		
LEGA	L NAME OF OWNER OF CABLE SYSTEM:	SYSTE	Namo
CN	MI Cablevision LLC	3	7590 Name
Inst all a (as pag	DSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's sec dentifed in space E) during the accounting period. For a further explanation of how to de (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	ondary transmission service	K Gross Receipts
Instru Con Con If you fee If you according If pa	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. ur system did not carry any distant television stations, leave block 3 blank. Enter the and irom block 1 on line 1 of block 4, and calculate the total royalty fee. ur system did carry any distant television stations, you must complete the applicable p ompanying this form and attach the schedule to your statement of account. rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b k 3 below.	arts of the DSE Schedule	L Copyright Royalty Fee
► If pa	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be	entered on line 2 in block	
3 be ▶ If pa 2 in	low. rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below. MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or mor least the minimum fee, regardless of whether they carried any distant stations. This fe	ould be entered on line e are required to pay at	
	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	\$ 447,830.	00
	Enter the result here.		
	This is your minimum fee.	\$ 4,764.	91
Block 2	 DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colur "Yes" in this block. Did your cable system carry any distant television stations during the accounting per X Yes—Complete the DSE schedule. 	nn 4, you must check iod?	
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	\$ 7,904.	20
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	0.	00
	Line 3. Add lines 1 and 2 and enter here	\$ 7,904.	20
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 	<u>\$7,904.</u>	Cable systems submitting .00 additional
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.	deposits under Section 111(d)(7) 00 should contact
	Line 4. FILING FEE.	\$ 725.	00 additional fees. Division for the
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here Remit this amount via <i>electronic payment</i> payable to Register of Copyrights.	\$ 8,629.	appropriate form for
	general instructions located in the paper SA3 form for more information.)		

ACCOUNTING PERIOD: 2021/2

ACCOUNTING PERIC	D: 2021/2			FORM SA3E.	
Name	LEGAL NAME OF OWNER OF CABLE SYST CNMI Cablevision LLC	А:		SYST	EM ID#
M Channels	 to its subscribers and (2) the cat 1. Enter the total number of char system carried television broad 2. Enter the total number of active on which the cable system carried 	ast stations	ing the accounting period.	stations 5 228	
N Individual to Be Contacted for Further Information	we can contact about this statem	n, II	Telephone	+1 671 688 2355	
	Tamuning, Guar (City, town, state, zip)	apartment, or suite number)			
O Certifcation	 I, the undersigned, hereby certify (Owner other than corporation (Agent of owner other than c in line 1 of space B and that (Officer or partner) I am an o in line 1 of space B. I have examined the statement of the	f account must be certifed and signed in accordan hat (Check one, <i>but only one</i> , of the boxes.) or partnership) I am the owner of the cable system poration or partnership) I am the duly authorized a the owner is not a corporation or partnership; or cer (if a corporation) or a partner (if a partnership) of account and hereby declare under penalty of law that be best of my knowledge, information, and belief, and	as identifed in line 1 of space gent of the owner of the cable the legal entity identifed as ow all statements of fact containe	B; or system as identified ner of the cable system	
	Enter an eld (e.g., /s/ Jo button, ther Typed or p Title:	/ James W. Hofman, II tronic signature on the line above using an "/s/" signatu Smith). Before entering the first forward slash of the / ype /s/ and your name. Pressing the "F" button will av inted name: /s/ James W. Hofman, II ief Legal Officer e of official position held in corporation or partnership) muary 25, 2022	/s/ signature, place your cursor i		
form in order to proc numbers. By providi search reports prepa	ess your statement of account. PII is a ng PII, you are agreeing to the routine red for the public. The effect of not pr	tes Code authorizes the Copyright Offce to collect the y personal information that can be used to identify or tr se of it to establish and maintain a public record, which riding the PII requested is that it may delay processing t the legal suffciency of the fling, a determination that v	race an individual, such as name n includes appearing in the Offce of your statement of account ar	e, address and telephor e's public indexes and	

U.S. Copyright Office

DSE SCHEDULE. PAGE 11. (CONTINUED)

4	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#									
1	CNMI Cablevision LLC 37590									
	SUM OF DSEs OF CATEGOR	Y "O" STATION	NS:							
	Add the DSEs of each station		0.00							
	Enter the sum here and in line	1 of part 5 of this	s schedule.		2.00					
0	nstructions:									
2	In the column headed "Call S	Sign": list the ca	Il signs of all distant stations	identified by	the letter "O" in column 5					
Computation	of space G (page 3). In the column headed "DSE"	: for each indepe	endent station, give the DSF	as "1.0": for	each network or noncom-					
of DSEs for	mercial educational station, giv			,						
Category "O"			CATEGORY "O" STATION	IS: DSEs						
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
	KUAM	0.250								
	KUAM-LP	0.250								
	KEQI-LP	1.000								
	KTGM	0.250								
Add rows as	KSPN2	0.250								
necessary.										
Remember to copy										
all formula into new										
rows.										
		LJ		L	L					

	Lauran and La	hannananananananananananananananananana

	LEGAL NAME OF C	OWNER OF CABLE SYSTEM:						JLE. PAGE 12. SYSTEM ID#
Name	CNMI Cables	vision LLC						37590
3 Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity	Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station ation Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. ation Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Part Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station on rounding, see page (viii) of the general instructions in the paper SA3 form.							
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEI	R 3. JRS ED BY	NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	5. TYPE	-	SE
		OTOTE	÷	-	=	x	=	
			÷		=	x	=	
			÷		=	x	=	
			÷		=	x	=	
			÷		=	x	=	
			÷		=	x	=	
			÷		=	x	=	
			÷		=	x	=	
	Add the DSEs	• OF CATEGORY LAC of each station. Im here and in line 2 of p		dule,		0.0	0	
4 Computation of DSEs for Substitute- Basis Stations	 Was carried tions in effe Broadcast of space I). Column 2: at your option. Column 3: Column 4: 	re the call sign of each sid d by your system in subs act on October 19, 1976 one or more live, nonnetw For each station give the This figure should corre Enter the number of day Divide the figure in colur This is the station's DSE	titution for a progr (as shown by the oork programs duri a number of live, n spond with the inf s in the calendar nn 2 by the figure	am that your syste letter "P" in column ng that optional ca onnetwork prograu ormation in space year: 365, except i in column 3, and g	em was permitted n 7 of space I); a rriage (as shown t ms carried in sub I. n a leap year. give the result in	t to delete under FCC r nd by the word "Yes" in colu ostitution for programs t column 4. Round to no	ules and regular. mn 2 of hat were deleted less than the thirc	form)
		SU	BSTITUTE-BA	SIS STATION	IS: COMPUT/	ATION OF DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷		=			÷	=
		÷		=			÷	=
		÷					÷	
							*	
							÷	=
	Add the DSEs	oF SUBSTITUTE-BAS of each station. Im here and in line 3 of p		dule,		0.0		
5 Total Number	number of DSE	ER OF DSEs: Give the an s applicable to your syster f DSEs from part 2 ●		xes in parts 2, 3, ar	nd 4 of this sched	ule and add them to prov	2.00	
of DSEs	2. Number o	f DSEs from part 3 ●				▶ <u> </u>	0.00	
	3. Number o	f DSEs from part 4 ●				▶ <u></u>	0.00	
	TOTAL NUMBE	R OF DSEs					•	2.00

DSE SCHEDULE. F	PAGE 13.							ACCOUNTIN	G PERIOD: 2021/2
LEGAL NAME OF C	DWNER OF CABLE	SYSTEM:					S`	STEM ID# 37590	Name
								57550	
In block A: • If your answer if schedule.	ck A must be com "Yes," leave the re "No," complete blo	emainder of p		t 7 of the DSE sche	dule blank an	d complete pa	art 8, (page 16) of	the	6
in your anotion in	rio, complete at			TELEVISION M	ARKETS				Computation of
effect on June 24,	, 1981? plete part 8 of the	schedule—D	-	aller markets as def PLETE THE REMA			-	ulations in	3.75 Fee
	blete blocks B and					· F a			
		BLUC			WITTED DS	ES			
Column 1: CALL SIGN	under FCC rules	and regulations of the second s	ons prior to Ju dule. (Note: T	n part 2, 3, and 4 of ne 25, 1981. For fu he letter M below re Act of 2010.)	rther explana	tion of permitt	ed stations, see th	e	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)]	lles and regul ed pursuant t	lations cited b o the FCC ma	asis on which you c elow pertain to thos arket quota rules [76	se in effect on 6.57, 76.59(b)	June 24, 198 , 76.61(b)(c),	76.63(a) referring	to	
	 B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1) C Noncommerical educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)] D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule). E Carried pursuant to individual waiver of FCC rules (76.7) *F A station previously carried on a part-time or substitute basis prior to June 25, 1981 G Commercial UHF station within grade-B contour, [76.59(d)(5), 76.61(e)(5), 76.63(a) referring to 76.61(e)(5)] M Retransmission of a distant multicast stream. 								
Column 3:		e stations ide	ntified by the	n parts 2, 3, and 4 c letter "F" in column			vorksheet on page	14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
								0.00	
		В	LOCK C: CO	OMPUTATION OF	- 3.75 FEE				
Line 1: Enter the	e total number of	DSEs from	part 5 of this	schedule					
Line 2: Enter the	e sum of permitte	d DSEs fror	n block B ab	ove					
				er of DSEs subjec t 7 of this schedu		rate.			
Line 4: Enter gro	oss receipts from	space K (p	age 7)				x 0.03	375	Do any of the DSEs represent
Line 5: Multiply I	ine 4 by 0.0375	and enter su	ım here						partially permited/ partially

.....

Line 6: Enter total number of DSEs from line 3

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

nonpermitted

carriage? If yes, see part 9 instructions.

х

0.00

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CNMI Cablevision LLC 37590								
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	 Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1), 76.61(e)(1), or 76.63 (referring to 76.61(e)(3)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 or this station. 								
						D SUBSTITUTE BASIS			
	1. CALL SIGN	2. PRIOR DSE	3. ACCOUNTII PERIOD		4. BASIS OF CARRIAGE	5. PRESENT DSE	6. PERMITTED DSE		
			FLNOD		CANNAGE				
7 Computation of the Syndicated Exclusivity	,	"Yes," complete bloc	ks B and C, below. and C blank and cor		art 8 of the DSE schedu ELEVISION MARKI				
Surcharge		cable system within a t blocks B and C .	op 100 major televisio	on market	t as defned by section 76	5.5 of FCC rules in effect part 8	June 24, 1981?		
	BLOCK B: Ca	arriage of VHF/Grade	B Contour Stations		BLOCK C: Computation of Exempt DSEs				
		on that places a grac	e B contour, in whole		nity served by the cab to former FCC rule 76 Yes—List each st	in block B of part 7 carr le system prior to March .159) ation below with its approp nd proceed to part 8.	31, 1972? (refer		
	CALL SIGN	DSE C.	ALL SIGN DS	E	CALL SIGN	DSE CALL S	SIGN DSE		
		тс	TAL DSEs	0.00		TOTAL	DSEs 0.00		

DSE SCHEDULE. PAGE 14.

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: CNMI Cablevision LLC	SYSTEM ID# 37590	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section	Enter the amount of gross receipts from space K (page 7)	447,830.00	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Surcharge
• Is any	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS	SE .	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.		
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)	_	
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here	_	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
-	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
Section	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	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		

ACCOUNTING PERIOD: 2021/2

		DSE SCHEDULE. PAGE 16 IE OF OWNER OF CABLE SYSTEM: SYSTEM ID#								
Name		IE OF OWNER OF CABLE SYSTEM: SYSTEM ID# CNMI Cablevision LLC 37590								
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.								
Computation of the		A. Enter 0.00300 of gross receipts (the amount in section 1)								
Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1)								
Surcharge		C. Multiply line B by 3.000 and enter here								
		D. Enter 0.00089 of gross receipts (the amount in section 1)								
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here								
		F. Multiply line D by line E and enter here								
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge.								
8	6 was	c tions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of 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.								
Computation	• If you	• If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.								
of Base Rate Fee	-	• If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below blank.								
		What is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers were located within that station's local service area and others were located outside that area. For the definition of a station's "local								
		were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions.								
	• Did y	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS Did your cable system retransmit the signals of any partially distant television stations during the accounting period?								
		X Yes—Complete part 9 of this schedule. No—Complete the following sections.								
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE								
	Section 1 Enter the amount of gross receipts from space K (page 7)▶									
	Section	Enter the total number of permitted DSEs from block B, part 6 of this schedule.								
	2	(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)								
	Section 3	If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.								
		A. Enter 0.01064 of gross receipts								
		(the amount in section 1)								
		B. Enter 0.00701 of gross receipts (the amount in section 1)								
		C. Subtract 1.000 from total DSEs								
		(the figure in section 2) and enter here								
		D. Multiply line B by line C and enter here								
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)								
		Base Rate Fee								

DSE SCHEDULE. PAGE 17.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM SYSTEM	
CNMI Cablevision LLC 375	590 Name
Section If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.	
	8
A. Enter 0.01064 of gross receipts (the amount in section 1) ▶\$	
B. Enter 0.00701 of gross receipts	Computation
(the amount in section 1) \blacktriangleright	Computation of
	Base Rate Fee
C. Multiply line B by 3.000 and enter here ▶	
D. Enter 0.00330 of gross receipts (the amount in section 1) ▶ \$	
E. Subtract 4.000 from total DSEs	
(the figure in section 2) and enter here	
F. Multiply line D by line E and enter here \$	
G. Add lines A, C, and F. This is your base rate fee Enter here and in block 3, line 1, space L (page 7)	
Base Rate Fee \$ 0.00	D
IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals	
shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel lin ups in Space G.	^{1e-} 9
In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclu	Computation
receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage this exclusion, you must:	e of of
this exclusion, you must.	Base Rate Fee
First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the sam station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of the same group of stations.	
DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each gro	DUD. Exclusivity
Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	Surcharge
NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, yo	
must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below However, if your cable system is wholly located outside all major television markets, complete block A only.	 Distant Stations, and
How to Identify a Subscriber Group for Partially Distant Stations	for Partially
Step 1: For each community served, determine the local service area of each wholly distant and each partially distant station you	Permitted Stations
carried to that community.	
Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and the same token, the station is distant to the subscriber.)	i, by
Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable system will have only one subscriber group when the distant stations it carried have local service areas that coincide.	e
Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber groups.	
In each section:	
Identify the communities/areas represented by each subscriber group. Cive the call size for each efficiency is the subscriber group.	
• Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the subscribers in the group.	
• If:	
1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, and 4 of this schedule; or,	, 3,
 any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, part 6 of this schedule. 	
• Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.	
• Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instruction in the paper SA3 form.	ns
• Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form.	total

Nomo	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYS	STEM ID#
Name	CNMI Cablevision LLC	37590
	Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals	
	Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and	
	partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these	
	subscriber groups may be partially distant.	
	Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant	
	signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by	
	.0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported	
	for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant	
	signals from step 1 that is subject to this surcharge.	
	Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams	
	Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from	
	a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate	
	and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream.	
	You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement	
	entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary	
	transmitter or an association representing the primary transmitter.	

FORM SA3E. P	AGE 19.
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	C						37590	Nam
F				TE FEES FOR EAC			LID	
FIRST SUBSCRIBER GROUP				SECOND SUBSCRIBER GROUP COMMUNITY/ AREA 0				9
								Computat
	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	0.25							Base Rat
	0.25							and
	1.00 0.25							Syndica
).25).25							Exclusiv Surcha
	5.25							for
								Partial
								Distar
								Statior
	[
otal DSEs			2.00	Total DSEs			0.00	
Bross Receipts First Group \$ 447,830.00			Gross Receipts Second Group \$ 0.00					
			,000.00	Gross Receipts Second Group \$ 0.00				
ase Rate Fee First Group \$ 7,904.20				Base Rate Fee Second Group \$ 0.00				
Т	HIRD S	SUBSCRIBER GROU	JP	FOURTH SUBSCRIBER GROUP				
COMMUNITY/ AREA 0				COMMUNITY/ AREA 0				
CALL SIGN D	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	H							
otal DSEs			0.00	Total DSEs		· · · · · · · · · · · · · · · · · · ·	0.00	
otal DSEs		\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00	
	- - - -	<u>\$</u>			rth Group	\$		