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:

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 TH	IS STATEMENT:				
Accounting Period		2021/2					
B Owner	rate	ructions: Give the full legal name of the owner of the cable s title of the subsidiary, not that of the parent corpora List any other name or names under which the own If there were different owners during the accounting ngle statement of account and royalty fee payment Check here if this is the system's first filing. If no	tion. ner conducts the busines og period, only the owner covering the entire accou	s of the cable syster on the last day of the unting period.	n. e accounting period should su		061497
	LE	GAL NAME OF OWNER/MAILING ADDRESS OF	CABLE SYSTEM				
		RCN TELECOM SERVICES OF PHIL	LADELPHIA INC				
						06149	720212
						061497	2021/2
		650 COLLEGE RD E STE 3100 PRINCETON NJ 08540-6659					
С		TRUCTIONS: In line 1, give any business or t nes already appear in space B. In line 2, give t					
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	Ins	tructions: For complete space D instructions,	see page 1b. Identify	only the frst comm	unity served below and reli	st on page	1b
Area Served	wit	n all communities.					
		CITY OR TOWN		STATE PA			
First Community		Clifton Heights	varu namant naviltin la alca		0		
		elow is a sample for reporting communities if y CITY OR TOWN (SAMPLE)	you report multiple cha	STATE	CH LINE UP	SUB	GRP#
	Ald			MD	A	001	1
Sample	Alli	ance		MD	В		2
	Gei	ing		MD	В		3
form in order to pro	ocess y	tion 111 of title 17 of the United States Code authorizes the our statement of account. PII is any personal information t	that can be used to identify c	or trace an individual, su	uch as name, address and telepho	one	
• •	-	I, you are agreeing to the routine use of it to establish and or the public. The effect of not providing the PII requested	•		•		
	-	ments of account, and it may affect the legal sufficiency of	• • •	• •	•		

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

2/28/2022

Cable Systems (Long Form)

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

STATEMENT OF ACCOUNT for Secondary Transmissions by

ORM SA3E. PAGE 1b.				
			SYSTEM ID#	
RCN TELECOM SERVICES OF PHILADELPHIA INC			061497	
Instructions: List each separate community served by the cable system. A "com in FCC rules: "a separate and distinct community or municipal entity (including u areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd), of system identification hereafter known as the "first community." Please use it as	nincorporated communitie The frst community that	es within unincorpo you list will serve as	rated	D Area Served
Note: Entities and properties such as hotels, apartments, condominiums, or mobelow the identified city or town.			theses	
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 on a partially distant or partially permitted basis in the DSE Schedule, associate designated by a number (based on your reporting from Part 9).	eave the column blank. If	you report any stat	tions	
When reporting the carriage of television broadcast stations on a community-by- channel line-up designated by an alpha-letter(s) (based on your Space G reporti (based on your reporting from Part 9 of the DSE Schedule) in the appropriate co	ng) and a subscriber grou			
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	-
Clifton Heights	PA			First
Crum Lynne	PA			Community
Darby	PA			
Drexel Hill	PA			
Essington	PA			
Folcroft	PA			See instructions for
Folsom	PA			additional information
Glenolden	PA			on alphabetization.
Havertown	PA			
Holmes	PA			
Lansdowne	PA			Add rows as necessar
Morton	PA			Add Tows as necessar
Norwood	PA			
Prospect Park	PA			
Ridley Park	PA			
Sharon Hill	PA			
Springfield	PA			
Swarthmore	PA			
Upper Darby Weadlum	PA			
Woodlyn	PA			

									M SA3E. PAGI
Name	LEGAL NAME OF OWNER OF CABL							5	06149
	RCN TELECOM SERVIC	ES OF PHIL	ADEL	PHIA INC					0014
-	SECONDARY TRANSMISSION	SERVICE: SU	IBSCRI	BERS AND RAT	ES				
E	In General: The information in space E should cover all categories of secondary transmission service of the cable								
	system, that is, the retransmission			•	• •				
Secondary	about other services (including p						nose existi	ng on the	
Transmission Service: Sub-		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							
scribers and	down by categories of secondary	•							
Rates	each category by counting the n								
	separately for the particular serv	ice at the rate	indicate	d—not the numb	er of sets	s receiving serv	ice).		
	Rate: Give the standard rate of								
	unit in which it is generally billed				/ standar	d rate variations	s within a p	articular rate	
	category, but do not include disc Block 1: In the left-hand block				s of seco	ondary transmis	sion servic	e that cable	
	systems most commonly provide	•		0					
	that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca					in the count un	der "Servio	e to the	
	first set" and would be counted of								
	Block 2: If your cable system	-		-					
	printed in block 1 (for example, t with the number of subscribers a					•	,	-	
	sufficient.		e ngin-n						
		DCK 1					BLOC	K 2	
		NO. OF	-					NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set		5,858	\$ 22.15					
	 Service to additional set(s) 		44	\$ 8.94					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		68	\$ 10.00					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NSMISS	SIONS RATES					
-	SERVICES OTHER THAN SEC In General: Space F calls for rate				ect to al	l your cable sys	em's servi	ces that were	
F		e (not subscrib	per) info	rmation with resp					
-	In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There an	e (not subscrib hose services e two exceptio	per) info that are ns: you	rmation with resp not offered in co do not need to g	mbinatio ive rate i	n with any seco nformation cond	ndary trans cerning (1)	smission services	
Services	In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There as furnished at cost or (2) services	e (not subscrib hose services e two exceptio or facilities furr	ber) info that are ns: you nished to	rmation with resp not offered in co do not need to g o nonsubscribers	mbinatio ive rate i . Rate in	n with any seco nformation cond formation shoul	ndary trans cerning (1) d include t	smission services poth the	
Services Other Than	In General: Space F calls for ration not covered in space E, that is, the service for a single fee. There are furnished at cost or (2) services amount of the charge and the urrished the urrish	e (not subscrib hose services e two exceptio or facilities furr hit in which it is	ber) info that are ns: you nished to	rmation with resp not offered in co do not need to g o nonsubscribers	mbinatio ive rate i . Rate in	n with any seco nformation cond formation shoul	ndary trans cerning (1) d include t	smission services poth the	
Services	In General: Space F calls for ration not covered in space E, that is, the service for a single fee. There are furnished at cost or (2) services amount of the charge and the ure enter only the letters "PP" in the	e (not subscrib hose services te two exceptio or facilities furr it in which it is rate column.	ber) info that are ns: you nished to usually	rmation with resp not offered in co do not need to g o nonsubscribers billed. If any rate	mbinatio ive rate i . Rate in .s are cha	n with any seco nformation cond formation shoul arged on a varia	ndary trans cerning (1) d include b able per-pr	smission services poth the	
Services Other Than Secondary	In General: Space F calls for ration not covered in space E, that is, the service for a single fee. There are furnished at cost or (2) services amount of the charge and the urrished the urrish	e (not subscrit hose services e two exceptio or facilities furr it in which it is rate column. e charged by t	ber) info that are ins: you nished to usually he cable	rmation with resp not offered in co do not need to g o nonsubscribers billed. If any rate	mbinatio ive rate i a. Rate in es are cha n of the a	n with any seco nformation cond formation shoul arged on a varia	ndary trans cerning (1) d include b able per-pr ces listed.	smission services ooth the ogram basis,	
Services Other Than Secondary Transmissions:	In General: Space F calls for ration not covered in space E, that is, the service for a single fee. There are furnished at cost or (2) services amount of the charge and the unenter only the letters "PP" in the Block 1: Give the standard rational services and the standard rational services are services and the standard rational services are services and the standard rational services are ser	e (not subscrit hose services e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys	ber) info that are nished to usually he cable stem fur	rmation with resp not offered in co do not need to g o nonsubscribers billed. If any rate e system for each nished or offered	mbinatio ive rate i s. Rate in s are cha n of the a l during t	n with any seco nformation cond formation shoul arged on a varia applicable servic he accounting p	ndary trans cerning (1) d include t able per-pr ces listed. period that	smission services ooth the ogram basis, were not	
Services Other Than Secondary Transmissions:	In General: Space F calls for ration not covered in space E, that is, the service for a single fee. There are furnished at cost or (2) services amount of the charge and the urrenter only the letters "PP" in the Block 1: Give the standard rational Block 2: List any services that	e (not subscrit hose services e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charg	ber) info that are ns: you nished to usually he cable stem fur ge was n	rmation with resp not offered in co do not need to g o nonsubscribers billed. If any rate e system for each nished or offered nade or establish	mbinatio ive rate i s. Rate in s are cha n of the a l during t	n with any seco nformation cond formation shoul arged on a varia applicable servic he accounting p	ndary trans cerning (1) d include t able per-pr ces listed. period that	smission services ooth the ogram basis, were not	
Services Other Than Secondary Transmissions:	In General: Space F calls for ration not covered in space E, that is, the service for a single fee. There are furnished at cost or (2) services amount of the charge and the urenter only the letters "PP" in the Block 1: Give the standard rational Block 2: List any services that listed in block 1 and for which a	e (not subscrit hose services e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charg	ber) info that are ins: you nished to usually he cable stem furn ge was n de the ra	rmation with resp not offered in co do not need to g o nonsubscribers billed. If any rate e system for each nished or offered nade or establish	mbinatio ive rate i s. Rate in s are cha n of the a l during t	n with any seco nformation cond formation shoul arged on a varia applicable servic he accounting p	ndary trans cerning (1) d include t able per-pr ces listed. period that	smission services ooth the ogram basis, were not	
Services Other Than Secondary Transmissions:	In General: Space F calls for ration not covered in space E, that is, the service for a single fee. There are furnished at cost or (2) services amount of the charge and the urenter only the letters "PP" in the Block 1: Give the standard rational Block 2: List any services that listed in block 1 and for which a	e (not subscrit hose services i e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charge btion and includ	ber) info that are ns: you nished to usually he cable stem fur ge was n de the ra CK 1	rmation with resp not offered in co do not need to g o nonsubscribers billed. If any rate e system for each nished or offered nade or establish	mbinatio ive rate i a. Rate in as are chan of the a during t ned. List	n with any seco nformation cond formation shoul arged on a varia applicable servic he accounting p	ndary trans cerning (1) d include b able per-pr res listed. reriod that vices in the	smission services ooth the ogram basis, were not form of a	RATE
Services Other Than Secondary Transmissions:	In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There an 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 rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	e (not subscrit hose services i e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charge tion and includ BLO	ber) info that are ins: you nished to usually he cable stem fun ge was n de the ra CK 1 CATEC	rmation with resp not offered in co do not need to g o nonsubscribers billed. If any rate e system for each nished or offered nade or establish ate for each.	mbinatio ive rate i Rate in s are chan of the a d during t ned. List	n with any seco nformation cond formation shoul arged on a varia applicable servic he accounting p these other serv	ndary trans cerning (1) d include b able per-pr res listed. reriod that vices in the	smission services ooth the ogram basis, were not form of a BLOCK 2	RATE
Services Other Than Secondary Transmissions:	In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar 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 rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	e (not subscrit hose services i e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charge tion and includ BLO	ber) info that are ins: you nished to usually he cable stem furn ge was n de the ra CK 1 CATEC Installa	rmation with resp not offered in co do not need to g o nonsubscribers billed. If any rate e system for each nished or offered nade or establish ate for each.	mbinatio ive rate i Rate in s are chan of the a d during t ned. List	n with any seco nformation cond formation shoul arged on a varia applicable servic he accounting p these other serv	ndary trans cerning (1) d include b able per-pr res listed. reriod that vices in the	smission services ooth the ogram basis, were not form of a BLOCK 2	RATE
Services Other Than Secondary Transmissions:	In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar 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 rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	e (not subscrit hose services i e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charge tion and includ BLO	ber) info that are ins: you nished to usually he cable stem fun ge was n de the ra CK 1 CATEC Installa • Mo	rmation with resp not offered in co do not need to g o nonsubscribers billed. If any rate e system for each nished or offered nade or establish ate for each.	mbinatio ive rate i Rate in s are chan of the a d during t ned. List	n with any seco nformation cond formation shoul arged on a varia applicable servic he accounting p these other serv	ndary trans cerning (1) d include b able per-pr res listed. reriod that vices in the	smission services ooth the ogram basis, were not form of a BLOCK 2	RATE
Services Other Than Secondary Transmissions:	In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar 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 rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	e (not subscrit hose services i e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charge tion and includ BLO	ber) info that are ins: you nished to usually he cable stem fur ge was n de the ra CK 1 CATEC Installa • Mo • Coi • Pay	rmation with resp not offered in co do not need to g o nonsubscribers billed. If any rate e system for each nished or offered nade or establish ate for each. GORY OF SERVI ation: Non-resid tel, hotel my crable	mbinatio ive rate i 5. Rate in s are ch n of the a d during t ned. List CE	n with any seco nformation cond formation shoul arged on a varia applicable servic he accounting p these other serv	ndary trans cerning (1) d include b able per-pr res listed. reriod that vices in the	smission services ooth the ogram basis, were not form of a BLOCK 2	RATE
Services Other Than Secondary Transmissions:	In General: Space F calls for rat 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 rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection	e (not subscrit hose services i e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charge tion and includ BLO	ber) info that are ins: you hished to usually he cable stem furi ge was n de the ra CK 1 CATEC Installa • Mo • Coi • Pay • Pay	rmation with resp not offered in co do not need to g o nonsubscribers billed. If any rate e system for each nished or offered nade or establish ate for each. BORY OF SERVI ation: Non-resid tel, hotel mmercial y cable y cable-add'l cha	mbinatio ive rate i 5. Rate in s are ch n of the a d during t ned. List CE	n with any seco nformation cond formation shoul arged on a varia applicable servic he accounting p these other serv	ndary trans cerning (1) d include b able per-pr ces listed. ceriod that vices in the CATEGO	smission services ooth the ogram basis, were not form of a BLOCK 2	RATE
Services Other Than Secondary Transmissions:	In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar 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 rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	e (not subscrit hose services i e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charge tion and includ BLO	ber) info that are ins: you hished to usually he cable stem furi ge was n de the ra CK 1 CATEC Installa • Mo • Coi • Pay • Pay	rmation with resp not offered in co do not need to g o nonsubscribers billed. If any rate e system for each nished or offered nade or establish ate for each. GORY OF SERVI ation: Non-resid tel, hotel my crable	mbinatio ive rate i 5. Rate in s are ch n of the a d during t ned. List CE	n with any seco nformation cond formation shoul arged on a varia applicable servic he accounting p these other serv	ndary trans cerning (1) d include b able per-pr ces listed. ceriod that vices in the CATEGO	smission services both the ogram basis, were not form of a <u>BLOCK 2</u> DRY OF SERVICE	RATE
Services Other Than Secondary Transmissions:	In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There at 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 rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential • First set	e (not subscrit hose services e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charge tion and inclue BLO RATE	ber) info that are ins: you hished to usually he cable stem fun ge was n de the ra CK 1 CATEC Installa • Mo • Con • Pay • Fire • Bun	rmation with resp not offered in co do not need to g o nonsubscribers billed. If any rate e system for each nished or offered nade or establish ate for each. BORY OF SERVI ation: Non-resid tel, hotel mmercial y cable y cable-add'I cha e protection rglar protection	mbinatio ive rate i 5. Rate in s are ch n of the a d during t ned. List CE	n with any seco nformation cond formation shoul arged on a varia applicable servic he accounting p these other serv	ndary trans cerning (1) d include b able per-pr ces listed. ceriod that vices in the CATEGO	smission services both the ogram basis, were not form of a <u>BLOCK 2</u> DRY OF SERVICE	RATE
Services Other Than Secondary Transmissions:	In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There at 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 rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	e (not subscrit hose services i e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charge tion and includ BLO	ber) info that are ins: you hished to usually he cable stem furn e was n de the ra CK 1 CATEC Installa • Mo • Coi • Pay • Fire • Bui Other s	rmation with resp not offered in co do not need to g o nonsubscribers billed. If any rate e system for each nished or offered nade or establish ate for each. <u>GORY OF SERV</u> ation: Non-resid tel, hotel mmercial y cable y cable-add'l cha e protection rglar protection services:	mbinatio ive rate i 5. Rate in s are ch n of the a d during t ned. List CE	n with any seco nformation cond formation shoul arged on a varia applicable servic he accounting p these other serv	ndary trans cerning (1) d include b able per-pr ces listed. ceriod that vices in the CATEGO	smission services both the ogram basis, were not form of a <u>BLOCK 2</u> DRY OF SERVICE	RATE
Services Other Than Secondary Fransmissions:	In General: Space F calls for rai not covered in space E, that is, t service for a single fee. There ar 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 rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	e (not subscrit hose services e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charge tion and inclue BLO RATE	ber) info that are ins: you hished to usually he cable stem furn e was n de the ra CK 1 CATEC Installa • Mo • Col • Pay • Fire • Bun Other s	rmation with resp not offered in co do not need to g p nonsubscribers billed. If any rate e system for each nished or offered nade or establish ate for each. GORY OF SERVI ation: Non-resid tel, hotel mmercial y cable y cable-add'I cha e protection rglar protection services: connect	mbinatio ive rate i 5. Rate in s are ch n of the a d during t ned. List CE	n with any seco nformation cond formation shoul arged on a varia applicable servic he accounting p these other serv	ndary trans cerning (1) d include b able per-pr ces listed. ceriod that vices in the CATEGO	smission services both the ogram basis, were not form of a <u>BLOCK 2</u> DRY OF SERVICE	RATE
Services Other Than Secondary Fransmissions:	In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There at 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 rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	e (not subscrit hose services e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charge tion and inclue BLO RATE	ber) info that are ins: you hished to usually he cable stem furn ge was n de the ra CK 1 CATEC Installa • Mo • Col • Pay • Fire • Bui Other s • Ree • Dis	rmation with resp not offered in co do not need to g p nonsubscribers billed. If any rate e system for each nished or offered nade or establish ate for each. <u>BORY OF SERVI</u> ation: Non-resid tel, hotel mmercial y cable y cable-add'I cha e protection rglar protection services: connect connect	mbinatio ive rate i 5. Rate in s are ch n of the a d during t ned. List CE	n with any seco nformation cond formation shoul arged on a varia applicable servic he accounting p these other service RATE	ndary trans cerning (1) d include b able per-pr ces listed. ceriod that vices in the CATEGO	smission services both the ogram basis, were not form of a <u>BLOCK 2</u> DRY OF SERVICE	RATE
Services Other Than Secondary Fransmissions:	In General: Space F calls for rai not covered in space E, that is, t service for a single fee. There ar 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 rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	e (not subscrit hose services e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charge tion and inclue BLO RATE	ber) info that are ins: you nished to usually he cable stem fur ge was n de the ra CK 1 CATEC Installa • Mo • Col • Pay • Fire • Bui • Cher s • Rei • Dis • Out	rmation with resp not offered in co do not need to g p nonsubscribers billed. If any rate e system for each nished or offered nade or establish ate for each. GORY OF SERVI ation: Non-resid tel, hotel mmercial y cable y cable-add'I cha e protection rglar protection services: connect	mbinatio ive rate i s. Rate in s are ch n of the a d during t ned. List CE ential	n with any seco nformation cond formation shoul arged on a varia applicable servic he accounting p these other serv	ndary trans cerning (1) d include b able per-pr ces listed. ceriod that vices in the CATEGO	smission services both the ogram basis, were not form of a <u>BLOCK 2</u> DRY OF SERVICE	RATE

RCN Telecom Services of Philadelphia Inc Page 2 - Section F- Block 2 Additional Services Other Than Secondary Transmissions:Rate

Service	Туре	 Retail Rate
TEN	Adult Premium	\$ 24.95
Penthouse TV	Adult Premium	\$ 24.95
Aapka Colors	International Premium	\$ 14.95
ART-Arabic	International Premium	\$ 12.95
CCTV4	International Premium	\$ 9.95
CTI Zhong Tian	International Premium	\$ 11.95
CCTV4/CTI Zhong Tian	International Premium	\$ 11.95
The Filipino Channel (TFC)	International Premium	\$ 11.95
GMA Pinoy TV	International Premium	\$ 12.95
GMA Life TV	International Premium	\$ 9.95
GMA Pinoy/TFC	International Premium	\$ 19.95
GMA Life/GMA Pinoy/TFC	International Premium	\$ 29.95
GMA Pinoy/TFC/Filipino On Demand	International Premium	\$ 29.95
GMA Life/GMA Pinoy/TFC/Filipino On Demand	International Premium	\$ 35.95
TV-5 Monde	International Premium	\$ 9.95
Antenna Satellite	International Premium	\$ 14.95
Mega Cosmos	International Premium	\$ 11.95
Antenna Satellite/Mega Cosmos	International Premium	\$ 25.95
RAITALIA	International Premium	\$ 9.95
TV Japan	International Premium	\$ 24.95
MBC (Muhwa Broadcasting Corporation)	International Premium	\$ 12.95
TVK24	International Premium	\$ 12.95
TVK24/MBC	International Premium	\$ 19.95
MYX	International Premium	\$ 4.95
TVN24	International Premium	\$ 9.95
iTVN	International Premium	\$ 14.95
TVN24/iTVN	International Premium	\$ 19.95
RTPi	International Premium	\$ 9.95
TV Globo	International Premium	\$ 19.99
PFC	International Premium	\$ 19.95
TV Globo/PFC	International Premium	\$ 29.95
RTVI	International Premium	\$ 9.95
RTVI Plus	International Premium	\$ 9.95
RTVI/RTVI Plus	International Premium	\$ 14.95
Channel One Russia (C1R)	International Premium	\$ 14.95
Russian Television Network (RTN)	International Premium	\$ 15.95
NTV America	International Premium	\$ 15.95
C1R/RTN/NTV America/RTVI/RTVI Plus	International Premium	\$ 28.95
ITV Gold	International Premium	\$ 9.95
Star India Gold	International Premium	\$ 9.95
Star One (name change to LifeOK in 2012)	International Premium	\$ 9.95
Star India Plus	International Premium	\$ 11.95
TV Asia	International Premium	\$ 14.95
Zee TV	International Premium	\$ 14.95

ITV/TV AsiaInternational Premium\$17.95ITV/Zee TV/Aapka ColorsInternational Premium\$19.95Star Gold/Life OK/Star Plus/Aapka ColorsInternational Premium\$24.95Star Gold/Life OK/Star Plus/TVInternational Premium\$26.95Star Gold/Life OK/Star Plus/TV AsiaInternational Premium\$27.95Star Gold/Life OK/Star Plus/TV Asia/Zee TV/Aapka ColorsInternational Premium\$39.95Star Gold/Life OK/Star Plus/ITV/TV Asia/Zee TV/Aapka ColorsInternational Premium\$39.95Star Gold/Life OK/Star Plus/ITV/TV Asia/Zee TV/Aapka ColorsInternational Premium\$32.00MiVision LiteInternational Premium\$32.00Premiere Packages\$6.999Premiere SportsPremiere Packages\$4.99Premiere Pows & InformationPremiere Packages\$4.99Premiere Total (includes all 4)Premiere Packages\$16.95BOPremium\$19.9555Showtime/The Movie Channel (TMC)Premium\$19.95Showtime/TMC/StarzPremium\$11.955Bolywood Hits On DemandSubscription VOD\$6.50Bolywood Hits On DemandSubscription VOD\$6.99Too DemandSubscription VOD\$4.99Disney Channel Video On DemandSubscription VOD\$6.99Too DemandSubscription VOD\$6.50Bolywood Hits On Demand	Service	Туре	Retail Rate
Star Gold/Life OK/Star Plus/Aapka ColorsInternational Premium\$21.95TV Asia/Zee TVInternational Premium\$26.95Star Gold/Life OK/Star Plus/TV AsiaInternational Premium\$39.95Star Gold/Life OK/Star Plus/TV AsiaInternational Premium\$39.95Star Gold/Life OK/Star Plus/TV Asia/Zee TV/Aapka ColorsInternational Premium\$39.95Star Gold/Life OK/Star Plus/TV Asia/Zee TV/Aapka ColorsInternational Premium\$39.95Star Gold/Life OK/Star Plus/TV Asia/Zee TV/Aapka ColorsInternational Premium\$22.95El PaquetonInternational Premium\$22.95El PaquetonInternational Premium\$37.00Premiere SportsPremiere Packages\$4.99Premiere News & InformationPremiere Packages\$4.99Premiere Novies & EntertainmentPremiere Packages\$9.99Premiere Total (includes all 4)Premium\$11.95Showtime/The Movie Channel (TMC)Premium\$11.95Showtime/TMC/StarzPremium\$12.00StarzSubscription VOD\$9.95Filipino On DemandSubscription VOD <td< td=""><td>ITV/TV Asia</td><td>International Premium</td><td>\$ 17.95</td></td<>	ITV/TV Asia	International Premium	\$ 17.95
TV Asia/Zee TVInternational Premium\$24.95Star Gold/Life OK/Star Plus/TV AsiaInternational Premium\$27.95Star Gold/Life OK/Star Plus/Zee TV/Aapla ColorsInternational Premium\$34.95Star Gold/Life OK/Star Plus/TV/TV Asia/Zee TV/Aapka ColorsInternational Premium\$39.95MiVision LteInternational Premium\$22.95El PaquetonInternational Premium\$22.95Premiere SportsPremiere Packages\$6.99Premiere Children & FamilyPremiere Packages\$9.99Premiere Movies & EntertainmentPremiere Packages\$9.99Premiere Total (includes all 4)Premiere Packages\$9.995Showtime/The Movie Channel (TMC)Premium\$11.95Showtime/TMC/StarzPremium\$11.95Showtime/TMC/StarzPremium\$11.95Showtime/TMC/StarzPremium\$12.95HD Expanded TierHigb Definition Package\$9.95Filepio On DemandSubscription VOD\$9.95Filepio On DemandSubscription VOD\$9.95Too Much for TV On DemandSubscription VOD\$9.95Nuse Cytanel Video On DemandSubscription VOD\$9.95Nuse Cytanel Video On DemandSubscription VOD\$9.95Too Much for TV On DemandSubscription VOD\$9.95Nuse Cytanel Video On DemandSubscription VOD\$9.95Nuse Cytanel	ITV/Zee TV/Aapka Colors	International Premium	\$ 19.95
Star Gold/Life OK/Star Plus/TVInternational Premium\$26.95Star Gold/Life OK/Star Plus/TV AsiaInternational Premium\$34.95Star Gold/Life OK/Star Plus/TV/TV Asia/Zee TV/Aapka ColorsInternational Premium\$39.95MiVision LiteInternational Premium\$22.95MiVision LiteInternational Premium\$22.95Premiere SportsInternational Premium\$22.95Premiere SportsPremiere Packages\$6.99Premiere SportsPremiere Packages\$4.99Premiere Movies & EntertainmentPremiere Packages\$9.99Premiere Total (Includes all 4)Premiere Packages\$9.99Premiere Total (Includes all 4)Premium\$19.95StarzPremium\$9.959.95StarzPremium\$9.959.95StarzPremium\$9.959.95StarzPremium\$9.959.95StarzPremium\$9.959.95StarzPremium\$9.959.95StarzPremium\$9.959.95StarzPremium\$9.959.95StarzPremium\$9.959.95StarzPremium\$9.959.95StarzPremium\$9.959.95StarzPremium\$9.959.95StarzSubscription VOD\$6.99Dio Mond<	Star Gold/Life OK/Star Plus/Aapka Colors	International Premium	\$ 21.95
Star Gold/Life OK/Star Plus/Tv AsiaInternational Premium\$27.95Star Gold/Life OK/Star Plus/Zee Tv/Aapla ColorsInternational Premium\$34.95Star Gold/Life OK/Star Plus/Tv/Tv Asia/Zee Tv/Aapla ColorsInternational Premium\$22.00MiVision LiteInternational Premium\$22.95El PaquetonInternational Premium\$37.00Premiere News & InformationPremiere Packages\$6.99Premiere News & InformationPremiere Packages\$4.99Premiere News & InformationPremiere Packages\$9.99Premiere Total (includes all 4)Premiere Packages\$9.99Premiere Total (includes all 4)Premium\$19.95StarzPremium\$19.9519.95StarzPremium\$21.9519.95StarzPremium\$21.9519.95StarzPremium\$21.9519.95Showtime/TMC/StarzPremium\$21.95Bollywood Hits On DemandSubscription VOD\$9.95Filipio On DemandSubscription VOD\$9.95Showtime/TMC On DemandSubscription VOD\$9.95Nus Channel Vielo On DemandSubscription VOD\$9.95Nier Channel Vielo On DemandSubscription VOD\$9.95Nier Channel Vielo On DemandSubscription VOD\$9.95Nier Channel Vielo On DemandSubscription VOD\$9.95 <trr<tr>Nier Demand<!--</td--><td>TV Asia/Zee TV</td><td>International Premium</td><td>\$ 24.95</td></trr<tr>	TV Asia/Zee TV	International Premium	\$ 24.95
Star Gold/Life OK/Star Plus/IZve TV/Aapla ColorsInternational Premium\$34.95Star Gold/Life OK/Star Plus/ITV/Tv Asia/Zee TV/Aapka ColorsInternational Premium\$39.95MiVision LiteInternational Premium\$22.00MiVision PlusInternational Premium\$22.95El PaquetonInternational Premium\$37.00Premiere SportsPremiere Packages\$6.99Premiere News & InformationPremiere Packages\$4.99Premiere Children & FamilyPremiere Packages\$9.99Premiere Children & FamilyPremiere Packages\$9.99Premiere Total (includes all 4)Premiere Packages\$16.95GinemaxPremium\$19.9515.95Showtime/TMC/StarzPremium\$11.95Showtime/TMC/StarzPremium\$21.95Bollywood Hits On DemandSubscription VOD\$9.95Filipin On DemandSubscription VOD\$9.95Filipin On DemandSubscription VOD\$9.95Fox Soccer PlusSports Package\$4.99Prex Channel (McD On DemandSubscription VOD\$4.99So Socter PlusSports Package\$4.99Soccer PlusSports Package\$4.99MLB Extra Innings (Regular Season)Sports Package\$4.99Sports PackageSports Package\$3.99The Jewish ChannelSports Package\$4.99 <tr< td=""><td>Star Gold/Life OK/Star Plus/ITV</td><td>International Premium</td><td>\$ 26.95</td></tr<>	Star Gold/Life OK/Star Plus/ITV	International Premium	\$ 26.95
Star Gold/Life OK/Star Plus/ITV/Tv Asia/Zee TV/Aapka ColorsInternational Premium\$39.95MiVision LiteInternational Premium\$12.00MiVision PlusInternational Premium\$22.95El PaquetonInternational Premium\$37.00Premiere SportsPremiere Packages\$6.99Premiere Movies & InformationPremiere Packages\$4.99Premiere Movies & EntertainmentPremiere Packages\$9.99Premiere Total (includes all 4)Premiere Packages\$16.95HBOPremium\$16.9516.95Showtime/The Movie Channel (TMC)Premium\$9.95StarzPremium\$9.9516.95Ibowtime/TMC/StarzPremium\$9.95HD Expanded TierHigh Definition Package\$8.99The Jewish ChannelSubscription VOD\$9.95Bollywood Hits on DemandSubscription VOD\$9.95Filipino On DemandSubscription VOD\$9.95Fox Occer PlusSports Package\$14.95MLB Extra Innings (Regular Season)Sports Package\$37.49MLB Extra Innings (Half Season)Sports Package\$37.49MLS Direct Kick (Half Season)Sports Package<	Star Gold/Life OK/Star Plus/TV Asia	International Premium	\$ 27.95
MiVision LiteInternational Premium\$12.00MiVision PlusInternational Premium\$22.95El PaquetonInternational Premium\$37.00Premiere SportsPremiere Packages\$6.99Premiere News & InformationPremiere Packages\$4.99Premiere Novies & EntertainmentPremiere Packages\$9.99Premiere Total (includes all 4)Premiere Packages\$9.99Premiere Total (includes all 4)Premiere Packages\$16.95HBOPremium\$16.959.95Showtime/The Movie Channel (TMC)Premium\$9.95StarzPremium\$11.95Showtime/TMC/StarzPremium\$21.95HD Expanded TierHigh Definition Package\$8.99The Jewish ChannelSubscription VOD\$9.955Filipino On DemandSubscription VOD\$9.955Filipino On DemandSubscription VOD\$9.955Anime Network On DemandSubscription VOD\$9.955Nuch for TV On DemandSubscription VOD\$4.999Fox Soccer PlusSports Package\$11.959MLB Extra Innings (Regular Season)Sports Package\$14.959MLB Extra Innings (Half Season)Sports Package\$14.959MLS Direct Kick (Hul Season)Sports Package\$39.051MLS Direct Kick (Hulf Season)Sports Package\$39.050NLS Direct Kick	Star Gold/Life OK/Star Plus/Zee TV/Aapla Colors	International Premium	\$ 34.95
MiVision PlusInternational Premium\$22.95El PaquetonInternational Premium\$37.00Premiere SportsPremiere Packages\$6.99Premiere News & InformationPremiere Packages\$4.99Premiere Children & FamilyPremiere Packages\$9.99Premiere Children & FamilyPremiere Packages\$9.99Premiere Total (includes all 4)Premiere Packages\$16.95HBOPremium\$9.9516.95Showtime/The Movie Channel (TMC)Premium\$9.95StarzPremium\$9.95StarzPremium\$11.95Showtime/TMC/StarzPremium\$21.95HD Expanded TierHigh Definition Package\$8.99The Jewish ChannelSubscription VOD\$9.955Filipino On DemandSubscription VOD\$9.955Hore! On DemandSubscription VOD\$9.955Anime Network On DemandSubscription VOD\$9.955Nuch for TV On DemandSubscription VOD\$4.99Nuch Scharge\$11.95911.959MLB Extra Innings (Regular Season)Sports Package\$14.959MLB Extra Innings (Half Season)Sports Package\$14.959MLS Direct Kick (Hall Season)Sports Package\$3.901MLS Direct Kick (Half Season)Sports Package\$3.901MLS Direct Kick (Hall Season)Sports Package\$ </td <td>Star Gold/Life OK/Star Plus/ITV/Tv Asia/Zee TV/Aapka Colors</td> <td>International Premium</td> <td>\$ 39.95</td>	Star Gold/Life OK/Star Plus/ITV/Tv Asia/Zee TV/Aapka Colors	International Premium	\$ 39.95
El PaquetonInternational Premium\$37.00Premiere SportsPremiere Packages\$6.99Premiere News & InformationPremiere Packages\$4.99Premiere Children & FamilyPremiere Packages\$9.99Premiere Movies & EntertainmentPremiere Packages\$16.95HBOPremiere Packages\$16.95Showtime/The Movie Channel (TMC)Premium\$16.95Showtime/The Movie Channel (TMC)Premium\$9.95StarzPremium\$11.95Showtime/TMC/StarzPremium\$21.95Showtime/TMC/StarzPremium\$21.95Bollywood Hits On DemandSubscription VOD\$9.95Filipin On DemandSubscription VOD\$9.95Filipin On DemandSubscription VOD\$9.95Preve On DemandSubscription VOD\$9.95Preve On DemandSubscription VOD\$9.95Preve On DemandSubscription VOD\$9.95Disney Channel Video On DemandSubscription VOD\$9.95Disney Channel Video On DemandSubscription VOD\$4.99MLB Extra Innings (Regular Season)Sports Package\$10.499MLB Extra Innings (Half Season)Sports Package\$37.49MLB Extra Innings (Half Season)Sports Package\$37.49MLB Extra Innings (Pennant Race)Sports Package\$37.49MLB Extra Innings (Half Season) <td>MiVision Lite</td> <td>International Premium</td> <td>\$ 12.00</td>	MiVision Lite	International Premium	\$ 12.00
Premiere SportsPremiere Packages\$6.99Premiere News & InformationPremiere Packages\$4.99Premiere Revers & EntertainmentPremiere Packages\$9.99Premiere Total (includes all 4)Premiere Packages\$9.99HBOPremiere Packages\$16.95HBOPremium\$19.95Showtime/The Movie Channel (TMC)Premium\$9.95StarzPremium\$9.95StarzPremium\$9.95Showtime/TMC/StarzPremium\$9.95Showtime/TMC/StarzPremium\$9.95The Jewish ChannelSubscription VOD\$8.99The Jewish ChannelSubscription VOD\$9.95Filipino On DemandSubscription VOD\$9.95Filipino On DemandSubscription VOD\$9.95For Von DemandSubscription VOD\$9.95Pres On DemandSubscription VOD\$19.99Pres On DemandSubscription VOD\$19.99Pres On DemandSu	MiVision Plus	International Premium	\$ 22.95
Premiere News & InformationPremiere Packages\$4.99Premiere Children & FamilyPremiere Packages\$4.99Premiere Children & FamilyPremiere Packages\$9.99Premiere Total (includes all 4)Premiere Packages\$16.95HBOPremium\$19.95Showtime/The Movie Channel (TMC)Premium\$9.95StarzPremium\$11.95Showtime/TMC/StarzPremium\$21.95HD Expanded TierHigh Definition Package\$8.99The Jewish ChannelSubscription VOD\$9.95Filipino On DemandSubscription VOD\$9.95Filipino On DemandSubscription VOD\$9.95Filipino On DemandSubscription VOD\$9.95Too Much for TV On DemandSubscription VOD\$9.95Fox Soccer PlusSports Package\$17.99Disney Channel Video On DemandSubscription VOD\$4.99Fox Soccer PlusSports Package\$14.95MLB Extra Innings (Regular Season)Sports Package\$19.99MLB Extra Innings (Pennant Race)Sports Package\$11.99MLB Extra Innings (Pennant Race)Sports Package\$3.90MLS Direct Kick (Half Season)Sports Package\$3.90MLS Direct Kick (Half Season)Sports Package\$3.90MLS Direct Kick (Half Season)Sports Package\$3.90MLS Direct Kick (Ha	El Paqueton	International Premium	\$ 37.00
Premiere Children & FamilyPremiere Packages\$4.99Premiere Movies & EntertainmentPremiere Packages\$9.99Premiere Total (includes all 4)Premiere Packages\$16.95HBOPremium\$19.95Showtime/The Movie Channel (TMC)Premium\$16.95CinemaxPremium\$9.95StarzPremium\$11.95Showtime/TMC/StarzPremium\$11.95Showtime/TMC/StarzPremium\$8.99The Jewish ChannelSubscription VOD\$8.99The Jewish ChannelSubscription VOD\$9.95Filipino On DemandSubscription VOD\$9.95Filipino On DemandSubscription VOD\$9.95Anime Network On DemandSubscription VOD\$9.95Pox Soccer PlusSports Premium\$17.99Disney Channel Video On DemandSubscription VOD\$4.99MLB Extra Innings (Regular Season)Sports Premium\$14.95MLB Extra Innings (Half Season)Sports Package\$119.99MLB Stara Innings (Half Season)Sports Package\$37.49MLS Direct Kick (Half Season)Spor	Premiere Sports	Premiere Packages	\$ 6.99
Premiere Movies & EntertainmentPremiere Packages\$9.99Premiere Total (includes all 4)Premiere Packages\$16.95HBOPremium\$19.95Showtime/The Movie Channel (TMC)Premium\$16.95CinemaxPremium\$9.95StarzPremium\$11.95Showtime/TMC/StarzPremium\$21.95HD Expanded TierHigh Definition Package\$6.50Bollywood Hits On DemandSubscription VOD\$9.95Filipino On DemandSubscription VOD\$9.95here! On DemandSubscription VOD\$9.95Anime Network On DemandSubscription VOD\$9.95Too Much for TV On DemandSubscription VOD\$4.99Fox Soccer PlusSports Premium\$17.99MLB Extra Innings (Regular Season)Sports Premium\$14.95MLB Extra Innings (Half Season)Sports Package\$119.99MLS Direct Kick (Half Season)Sports Package\$37.49MLS Direct Kick (Half	Premiere News & Information	Premiere Packages	\$ 4.99
Premiere Total (includes all 4)Premiere Packages\$16.95HBOPremium\$19.95Showtime/The Movie Channel (TMC)Premium\$9.95CinemaxPremium\$9.95StarzPremium\$11.95Showtime/TMC/StarzPremium\$21.95HD Expanded TierHigh Definition Package\$8.99The Jewish ChannelSubscription VOD\$6.50Bollywood Hits On DemandSubscription VOD\$9.95Filipin On DemandSubscription VOD\$9.95here! On DemandSubscription VOD\$9.95Anime Network On DemandSubscription VOD\$8.95Disney Channel Video On DemandSubscription VOD\$4.99Disney Channel Video On DemandSubscription VOD\$4.99MLB Extra Innings (Regular Season)Sports Premium\$14.95MLB Extra Innings (Regular Season)Sports Package\$11.99MLB Extra Innings (Pennant Race)Sports Package\$37.49MLS Direct Kick (Full Season)Sports Package\$37.49MLS Direct Kick (Half Season)Sports Package\$37.49MLS Direct	Premiere Children & Family	Premiere Packages	\$ 4.99
HBOPremium\$19.95Showtime/The Movie Channel (TMC)Premium\$9.95CinemaxPremium\$9.95StarzPremium\$11.95Showtime/TMC/StarzPremium\$21.95HD Expanded TierHigh Definition Package\$8.99The Jewish ChannelSubscription VOD\$6.50Bollywood Hits On DemandSubscription VOD\$9.95Filipino On DemandSubscription VOD\$9.95here! On DemandSubscription VOD\$9.95Anime Network On DemandSubscription VOD\$6.99Too Much for TV On DemandSubscription VOD\$6.99Disney Channel Video On DemandSubscription VOD\$4.99Disney Channel Video On DemandSubscription VOD\$4.99MLB Extra Innings (Regular Season)Sports Premium\$14.95MLB Extra Innings (Regular Season)Sports Package\$11.99MLB Extra Innings (Half Season)Sports Package\$37.49MLS Direct Kick (Full Season)Sports Package\$37.49MLS Direct Kick (Half Season)Sports Package\$39.00NLS Direct Kick (Ha	Premiere Movies & Entertainment	Premiere Packages	\$ 9.99
Showtime/The Movie Channel (TMC)Premium\$16.95CinemaxPremium\$9.95StarzPremium\$11.95Showtime/TMC/StarzPremium\$21.95HD Expanded TierHigh Definition Package\$8.99The Jewish ChannelSubscription VOD\$6.50Bollywood Hits On DemandSubscription VOD\$9.95Filipino On DemandSubscription VOD\$9.95here! On DemandSubscription VOD\$8.99Too Much for TV On DemandSubscription VOD\$6.99Too Much for TV On DemandSubscription VOD\$4.99Disney Channel Video On DemandSubscription VOD\$4.99Fox Soccer PlusSports Premium\$14.95MLB Extra Innings (Regular Season)Sports Package\$119.99MLB Extra Innings (Pennant Race)Sports Package\$37.49MLS Direct Kick (Full Season)Sports Package\$89.00MLS Direct Kick (Half Season)Sports Package\$9.90NLS Direct Kick (Half Season)Sports Package\$5.90NLS Direc	Premiere Total (includes all 4)	Premiere Packages	\$ 16.95
CinemaxPremium\$9.95StarzPremium\$11.95Showtime/TMC/StarzPremium\$21.95HD Expanded TierHigh Definition Package\$8.99The Jewish ChannelSubscription VOD\$6.50Bollywood Hits On DemandSubscription VOD\$9.95Filipino On DemandSubscription VOD\$9.95here! On DemandSubscription VOD\$8.95Anime Network On DemandSubscription VOD\$6.99Too Much for TV On DemandSubscription VOD\$6.99Disney Channel Video On DemandSubscription VOD\$4.99Fox Soccer PlusSports Premium\$4.99MLB Extra Innings (Regular Season)Sports Package\$119.99MLB Extra Innings (Pennant Race)Sports Package\$37.49MLS Direct Kick (Full Season)Sports Package\$9.900MLS Direct Kick (Half Season)Sports Package\$9.900NFL Redzone (Full Season)Sports Package\$59.000NFL Redzone (Full Season)Sports Package\$59.000NFL Redzone (Full Season)Sports Package\$54.95	НВО	Premium	\$ 19.95
StarzPremium\$11.95Showtime/TMC/StarzPremium\$21.95HD Expanded TierHigh Definition Package\$8.99The Jewish ChannelSubscription VOD\$6.50Bollywood Hits On DemandSubscription VOD\$9.95Filipino On DemandSubscription VOD\$9.95here! On DemandSubscription VOD\$8.95Anime Network On DemandSubscription VOD\$6.99Too Much for TV On DemandSubscription VOD\$6.99Disney Channel Video On DemandSubscription VOD\$4.99Fox Soccer PlusSports Premium\$4.99MLB Extra Innings (Regular Season)Sports Package\$14.95MLB Extra Innings (Pennant Race)Sports Package\$37.49MLS Direct Kick (Full Season)Sports Package\$9.90MLS Direct Kick (Half Season)Sports Package\$9.90NLS Direct Kick (Half Season)Sports Package\$9.90NLS Direct Kick (Half Season)Sports Package\$9.90NLS Direct Kick (Half Season)Sports Package\$9.90NFL Redzone (Full Season)Sports Package\$9.90NFL Redzone (Full Season)Sports Package\$9.90NFL Redzone (Full Season)Sports Package\$9.90NFL Redzone (Full Season)Sports Package\$54.95NFL Redzone (Full Season)Sports Package\$54.95	Showtime/The Movie Channel (TMC)	Premium	\$ 16.95
Showtime/TMC/StarzPremium\$21.95HD Expanded TierHigh Definition Package\$8.99The Jewish ChannelSubscription VOD\$6.50Bollywood Hits On DemandSubscription VOD\$9.95Filipino On DemandSubscription VOD\$9.95here! On DemandSubscription VOD\$8.95Anime Network On DemandSubscription VOD\$6.90Too Much for TV On DemandSubscription VOD\$6.90Disney Channel Video On DemandSubscription VOD\$17.99Pors Occer PlusSports Premium\$14.95MLB Extra Innings (Regular Season)Sports Package\$14.95MLB Extra Innings (Pennant Race)Sports Package\$37.49MLS Direct Kick (Half Season)Sports Package\$89.00MLS Direct Kick (Half Season)Sports Package\$9.90NLS Direct Kick (Half Season)Spor	Cinemax	Premium	\$ 9.95
HD Expanded TierHigh Definition Package\$8.99The Jewish ChannelSubscription VOD\$6.50Bollywood Hits On DemandSubscription VOD\$9.95Filipino On DemandSubscription VOD\$9.95herel On DemandSubscription VOD\$8.95Anime Network On DemandSubscription VOD\$6.99Too Much for TV On DemandSubscription VOD\$6.99Disney Channel Video On DemandSubscription VOD\$4.99Fox Soccer PlusSports Premium\$4.99MLB Extra Innings (Regular Season)Sports Package\$164.99MLB Extra Innings (Pennant Race)Sports Package\$37.49MLS Direct Kick (Full Season)Sports Package\$37.49MLS Direct Kick (Half Season)Sports Package\$9.000MLS Direct Kick (Half Season)Sports Package\$9.000Sports Package\$5.000\$5.000Sports Package\$5.000\$5.000Sports Package\$5.000<	Starz	Premium	11.95
The Jewish ChannelSubscription VOD\$6.50Bollywood Hits On DemandSubscription VOD\$9.95Filipino On DemandSubscription VOD\$9.95herel On DemandSubscription VOD\$8.95Anime Network On DemandSubscription VOD\$6.99Too Much for TV On DemandSubscription VOD\$17.99Disney Channel Video On DemandSubscription VOD\$4.99Fox Soccer PlusSports Premium\$14.95MLB Extra Innings (Regular Season)Sports Package\$164.99MLB Extra Innings (Pennant Race)Sports Package\$37.49MLS Direct Kick (Full Season)Sports Package\$37.49MLS Direct Kick (Half Season)Sports Package\$9.00MLS Direct Kick (Hal	Showtime/TMC/Starz	Premium	\$ 21.95
Bollywood Hits On DemandSubscription VOD\$9.95Filipino On DemandSubscription VOD\$9.95here! On DemandSubscription VOD\$8.95Anime Network On DemandSubscription VOD\$6.99Too Much for TV On DemandSubscription VOD\$17.99Disney Channel Video On DemandSubscription VOD\$4.99Fox Soccer PlusSports Premium\$14.95MLB Extra Innings (Regular Season)Sports Package\$119.99MLB Extra Innings (Half Season)Sports Package\$37.49MLS Direct Kick (Full Season)Sports Package\$89.00MLS Direct Kick (Half Season)Sports Package\$59.00NLS Direct Kick (Half Season)Sports Package\$59.00NLS Direct Kick (Half Season)Sports Package\$59.00NLS Direct Kick (Half Season)Sports Package\$59.00NFL Redzone (Full Season)Sports Package\$59.00NFL Redzone (Full Season)Sports Package\$54.95Sports Package\$59.00\$54.95Sports Package\$\$54.95Sports Package\$\$54.95Sports Package\$\$54.95Sports Package\$\$54.95Sports Package\$\$54.95Sports Package\$\$54.95Sports Package\$\$54.95 <tr <td="">\$54.95<</tr>	HD Expanded Tier	High Definition Package	\$ 8.99
Filipino On DemandSubscription VOD\$9.95here! On DemandSubscription VOD\$8.95Anime Network On DemandSubscription VOD\$6.99Too Much for TV On DemandSubscription VOD\$17.99Disney Channel Video On DemandSubscription VOD\$4.99Fox Soccer PlusSports Premium\$14.95MLB Extra Innings (Regular Season)Sports Package\$164.99MLB Extra Innings (Pennant Race)Sports Package\$37.49MLS Direct Kick (Full Season)Sports Package\$89.00MLS Direct Kick (Half Season)Sports Package\$59.00NLS Direct Kick (Half Season)Sports Package\$59.00NFL Redzone (Full Season)Sports Package\$54.95	The Jewish Channel	Subscription VOD	\$ 6.50
here! On DemandSubscription VOD\$8.95Anime Network On DemandSubscription VOD\$6.99Too Much for TV On DemandSubscription VOD\$17.99Disney Channel Video On DemandSubscription VOD\$4.99Fox Soccer PlusSports Premium\$14.95MLB Extra Innings (Regular Season)Sports Package\$164.99MLB Extra Innings (Pennant Race)Sports Package\$37.49MLS Direct Kick (Full Season)Sports Package\$89.00MLS Direct Kick (Half Season)Sports Package\$59.00NLS Direct Kick (Half Season)Sports Package\$59.00NFL Redzone (Full Season)Sports Package\$54.95	Bollywood Hits On Demand	Subscription VOD	\$ 9.95
Anime Network On DemandSubscription VOD\$6.99Too Much for TV On DemandSubscription VOD\$17.99Disney Channel Video On DemandSubscription VOD\$4.99Fox Soccer PlusSports Premium\$14.95MLB Extra Innings (Regular Season)Sports Package\$164.99MLB Extra Innings (Half Season)Sports Package\$37.49MLB Extra Innings (Pennant Race)Sports Package\$37.49MLS Direct Kick (Full Season)Sports Package\$89.00MLS Direct Kick (Half Season)Sports Package\$59.00NFL Redzone (Full Season)Sports Package\$54.95	Filipino On Demand	Subscription VOD	\$ 9.95
Too Much for TV On DemandSubscription VOD\$17.99Disney Channel Video On DemandSubscription VOD\$4.99Fox Soccer PlusSports Premium\$14.95MLB Extra Innings (Regular Season)Sports Package\$164.99MLB Extra Innings (Half Season)Sports Package\$119.99MLB Extra Innings (Pennant Race)Sports Package\$37.49MLS Direct Kick (Full Season)Sports Package\$89.00MLS Direct Kick (Half Season)Sports Package\$59.00NFL Redzone (Full Season)Sports Package\$54.95	here! On Demand	Subscription VOD	\$ 8.95
Disney Channel Video On DemandSubscription VOD\$4.99Fox Soccer PlusSports Premium\$14.95MLB Extra Innings (Regular Season)Sports Package\$164.99MLB Extra Innings (Half Season)Sports Package\$119.99MLB Extra Innings (Pennant Race)Sports Package\$37.49MLS Direct Kick (Full Season)Sports Package\$89.00MLS Direct Kick (Half Season)Sports Package\$59.00NLS Direct Kick (Half Season)Sports Package\$59.00NFL Redzone (Full Season)Sports Package\$54.95	Anime Network On Demand	Subscription VOD	\$ 6.99
Fox Soccer PlusSports Premium\$14.95MLB Extra Innings (Regular Season)Sports Package\$164.99MLB Extra Innings (Half Season)Sports Package\$119.99MLB Extra Innings (Pennant Race)Sports Package\$37.49MLS Direct Kick (Full Season)Sports Package\$89.00MLS Direct Kick (Half Season)Sports Package\$59.00NFL Redzone (Full Season)Sports Package\$54.95	Too Much for TV On Demand	Subscription VOD	\$ 17.99
MLB Extra Innings (Regular Season)Sports Package\$164.99MLB Extra Innings (Half Season)Sports Package\$119.99MLB Extra Innings (Pennant Race)Sports Package\$37.49MLS Direct Kick (Full Season)Sports Package\$89.00MLS Direct Kick (Half Season)Sports Package\$59.00NFL Redzone (Full Season)Sports Package\$54.95	Disney Channel Video On Demand	Subscription VOD	\$ 4.99
MLB Extra Innings (Half Season)Sports Package\$119.99MLB Extra Innings (Pennant Race)Sports Package\$37.49MLS Direct Kick (Full Season)Sports Package\$89.00MLS Direct Kick (Half Season)Sports Package\$59.00NFL Redzone (Full Season)Sports Package\$54.95	Fox Soccer Plus	Sports Premium	\$ 14.95
MLB Extra Innings (Pennant Race)Sports Package\$37.49MLS Direct Kick (Full Season)Sports Package\$89.00MLS Direct Kick (Half Season)Sports Package\$59.00NFL Redzone (Full Season)Sports Package\$54.95	MLB Extra Innings (Regular Season)	Sports Package	\$ 164.99
MLS Direct Kick (Full Season)Sports Package\$89.00MLS Direct Kick (Half Season)Sports Package\$59.00NFL Redzone (Full Season)Sports Package\$54.95	MLB Extra Innings (Half Season)	Sports Package	\$ 119.99
MLS Direct Kick (Half Season)Sports Package\$59.00NFL Redzone (Full Season)Sports Package\$54.95	MLB Extra Innings (Pennant Race)	Sports Package	\$ 37.49
NFL Redzone (Full Season)Sports Package\$54.95	MLS Direct Kick (Full Season)	Sports Package	\$ 89.00
NFL Redzone (Full Season)Sports Package\$54.95	MLS Direct Kick (Half Season)	Sports Package	\$ 59.00
NHL Center Ice (Regular Season)Sports Package\$139.56	NFL Redzone (Full Season)	Sports Package	54.95
	NHL Center Ice (Regular Season)	Sports Package	\$ 139.56

	F OWNER OF CABLE SY COM SERVICES		DELPHIA IN	C	SYSTEM ID 06149	Namo
PRIMARY TRANS	MITTERS: TELEVISIO	N				
carried by your c FCC rules and re 76.59(d)(2) and (substitute progra	able system during th egulations in effect or (4), 76.61(e)(2) and (im basis, as explaine	he accounting n June 24, 199 4), or 76.63 (r ed in the next p	period, except 81, permitting th eferring to 76.6 paragraph.	(1) stations carrie le carriage of cert 1(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	G Primary Transmitters:
basis under spec • Do not list the s	cifc FCC rules, regula	ations, or auth G—but do lis	orizations:		able system on a substitute program ent and Program Log)—if the	Television
	ther information conc				tute basis and also on some other f the general instructions located	
each multicast st cast stream as "\	tream associated with WETA-2". Simulcast	h a station ac	cording to its ov	er-the-air designa	s such as HBO, ESPN, etc. Identify tion. For example, report multi- h stream separately; for example	
ts community of	ive the channel num license. For example	e, WRC is Cha	-		ion for broadcasting over-the-air in may be different from the channel	
Column 3: In educational stational	on, by entering the le	whether the st etter "N" (for ne	etwork), "N-M" (1	for network multic	ependent station, or a noncommercial ast), "I" (for independent), "I-M"	
For the meaning Column 4: If	of these terms, see the station is outside	page (v) of the the local serv	e general instruc /ice area, (i.e. "c	ctions located in t distant"), enter "Ye	es". If not, enter "No". For an ex-	
Column 5: If cable system car		es" in column	4, you must con accounting perio	nplete column 5, a od. Indicate by en	e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	
arried the distar	nt station on a part-tir	me basis beca	ause of lack of a	ctivated channel	capacity.	
For the retran of a written agree the cable system tion "E" (exempt) explanation of th Column 6: G	smission of a distant ement entered into ou a and a primary transu b. For simulcasts, also ese three categories ive the location of ea	multicast stre n or before Ju mitter or an as o enter "E". If , see page (v) ch station. Fo	eam that is not s ne 30, 2009, be ssociation repre you carried the o of the general i r U.S. stations,	ubject to a royalty tween a cable system senting the prima channel on any of instructions locate list the community	y payment because it is the subject stem or an association representing ry transmitter, enter the designa- her basis, enter "O." For a further be in the paper SA3 form. y to which the station is licensed by the	
For the retran of a written agree the cable system tion "E" (exempt) explanation of th Column 6: G FCC. For Mexica	smission of a distant ement entered into ou a and a primary transu b. For simulcasts, also ese three categories ive the location of ea	multicast stree n or before Ju mitter or an as o enter "E". If , see page (v) ch station. Fo ns, if any, give nnel line-ups,	eam that is not s ne 30, 2009, be ssociation repre you carried the () of the general i r U.S. stations, e the name of th use a separate	subject to a royalty tween a cable system senting the prima channel on any of instructions locate list the community e community with space G for each	y payment because it is the subject stem or an association representing ry transmitter, enter the designa- her basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the which the station is identifed.	
For the retran of a written agree he cable system ion "E" (exempt) explanation of th Column 6: G FCC. For Mexica Note: If you are t	smission of a distant ement entered into or a and a primary transit b. For simulcasts, also ese three categories ive the location of ea an or Canadian statio utilizing multiple char	multicast streen n or before Ju mitter or an as o enter "E". If , see page (v) ch station. Fo ns, if any, giv onnel line-ups, CHANN	earn that is not s ne 30, 2009, be ssociation repre you carried the e of the general i r U.S. stations, e the name of th use a separate EL LINE-UP	subject to a royalty tween a cable system senting the prima channel on any of instructions locate list the community e community with space G for each	y payment because it is the subject stem or an association representing ry transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. y to which the station is licensed by the which the station is identifed. channel line-up.	
For the retran of a written agree the cable system tion "E" (exempt) explanation of th Column 6: G FCC. For Mexica Note: If you are t	smission of a distant ement entered into ou a and a primary transu b. For simulcasts, also ese three categories ive the location of ea an or Canadian statio	multicast stree n or before Ju mitter or an as o enter "E". If , see page (v) ch station. Fo ns, if any, give nnel line-ups,	earn that is not s ne 30, 2009, be ssociation repre you carried the e of the general i r U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No)	subject to a royalty tween a cable system senting the prima channel on any of instructions locate list the community e community with space G for each	y payment because it is the subject stem or an association representing ry transmitter, enter the designa- her basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the which the station is identifed.	
For the retran of a written agree he cable system ion "E" (exempt) explanation of th Column 6: Gi FCC. For Mexica Note: If you are to 1. CALL SIGN	smission of a distant ement entered into or a and a primary transit. For simulcasts, also ese three categories ive the location of ea an or Canadian statio utilizing multiple char 2. B'CAST CHANNEL	multicast streen n or before Ju mitter or an as o enter "E". If , see page (v) ch station. Fo ns, if any, give nnel line-ups, CHANN 3. TYPE OF	earn that is not s ne 30, 2009, be ssociation repre you carried the e of the general i r U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No)	subject to a royalty tween a cable system channel on any of instructions locate list the community with space G for each AA 5. BASIS OF CARRIAGE	y payment because it is the subject stem or an association representing ry transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. y to which the station is licensed by the which the station is identifed. channel line-up.	
For the retran of a written agree he cable system ion "E" (exempt) explanation of th Column 6: G FCC. For Mexica Note: If you are to 1. CALL SIGN	smission of a distant ement entered into ou a and a primary transi b. For simulcasts, also ese three categories ive the location of ea an or Canadian statio utilizing multiple char 2. B'CAST CHANNEL NUMBER	multicast streen n or before Ju mitter or an as o enter "E". If , see page (v) ch station. Fo ns, if any, given nel line-ups, CHANN 3. TYPE OF STATION	eam that is not s ne 30, 2009, be ssociation repre you carried the o of the general i r U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No)	subject to a royalty tween a cable system channel on any of instructions locate list the community with space G for each AA 5. BASIS OF CARRIAGE	 payment because it is the subject stem or an association representing ry transmitter, enter the designa- her basis, enter "O." For a further bd in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up. 6. LOCATION OF STATION	See instructions for
For the retran of a written agree he cable system ion "E" (exempt) explanation of th Column 6: Gi FCC. For Mexica Note: If you are to 1. CALL SIGN	smission of a distant ement entered into on a and a primary transit b. For simulcasts, also ese three categories ive the location of ea an or Canadian statio utilizing multiple char 2. B'CAST CHANNEL NUMBER 2	multicast streen n or before Ju mitter or an as o enter "E". If , see page (v) ch station. Fo ns, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION	eam that is not s ne 30, 2009, be ssociation repre you carried the o of the general i r U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No) No	subject to a royalty tween a cable system channel on any of instructions locate list the community with space G for each AA 5. BASIS OF CARRIAGE	 r payment because it is the subject stem or an association representing ry transmitter, enter the designaher basis, enter "O." For a further di in the paper SA3 form. r to which the station is licensed by the which the station is identifed. channel line-up. 6. LOCATION OF STATION Roxborough, PA 	
For the retran of a written agree he cable system ion "E" (exempt) explanation of th Column 6: G FCC. For Mexica Note: If you are to 1. CALL SIGN KJWP KYW WACP	smission of a distant ement entered into or a and a primary transi b. For simulcasts, also ese three categories ive the location of ea an or Canadian statio utilizing multiple char 2. B'CAST CHANNEL NUMBER 2 3	multicast streen n or before Ju mitter or an as o enter "E". If , see page (v) ch station. Fo ns, if any, given nel line-ups, CHANN 3. TYPE OF STATION I N	eam that is not s ne 30, 2009, be ssociation repre you carried the o o f the general i r U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No	subject to a royalty tween a cable system channel on any of instructions locate list the community with space G for each AA 5. BASIS OF CARRIAGE	 r payment because it is the subject stem or an association representing ry transmitter, enter the designa- her basis, enter "O." For a further be in the paper SA3 form. r to which the station is licensed by the which the station is identifed. channel line-up. 6. LOCATION OF STATION Roxborough, PA Roxborough, PA 	
For the retran of a written agree he cable system ion "E" (exempt) explanation of th Column 6: G FCC. For Mexica Note: If you are to 1. CALL SIGN KJWP KYW WACP WCAU	smission of a distant ement entered into on a and a primary transi- b. For simulcasts, also ese three categories ive the location of ea an or Canadian statio utilizing multiple char 2. B'CAST CHANNEL NUMBER 2 3 4	multicast streen n or before Ju mitter or an as o enter "E". If , see page (v) ch station. Fo ns, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION I N	eam that is not s ne 30, 2009, be ssociation repre you carried the o of the general i r U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO	subject to a royalty tween a cable system channel on any of instructions locate list the community with space G for each AA 5. BASIS OF CARRIAGE	 r payment because it is the subject stem or an association representing ry transmitter, enter the designa- her basis, enter "O." For a further id in the paper SA3 form. (to which the station is licensed by the which the station is identifed. channel line-up. 6. LOCATION OF STATION Roxborough, PA Atlantic City, NJ 	additional information
For the retran of a written agree the cable system tion "E" (exempt) explanation of th Column 6: G FCC. For Mexica Note: If you are to 1. CALL SIGN KJWP KYW WACP WCAU WFMZ	smission of a distant ement entered into or a and a primary transit b. For simulcasts, also ese three categories ive the location of ea an or Canadian statio utilizing multiple char 2. B'CAST CHANNEL NUMBER 2 3 4 10	multicast streen n or before Ju mitter or an as o enter "E". If , see page (v) ch station. Fo ns, if any, given onel line-ups, CHANN 3. TYPE OF STATION I N I N	eam that is not s ne 30, 2009, be ssociation repre you carried the e of the general i r U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No No No	subject to a royalty tween a cable system channel on any of instructions locate list the community with space G for each AA 5. BASIS OF CARRIAGE	 r payment because it is the subject stem or an association representing ry transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. y to which the station is licensed by the which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION Roxborough, PA Atlantic City, NJ Roxborough, PA 	additional information
For the retran of a written agree the cable system ion "E" (exempt) explanation of th Column 6: G FCC. For Mexica Note: If you are of 1. CALL SIGN KJWP KYW WACP WCAU WFMZ WFPA	smission of a distant ement entered into on a and a primary transit b. For simulcasts, also ese three categories ive the location of ea an or Canadian statio utilizing multiple char 2. B'CAST CHANNEL NUMBER 2 3 4 10 69	multicast streen n or before Ju mitter or an as o enter "E". If , see page (v) ch station. Fo ns, if any, given nel line-ups, CHANN 3. TYPE OF STATION I N I N	eam that is not s ne 30, 2009, be ssociation repre you carried the o of the general i r U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO NO NO NO	subject to a royalty tween a cable system channel on any of instructions locate list the community with space G for each AA 5. BASIS OF CARRIAGE	 r payment because it is the subject stem or an association representing ry transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. (to which the station is licensed by the which the station is identifed. channel line-up. 6. LOCATION OF STATION Roxborough, PA Atlantic City, NJ Roxborough, PA Allentown, PA 	additional information
For the retran of a written agree he cable system ion "E" (exempt) explanation of th Column 6: G FCC. For Mexica Note: If you are to 1. CALL SIGN KJWP KYW WACP WCAU WFMZ WFPA WGTW	smission of a distant ement entered into on a and a primary transit b. For simulcasts, also ese three categories ive the location of ea an or Canadian statio utilizing multiple char 2. B'CAST CHANNEL NUMBER 2 3 4 10 69 28	multicast streen n or before Ju mitter or an as o enter "E". If , see page (v) ch station. Fo ns, if any, given nel line-ups, CHANN 3. TYPE OF STATION I N I I I I	eam that is not s ne 30, 2009, be ssociation repre you carried the q of the general i rr U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No No No No	subject to a royalty tween a cable system channel on any of instructions locate list the community with space G for each AA 5. BASIS OF CARRIAGE	 Payment because it is the subject stem or an association representing ry transmitter, enter the designa- her basis, enter "O." For a further id in the paper SA3 form. (1) to which the station is licensed by the which the station is identifed. (2) channel line-up. (3) 6. LOCATION OF STATION (4) 6. LOCATION OF STATION (5) Roxborough, PA (4) Atlantic City, NJ (5) Roxborough, PA (4) Allentown, PA (5) Roxborough, PA (6) Roxborough, PA 	additional information
For the retran of a written agree he cable system ion "E" (exempt) explanation of th Column 6: G FCC. For Mexica Note: If you are I 1. CALL SIGN 1. CALL SIGN KJWP KACP WCAU WFMZ WFMZ WFPA WGTW WHYY	smission of a distant ement entered into or a and a primary transi- b. For simulcasts, also ese three categories ive the location of ea an or Canadian statio utilizing multiple char 2. B'CAST CHANNEL NUMBER 2 3 4 10 69 28 14	multicast streen n or before Ju mitter or an as o enter "E". If , see page (v) ch station. Fo ns, if any, given nel line-ups, CHANN 3. TYPE OF STATION I N I I I I I	eam that is not s ne 30, 2009, be ssociation repre you carried the o of the general i r U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO NO NO NO NO	subject to a royalty tween a cable system channel on any of instructions locate list the community with space G for each AA 5. BASIS OF CARRIAGE	 r payment because it is the subject stem or an association representing ry transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. (to which the station is licensed by the which the station is identifed. channel line-up. 6. LOCATION OF STATION Roxborough, PA Roxborough, PA Atlantic City, NJ Roxborough, PA Allentown, PA Roxborough, PA Roxborough, PA Roxborough, PA Association and the station of the station o	additional information
For the retran of a written agree the cable system ion "E" (exempt) explanation of th Column 6: G FCC. For Mexica Note: If you are of 1. CALL SIGN KJWP KYW WACP WCAU WFMZ WFPA WFPA WFPA WGTW WHYY	smission of a distant ement entered into on and a primary transi- b. For simulcasts, also ese three categories ive the location of ea an or Canadian statio utilizing multiple char 2. B'CAST CHANNEL NUMBER 2 3 4 10 69 28 14 12	multicast streen n or before Ju mitter or an as o enter "E". If , see page (v) ch station. Fo ns, if any, given nel line-ups, CHANN 3. TYPE OF STATION I N I I I E	eam that is not s ne 30, 2009, be ssociation repre you carried the o of the general i r U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No No No No No No No No	subject to a royalty tween a cable system channel on any of instructions locate list the community with space G for each AA 5. BASIS OF CARRIAGE	 r payment because it is the subject stem or an association representing ry transmitter, enter the designa- her basis, enter "O." For a further id in the paper SA3 form. (to which the station is licensed by the which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION 8. Roxborough, PA Atlantic City, NJ Roxborough, PA Allentown, PA Roxborough, PA Roxborough, PA Roxborough, PA Roxborough, PA Roxborough, PA 8. Roxborough, PA Roxborough, PA 9. Roxborough, PA Roxborough, PA 9. Roxborough, PA 	additional information
For the retran of a written agree he cable system ion "E" (exempt) explanation of th Column 6: G FCC. For Mexica Note: If you are I 1. CALL SIGN XJWP XJWP XQW WACP WCAU WFMZ WFPA WGTW WHYY WLVT WNJN	smission of a distant ement entered into or a and a primary transit b. For simulcasts, also ese three categories ive the location of ea an or Canadian statio utilizing multiple char 2. B'CAST CHANNEL NUMBER 2 3 4 10 69 28 14 12 39	multicast streen n or before Ju mitter or an as o enter "E". If , see page (v) ch station. Fo ns, if any, given nel line-ups, CHANN 3. TYPE OF STATION I N I I I I E E E	eam that is not s ne 30, 2009, be ssociation repre you carried the e of the general i r U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No No No No No No No No No	subject to a royalty tween a cable systematic and the primal channel on any of instructions locate list the community with space G for each AA 5. BASIS OF CARRIAGE (If Distant)	 r payment because it is the subject stem or an association representing ry transmitter, enter the designa- her basis, enter "O." For a further of in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION 7. Roxborough, PA Atlantic City, NJ Roxborough, PA Allentown, PA Roxborough, PA Roxborough, PA Allentown, PA Roxborough, PA 7. Roxborough, PA Roxborough, PA Roxborough, PA 7. Roxborough, PA Roxborough, PA 7. Roxborough, PA Roxborough, PA 7. Roxborough, PA 	additional information
For the retran of a written agree he cable system ion "E" (exempt) explanation of th Column 6: G FCC. For Mexica Note: If you are of 1. CALL SIGN 1. CALL SIGN XJWP KYW WACP WCAU WFPA WCAU WFPA WFPA WFPA WGTW WHYY WLVT WNJN WPHL	smission of a distant ement entered into on and a primary transi- b. For simulcasts, also ese three categories ive the location of ea an or Canadian statio utilizing multiple char 2. B'CAST CHANNEL NUMBER 2 3 4 10 69 28 14 12 39 23	multicast stree n or before Ju mitter or an as o enter "E". If , see page (v) ch station. Fo ns, if any, giv onel line-ups, CHANN 3. TYPE OF STATION I N I I I E E E E	eam that is not s ne 30, 2009, be ssociation repre you carried the o of the general i r U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No No No No No No No No No No No No	subject to a royalty tween a cable systematic and the primal channel on any of instructions locate list the community with space G for each AA 5. BASIS OF CARRIAGE (If Distant)	 r payment because it is the subject stem or an association representing ry transmitter, enter the designa- her basis, enter "O." For a further id in the paper SA3 form. (to which the station is licensed by the which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION 8 Roxborough, PA Atlantic City, NJ Roxborough, PA Allentown, PA Roxborough, PA Roxborough, PA Allentown, PA Roxborough, PA Allentown, PA Roxborough, PA Allentown, PA Allentown, PA Montclair, NJ 	additional information
For the retran of a written agree he cable system ion "E" (exempt) explanation of th Column 6: G FCC. For Mexica Note: If you are to 1. CALL SIGN KJWP KYW WACP WCAU WFMZ WFPA WGTW WFPA WGTW WLVT WNJN WPHL WPPX	smission of a distant ement entered into on and a primary transit b. For simulcasts, also ese three categories ive the location of ea an or Canadian statio utilizing multiple char 2. B'CAST CHANNEL NUMBER 2 3 4 10 69 28 14 12 39 23 17	multicast stree n or before Ju mitter or an as o enter "E". If , see page (v) ch station. Fo ns, if any, given nel line-ups, CHANN 3. TYPE OF STATION I N I I I E E E I	eam that is not s ne 30, 2009, be ssociation repre you carried the e of the general i r U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO NO NO NO NO NO NO NO NO NO NO	subject to a royalty tween a cable systematic and the primal channel on any of instructions locate list the community with space G for each AA 5. BASIS OF CARRIAGE (If Distant)	 r payment because it is the subject stem or an association representing ry transmitter, enter the designa- her basis, enter "O." For a further id in the paper SA3 form. / to which the station is licensed by the which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION 8. Roxborough, PA Atlantic City, NJ Roxborough, PA Allentown, PA Roxborough, PA Roxborough, PA Allentown, PA Roxborough, PA Roxborough, PA 	additional information
For the retran of a written agree the cable system tion "E" (exempt) explanation of th Column 6: G FCC. For Mexica Note: If you are of 1. CALL SIGN I. CALL SIGN KJWP KYW WACP WCAU WFMZ WFPA WGTW WFPA WGTW WHYY WLVT WNJN WPHL WPPX WPSG	smission of a distant ement entered into on and a primary transit. For simulcasts, also ese three categories ive the location of ea an or Canadian statio utilizing multiple char 2. B'CAST CHANNEL NUMBER 2 3 4 10 69 28 14 12 39 23 17 61 57	multicast stree n or before Ju mitter or an as o enter "E". If , see page (v) ch station. Fo ns, if any, given nel line-ups, CHANN 3. TYPE OF STATION I N I I I I E E E I I I I I I I I I I	eam that is not s ne 30, 2009, be ssociation repre you carried the o of the general i r U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO NO NO NO NO NO NO NO NO NO NO	subject to a royalty tween a cable systematic and the primal channel on any of instructions locate list the community with space G for each AA 5. BASIS OF CARRIAGE (If Distant)	 Payment because it is the subject stem or an association representing ry transmitter, enter the designa- her basis, enter "O." For a further id in the paper SA3 form. (to which the station is licensed by the which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION 7. Roxborough, PA Atlantic City, NJ Roxborough, PA Allentown, PA Roxborough, PA Roxborough, PA Allentown, PA Roxborough, PA Roxborough, PA Roxborough, PA Roxborough, PA Roxborough, PA Roxborough, PA Allentown, PA Roxborough, PA Allentown, PA Roxborough, PA Allentown, PA Roxborough, PA Allentown, PA Roxborough, PA Roxborough, PA Roxborough, PA Roxborough, PA 	additional information
For the retran of a written agree the cable system tion "E" (exempt) explanation of th Column 6: G FCC. For Mexica Note: If you are of 1. CALL SIGN KJWP KYW WACP WCAU WFMZ WFPA WFPA WFPA WFPA WFPA WFPA WFPA WFPA	smission of a distant ement entered into ou and a primary transit b. For simulcasts, also ese three categories ive the location of ea an or Canadian statio utilizing multiple char 2. B'CAST CHANNEL NUMBER 2 3 4 10 69 28 14 12 39 23 17 61 57 6	multicast stree n or before Ju mitter or an as o enter "E". If , see page (v) ch station. Fo ns, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION I N I I I I E E E I I I I	eam that is not s ne 30, 2009, be ssociation repre you carried the e of the general i r U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO NO NO NO NO NO NO NO NO NO NO	subject to a royalty tween a cable systematic and the primal channel on any of instructions locate list the community with space G for each AA 5. BASIS OF CARRIAGE (If Distant)	 Payment because it is the subject stem or an association representing ry transmitter, enter the designa- her basis, enter "O." For a further of in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION 7. Roxborough, PA Atlantic City, NJ Roxborough, PA Allentown, PA Roxborough, PA Roxborough, PA Roxborough, PA Roxborough, PA Roxborough, PA Allentown, PA Roxborough, PA Allentown, PA Roxborough, PA Astorough, PA Roxborough, PA 	additional information
For the retran of a written agree the cable system tion "E" (exempt) explanation of th Column 6: G FCC. For Mexica Note: If you are of 1. CALL SIGN KJWP KYW WACP WCAU WFMZ WFPA WGTW WFPA WGTW WHYY WLVT WNJN WHYY WLVT WNJN WPHL WPPX WPSG WPVI WTVE	smission of a distant ement entered into on and a primary transit. For simulcasts, also ese three categories ive the location of ea an or Canadian statio utilizing multiple char 2. B'CAST CHANNEL NUMBER 2 3 4 10 69 28 14 12 39 23 17 61 57 6 51	multicast stree n or before Ju mitter or an as o enter "E". If , see page (v) ch station. Fo ns, if any, give nnel line-ups, CHANN 3. TYPE OF STATION I N I I I E E E I I I I I I I I I I I	eam that is not s ne 30, 2009, be ssociation repre you carried the of of the general i r U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO NO NO NO NO NO NO NO NO NO NO	subject to a royalty tween a cable systematic and the primal channel on any of instructions locate list the community with space G for each AA 5. BASIS OF CARRIAGE (If Distant)	 Payment because it is the subject stem or an association representing ry transmitter, enter the designa- her basis, enter "O." For a further id in the paper SA3 form. (to which the station is licensed by the which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION 8 Roxborough, PA Roxborough, PA Atlantic City, NJ Roxborough, PA Allentown, PA Roxborough, PA Roxborough, PA Roxborough, PA Roxborough, PA Roxborough, PA Roxborough, PA Roxborough, PA Allentown, PA Roxborough, PA Allentown, PA Roxborough, PA Allentown, PA Roxborough, PA Roxborough, PA Roxborough, PA Roxborough, PA Roxborough, PA Roxborough, PA Roxborough, PA Roxborough, PA Roxborough, PA 	additional informatio
For the retran of a written agree the cable system tion "E" (exempt) explanation of th Column 6: G FCC. For Mexica Note: If you are to 1. CALL	smission of a distant ement entered into ou and a primary transit b. For simulcasts, also ese three categories ive the location of ea an or Canadian statio utilizing multiple char 2. B'CAST CHANNEL NUMBER 2 3 4 10 69 28 14 12 39 23 17 61 57 6	multicast stree n or before Ju mitter or an as o enter "E". If , see page (v) ch station. Fo ns, if any, given nel line-ups, CHANN 3. TYPE OF STATION I N I I N I E E E I I I N N	eam that is not s ne 30, 2009, be ssociation repre you carried the e of the general i r U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO NO NO NO NO NO NO NO NO NO NO	subject to a royalty tween a cable systematic and the primal channel on any of instructions locate list the community with space G for each AA 5. BASIS OF CARRIAGE (If Distant)	 Payment because it is the subject stem or an association representing ry transmitter, enter the designa- her basis, enter "O." For a further of in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION 7. Roxborough, PA Atlantic City, NJ Roxborough, PA Allentown, PA Roxborough, PA Roxborough, PA Roxborough, PA Roxborough, PA Roxborough, PA Allentown, PA Roxborough, PA Allentown, PA Roxborough, PA Astorough, PA Roxborough, PA 	additional informatio

FORM SA3E. PAGE 3.

	IER OF CABLE SY	/STEM:			SYSTEM ID#	
RCN TELECON	I SERVICES	OF PHILA	DELPHIA ING	C	061497	Nomo
PRIMARY TRANSMITTE	ERS: TELEVISIO)N				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	system during t ions in effect of 6.61(e)(2) and (sis, as explaine	he accounting n June 24, 199 4), or 76.63 (r ed in the next p	period, except 81, permitting th eferring to 76.61 paragraph.	(1) stations carrie e carriage of cert I(e)(2) and (4))]; a	s and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G 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 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 str planation of local servi Column 5: If you ha cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these th Column 6: Give the 	CC rules, regula here in space only on a subs and also in spa formation cond rm. th station's call associated wit associated a	ations, or auth G—but do lis' titute basis. ace I, if the sta- cerning substit sign. Do not r h a station acc streams must ber the FCC h e, WRC is Cha- ne station. whether the st etter "N" (for ne oncommercial page (v) of the the local serv age (v) of the local serv age	orizations: ti ti in space I (th titon was carried ute basis station eport origination cording to its ow be reported in or as assigned to f annel 4 in Wash ation is a netwo etwork), "N-M" (f educational), o e general instructi 4, you must con accounting peric ause of lack of as an that is not s ne 30, 2009, be ssociation repre- you carried the of of the general i r U.S. stations, i	e Special Statem I both on a substi- ns, see page (v) of er-the-air designa- column 1 (list eac the television stat ington, D.C. This rk station, an inde- for network multion r "E-M" (for nonco- tions located in the nplete column 5, od. Indicate by en- ctivated channel ubject to a royalt tween a cable sy senting the prima- channel on any o nstructions located list the community with	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed.	Television
	<u> </u>		EL LINE-UP	-	· · ·	ł
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
wwsi	20	I	No		Philadelphia, PA	1
WYBE	35	Е	No		Roxborough, PA	

FORM SA3E. PAGE 3.

	2. B'cast Channel	3. Type of			Space G Basis of
1. Call Sign	Number	Station	6. Location of Station	DSE	Carriage
KJWP	2	l	Roxborough, PA	1.000	
KYW	3	N	Roxborough, PA	0.250	
WACP	4 10	I N	Atlantic City, NJ Roxborough, PA	1.000	
WCAU WFMZ	69	I I	Allentown, PA	0.250 1.000	
WFPA	28	1	Roxborough, PA	1.000	
WITO	14	1	Roxborough, PA	1.000	
WHYY	12	Ē	Roxborough, PA	0.250	
WLVT	39	E	Allentown, PA	0.250	
WNJN	23	E	Montclair, NJ	0.250	0
WPHL	17	I	Roxborough, PA	1.000	
WPPX	61	I	Roxborough, PA	1.000	
WPSG	57	I.	Roxborough, PA	1.000	
WPVI	6	Ν	Roxborough, PA	0.250	
WTVE	51	L	Roxborough, PA	1.000	
WTXF	29	I.	Roxborough, PA	1.000	
WUVP	24	I.	Roxborough, PA	1.000	
WWSI	20	L	Philadelphia, PA	1.000	
WYBE	35	E	Roxborough, PA	0.250	
				#N/A	
				#N/A #N/A	
				#N/A	

	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			, #N/A	
			#N/A	

	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			, #N/A	
			#N/A	

	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			, #N/A	
			#N/A	

	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			, #N/A	
			#N/A	

	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			, #N/A	
			#N/A	

	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			, #N/A	
			#N/A	

	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			, #N/A	
			#N/A	

	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			, #N/A	
			#N/A	

	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			, #N/A	
			#N/A	

	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			, #N/A	
			#N/A	

	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			, #N/A	
			#N/A	

	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			, #N/A	
			#N/A	

	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			, #N/A	
			#N/A	

	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			, #N/A	
			#N/A	

	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			, #N/A	
			#N/A	

	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			, #N/A	
			#N/A	

	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			, #N/A	
			#N/A	

	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			, #N/A	
			#N/A	

	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			, #N/A	
			#N/A	

	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			, #N/A	
			#N/A	

	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			, #N/A	
			#N/A	

	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			, #N/A	
			#N/A	

	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			, #N/A	
			#N/A	

	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			, #N/A	
			#N/A	

	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			, #N/A	
			#N/A	

	2. B'cast Channel	3. Type of		Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			, #N/A	
			#N/A	

	2. B'cast Channel	3. Type of			Space G Basis of
1. Call Sign	Number	Station	6. Location of Station	DSE	Carriage
				#N/A	

1	/NER OF CABLE SY			_	SYSTEM ID#	Name
RCN TELECO			DELPHIA INC	<u> </u>	061497	
PRIMARY TRANSMIT						
			• •		and low power television stations) I only on a part-time basis under	G
	, ,	0		· · ·	in network programs [sections	•
	()()		•	(e)(2) and (4))]; a	nd (2) certain stations carried on a	Primary
substitute program ba Substitute Basis		•	• •	carried by your ca	able system on a substitute program	Transmitters: Television
basis under specifc F				Sumou by your of		Television
			t it in space I (the	e Special Stateme	ent and Program Log)—if the	
 station was carrie List the station here 	•		tion was carried	l both on a substiti	ute basis and also on some other	
	, I	,			the general instructions located	
in the paper SA3		cian Do not r	oport origination	program convisor	auch as HPO ESPN ata Idantify	
		-	•		s such as HBO, ESPN, etc. Identify ion. For example, report multi-	
cast stream as "WET			0	•	stream separately; for example	
WETA-simulcast).	he channel num	oer the ECC h	as assigned to t	he television stati	on for broadcasting over-the-air in	
			-		may be different from the channel	
on which your cable	system carried th	ne station.		0		
					pendent station, or a noncommercial ast), "I" (for independent), "I-M"	
		,	, ,		mmercial educational multicast).	
For the meaning of th	nese terms, see	page (v) of the	e general instruc	tions located in th	e paper SA3 form.	
Column 4: If the s planation of local ser			•		s". If not, enter "No". For an ex-	
					tating the basis on which your	
-		-	÷ .	-	ering "LAC" if your cable system	
carried the distant sta For the retransmis	•				apacity. payment because it is the subject	
					tem or an association representing	
				U .	y transmitter, enter the designa-	
· · · /			•		ner basis, enter "O." For a further d in the paper SA3 form.	
Column 6: Give t	he location of ea	ch station. Fo	r U.S. stations, I	ist the community	to which the station is licensed by the	
FCC. For Mexican or Note: If you are utiliz					which the station is identifed.	
Note. Il you are utiliz			use a separate t	space o loi cacili		
4.044				AC		
1. CALL	A D'CACT		EL LINE-UP			
	2. B'CAST CHANNEL	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	2. B'CAST CHANNEL NUMBER		4. DISTANT? (Yes or No)			
	CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE		
	CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE		
	CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE		
	CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE		
	CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE		
	CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE		
	CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE		
	CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE		
	CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE		
	CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE		
	CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE		
	CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE		
	CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE		
	CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE		
	CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE		
	CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE		
	CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE		
	CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE		
	CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE		
	CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE		

FORM SA3E. PAGE 3.

RCM Odd 497 Mark PMMARY TRANSMITTERS: TELEVISION G G PMMARY 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 spect(2) and (4), 78.6 (14(2)) and (4), or 76.63 (refering to 76.316(42)) and (4), 78.6 (14(2)) and (4), or 76.63 (refering to 76.316(42)) and (4)); and (2) cortain stations carried on a substitute page of the station hore; and also in space 1. (If the station was carried by your cable system on a substitute page of the station hore; and also in space 1. (If the station was carried both on a substitute basis and also on some other basis. For this station has carried both on a substitute basis and also on some other basis. The origination and period in the station hore; and also no no no come other basis. The originate station has carried both on a substitute basis. The description of the station here; and also in space 1. (If the station was carried both on a substitute basis. The description of the station has a transmitters: Television was carried both on a substitute basis. The mark of the station has a transmitters: The description station of the station has a transmitter has the station has a transmitter has the station has a transmitters: The transmitters: The description of the station has transmitters and the station has a transmit has tr
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 thefet on June 24, 1981, perimiting the carriage of certain network programs [sections of a substitute program basis, as explained in the next paragraph. CB Substitute Dasis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Trimasmitters: Tamsmitters: Television station (and to bis! tin space [] (the Special Statement and Program Log)—if the station was carried to do list it in space [] (the do list it in space [] (the station was carried do bis! tin space [] (the station was carried point on a substitute basis and also on some other basis. For further information concerning substitute basis stations. See page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast: Stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as massociated with a station according to its over-the-air designation. For example, report multi-cast stream as must be reported in column 1 (list each stream separately; for example were fixed for noncommercial educational, or t=M* (from concommercial educational go vert-the-air in the channel and why our cable system carried the distant station during the excursion slocated 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 and parimary transmitter ore representing the cacobis rystems, is an easyoid by entering "Lea
Gamed by your cable system during the accounting period, except (1) stations carried only on a part-lime basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections fS9(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. Primary Transmitters: To bor otil stitu 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: Primary Transmitters: Television • Do not 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 (1) of the general instructions located in the paper SA3 form. If the station according to its over-the-air designation. For example, report multi- cast stream as switchac?: Simulcast stream smust be reported in column 1 (list each stream separately; for example WETA-simulcast). If the station according to its over-the-air designation. For example, report multi- cast stream as well as 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 the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered 'Yee' in column 4, you must complete column 5, stating the basis on which your cable system carried the distant staton during the accounting period. Indicate by entering the station. For U S. stations, list the community thich the station is licensed by the for. For Mexican or Canadian station. For U S. stations, list t
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, are suplained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis, are suplained in the next paragraph. Primary stations: • Do not list the station here in space G—but do list in space 1 (the Special Statement and Program Log)—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 "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcas). Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational y. or "E-M" (for noncommercial educational multicast). "F (for noncommercial educational, or "E-M" (for notework multicast). "F (for independent multicast)." (for independent multicast). The set origination representing the base terms, see page (v) of the general instructions located in the paper SA3 form. Column 3: Indicate in each case whether the station is a network station, an independent station, or an oncommercial educational with court as volume to yout column 5. Station the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. 'distant'), enter "Ys". For an exe
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 basis under specific FCC rules, regulations, or authorizations: To 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. Television • 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 associated with a station according to its over-the-air designation. For example, report multicast stream associated with a station according to its over-the-air designation. 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, 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. 'distart'), 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.
Television Station: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: box officities station is space G—but do list it in space I (the Special Statement and Program Log)—If the station here in a das 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 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 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: List each stream secarately; for example with a station is a network station, an independent station, or a noncommercial educational b, ref. (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 3: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a
basis under specifc FCC rules, regulations, or authorizations: * Do not list the station here in space G—but do list it in space 1 (the Special Statement and Program Log)—if the station was carried only on a substitute basis. * List the station here, and also in space 1. 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. Columm 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream asociated with a station according to its over-the-air designation. For example, report multicast stream asociated with a station according to its over-the-air designation. For example, 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. Columm 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 distation, by entering the letter 'N' (for network), "N-M" (for network multicast), "for independent), "I-M" (for independent multicast). (for independent multicast), "E' (for noncommercial educational) or "F-M" (for noncommercial educational multicast). 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
station was carried only on a substitute basis. • List the station here, and also in space 1, 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-S". Simulcast, streams must be reported in column 1 (list each stream separately; for example WETA-semulcast). 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, or the eath multicast). "F" (for noncommercial educational 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 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 royally payment because it is the subject of a writhen agreem
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), "1" (for independent), "I-M" (for independent multicast). "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For an explanation of local service area, 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 retramsmission of a distant multicast stream that is not subject to a royalty payment
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 "WETA-5". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulacity. 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, "I" (for network multicast). "E" (for noncommercial educational nucleose) (or for 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 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 restand station, site and primary transmitter or an association representing the primary transmitter or an association representing the primary transmitter or an
Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi- cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network, "N-M" (for network multicast), "T" (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 or 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 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
each multicast stream associated with a station according to its over-the-air designation. For example, report multi- cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex- planation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before Jue 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa- tion "E" (exempt). For simulcasts, also enter "E". If you carried the community to which the station is licensed by the FCC.
cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station our period. Indicate by entering "LAC" if your cable system carried the distant station our period. Indicate by entering "LAC" if your cable system is subject to a royally payment because it is the subject of a written agreement entered "Yes". 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: Given the dotation as use 30, 2009, between a cable system or an association representing the c
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 pinary transmitter, enter the designation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of
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 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 general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community transmitter, enter the designation 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 lidentifed. </td
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 on uriticast 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 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 ilcensed 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. Column 6: Give the location of each station. For U.S. stations, list the community with which the station is identifed. Note: If
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 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AD
(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 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 licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with 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 licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is licensed by the FCC. For Mexi
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 AD 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION
planation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the 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 dentifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AD 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION
Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa- tion eff. (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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. Image: CHANNEL LINE-UP AD 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN 2. B'CAST 0. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION
carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa- tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AD 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN 0.F (Yes or No) CARRIAGE 6. LOCATION OF STATION
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 AD 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN 0.F (Yes or No) CARRIAGE 6. LOCATION OF STATION
of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa- tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AD 1. CALL SIGN 2. B'CAST 3. TYPE 4. DISTANT? (Yes or No) CARRIAGE 6. LOCATION OF STATION
tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AD 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF SIGN 0F (Yes or No) CARRIAGE
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 AD 1. CALL SIGN 2. B'CAST 3. TYPE 4. DISTANT? OF 4. DISTANT? 5. BASIS OF CHANNEL OF CARRIAGE 6. LOCATION OF STATION
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 AD 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN 0F (Yes or No) CARRIAGE 6. LOCATION OF STATION
Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AD 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN OF (Yes or No) CARRIAGE 6. LOCATION OF STATION
CHANNEL LINE-UP AD 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN OF (Yes or No) CARRIAGE 6. LOCATION OF STATION
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE 6. LOCATION OF STATION
SIGN CHANNEL OF (Yes or No) CARRIAGE
Image: Section of the section of th

RCN TELECO	NER OF CABLE SY				SYSTEM ID#	Name
			DELPHIA ING	<u> </u>	061497	
PRIMARY TRANSMIT						
			· -		and low power television stations) I only on a part-time basis under	G
	, ,	0		· /	in network programs [sections	•
			•	l(e)(2) and (4))]; a	nd (2) certain stations carried on a	Primary
substitute program ba			•	carried by your ca	able system on a substitute program	Transmitters: Television
basis under specifc F				barried by your et		Television
			t it in space I (th	e Special Stateme	ent and Program Log)—if the	
 station was carried List the station here 	-		tion was carried	l both on a substiti	ute basis and also on some other	
	, I	,			the general instructions located	
in the paper SA3 f		aian Da natr	oport origination	program convices	auch as URO ESDN ata Identify	
		-	• •		s such as HBO, ESPN, etc. Identify ion. For example, report multi-	
			•	•	stream separately; for example	
WETA-simulcast).		or the ECC h	as assigned to t	ha talaviaian atati	on for broadcasting over the air in	
			-		on for broadcasting over-the-air in may be different from the channel	
on which your cable s	•				,	
					pendent station, or a noncommercial	
		•	, ,		ast), "I" (for independent), "I-M" mmercial educational multicast).	
For the meaning of th	nese terms, see j	bage (v) of the	e general instruc	tions located in th	e paper SA3 form.	
			•	•	s". If not, enter "No". For an ex-	
planation of local ser Column 5: If vou					paper SA3 form. tating the basis on which your	
			•		ering "LAC" if your cable system	
carried the distant sta	•					
					payment because it is the subject tem or an association representing	
-				-	y transmitter, enter the designa-	
· · · /					ner basis, enter "O." For a further	
		ch station. Fo	r U.S. stations, I		d in the paper SA3 form. to which the station is licensed by the	
	Canadian statio	ns, if any, give	e the name of th	list the community le community with	to which the station is licensed by the which the station is identifed.	
Note: If you are utiliz	Canadian statio	ns, if any, give nnel line-ups,	e the name of th use a separate s	list the community le community with space G for each o	to which the station is licensed by the which the station is identifed.	
	Canadian statio	ns, if any, give nnel line-ups,	e the name of th	list the community le community with space G for each o	to which the station is licensed by the which the station is identifed.	
Note: If you are utiliz	Canadian statio ing multiple char 2. B'CAST	ns, if any, give anel line-ups, CHANN 3. TYPE	e the name of th use a separate s EL LINE-UP 4. DISTANT?	list the community e community with space G for each o AE 5. BASIS OF	to which the station is licensed by the which the station is identifed.	
Note: If you are utiliz	Canadian statio ing multiple char 2. B'CAST CHANNEL	ns, if any, givo nel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	list the community e community with space G for each o AE 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.	
Note: If you are utiliz	Canadian statio ing multiple char 2. B'CAST	ns, if any, give anel line-ups, CHANN 3. TYPE	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	list the community e community with space G for each o AE 5. BASIS OF	to which the station is licensed by the which the station is identifed. channel line-up.	
Note: If you are utiliz	Canadian statio ing multiple char 2. B'CAST CHANNEL	ns, if any, givo nel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	list the community e community with space G for each o AE 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.	
Note: If you are utiliz	Canadian statio ing multiple char 2. B'CAST CHANNEL	ns, if any, givo nel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	list the community e community with space G for each o AE 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.	
Note: If you are utiliz	Canadian statio ing multiple char 2. B'CAST CHANNEL	ns, if any, givo nel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	list the community e community with space G for each o AE 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.	
Note: If you are utiliz	Canadian statio ing multiple char 2. B'CAST CHANNEL	ns, if any, givo nel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	list the community e community with space G for each o AE 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.	
Note: If you are utiliz	Canadian statio ing multiple char 2. B'CAST CHANNEL	ns, if any, givo nel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	list the community e community with space G for each o AE 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.	
Note: If you are utiliz	Canadian statio ing multiple char 2. B'CAST CHANNEL	ns, if any, givo nel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	list the community e community with space G for each o AE 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.	
Note: If you are utiliz	Canadian statio ing multiple char 2. B'CAST CHANNEL	ns, if any, givo nel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	list the community e community with space G for each o AE 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.	
Note: If you are utiliz	Canadian statio ing multiple char 2. B'CAST CHANNEL	ns, if any, givo nel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	list the community e community with space G for each o AE 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.	
Note: If you are utiliz	Canadian statio ing multiple char 2. B'CAST CHANNEL	ns, if any, givo nel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	list the community e community with space G for each o AE 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.	
Note: If you are utiliz	Canadian statio ing multiple char 2. B'CAST CHANNEL	ns, if any, givo nel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	list the community e community with space G for each o AE 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.	
Note: If you are utiliz	Canadian statio ing multiple char 2. B'CAST CHANNEL	ns, if any, givo nel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	list the community e community with space G for each o AE 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.	
Note: If you are utiliz	Canadian statio ing multiple char 2. B'CAST CHANNEL	ns, if any, givo nel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	list the community e community with space G for each o AE 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.	
Note: If you are utiliz	Canadian statio ing multiple char 2. B'CAST CHANNEL	ns, if any, givo nel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	list the community e community with space G for each o AE 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.	
Note: If you are utiliz	Canadian statio ing multiple char 2. B'CAST CHANNEL	ns, if any, givo nel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	list the community e community with space G for each o AE 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.	
Note: If you are utiliz	Canadian statio ing multiple char 2. B'CAST CHANNEL	ns, if any, givo nel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	list the community e community with space G for each o AE 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.	
Note: If you are utiliz	Canadian statio ing multiple char 2. B'CAST CHANNEL	ns, if any, givo nel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	list the community e community with space G for each o AE 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.	
Note: If you are utiliz	Canadian statio ing multiple char 2. B'CAST CHANNEL	ns, if any, givo nel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	list the community e community with space G for each o AE 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.	
Note: If you are utiliz	Canadian statio ing multiple char 2. B'CAST CHANNEL	ns, if any, givo nel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	list the community e community with space G for each o AE 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.	
Note: If you are utiliz	Canadian statio ing multiple char 2. B'CAST CHANNEL	ns, if any, givo nel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	list the community e community with space G for each o AE 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.	
Note: If you are utiliz	Canadian statio ing multiple char 2. B'CAST CHANNEL	ns, if any, givo nel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	list the community e community with space G for each o AE 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.	

RCN TELECOM SERVICES OF PHILADELPHIA INC 061497 Name PRIMARY TRANSMITTERS: TELEVISION In General: In space C, identify every television station (including translator 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 program lesics under (a), 76 61(e) (21 and (41)); and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. C Primary Transmitters 76 (Ferring 10 76 16(e)(2) and (41)); and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. C Primary Transmitters 76 (Ferring 10 76 16(e)(2) and (41)); and (2) certain stations carried on a substitute basis. Continue 10 (4), 76 61(e)(2) and (41)); and (2) certain stations carried on a substitute basis. Continue 10 (4), 76 61(e)(2) and (41)); and (2) certain stations carried on a substitute basis. Continue 10 (4), 76 61(e)(2) (41); and (2), 20 (76); and (2) (76); and (2
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 SCC rules and regulations in affect on June 24, 1981, permitting the carriage of certain network programs (sections a substitute program basis, as explained in the next paragraph. Image: Comparison of the carried only on a part-time basis under specific FCC rules, regulations, or authorizations: Image: Comparison of the carried on the next paragraph. Image: Comparison of the carried on 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: Image: Comparison of the carried on the next paragraph. Image: Comparison of the carried on the next paragraph. Image: Comparison of the carried on the next paragraph. Image: Comparison of the carried on the next paragraph. Image: Comparison of the carried on the next paragraph. Image: Comparison of the carried on the next paragraph. Image: Comparison of the carried on the next paragraph. Image: Comparison of the carried on the next paragraph. Image: Comparison of the carried on the next paragraph. Image: Comparison of the carried on the next paragraph. Image: Comparison of the carried on the next paragraph. Image: Comparison of the carried on the next paragraph. Image: Comparison of the carried on the next paragraph. Image: Comparison of the carried on the next paragraph. Image: Comparison of the carried on the carried on the carried on the carried on the carried o
Carried by your cable system during the accounting period, except (1) stations carried only on a part-line basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs (sections fS9(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. Primary Transmitters Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space 1 (the Special Statement and Program Log)—if the station was carried only on a substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 2: List each station 's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi- cast stream as wUETA-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 2: Give the chaces 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 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, (e. "d
FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.58(d)(2) and (4), 76.61(e)(2) and (4), or 76.03 (referring to 76.61(e)(2) and (4)); and (2) certain stations carried on a 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. 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, and also in space , 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 assound attom according to its over-the-air designation. For example, eport multicast stream assound and on covering to its over-the-air designation. Column 3: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast). Column 4: List each station is a network station, an independent station, or a noncommercial educational station. Column 3: Indicate in each case whether the station is a network multicast). To (no independent multicast). For the meaning of these terms, see page (V) of the general instructions located in the paper SA3 form. Column 4: the station is outside the local service area, (e. "distart), enter "No". For an explanation of local service area, (e. "distart), enter "No". For an ex
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 basis under specif: FCC rules, regulations, or authorizations: Transmitters * Do not 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 HBQ, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air disignation. 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, WRG is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 4: If the station is outside the local service area. (Let "distant"), enter "Ye". 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 and price paper (J) 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 into
Television 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 ti in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here in ada iso 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 2: 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 ower-the-air designation. For example, weport with a station according to its ower-the-air designation. 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 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air distorming is cludicate in each case whether the station is a network station, an independent station, or a noncommercial educational multicast). Column 4: If the station is outside the local service area, (i.e. 'distant'), enter 'Yes''. If no, 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 on a part-time basis because of lack of activtade channel capacity. For th
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 asociated 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 multicast). "F(for noncommercial educational multicast). "F(for independent multicast)." T(or independent 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
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-Simulcast). VETA-semulcast). 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), "T (for independent), "I-M" (for noncommercial educational) on "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 5: If you have entered "Yes" in columin 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 or a pathemet basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royally payment because it is the subject of a written agreement entered into on oreadimet the c
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 pager 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 "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example text as 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 willicast), "I" (for independent), "I-M" (for independent multicast), "E" (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 or before June 30, 2009, between a cable system or an association representing the primary transmitter, enter the designation "For "Rempth". For sitter thans, sitter and 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 oran association representing the primary transmitter, en
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 streams as "WETA-S". 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, 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
Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi- cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network 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 or 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 rexplanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 4: if the station 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
each multicast stream associated with a station according to its over-the-air designation. For example, report multi- cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station 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 notwork multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for not he paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex- planation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royally payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa- tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (
cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network, "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station or pefore June 30, 2009, between a cable system or an association representing the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community on where basis, enter "C". 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. stati
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 or 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 or an association representing the cable system or an association representing the externed. 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 Canadia
its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex- planation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the pirmary transmitter, enter the designa- tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you ar
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 or an association representing the primary transmitter, enter the designation 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 to which the station is identifed. Note: If you are u
educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex- planation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa- tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is licensed by the FCC. For Mexican or Canadian stations, is 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 AF SIGN 0F CHANNEL 0F 0F 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION
(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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. Claumn 6: Give the location of each station. For U.S. stations, list the community with which the station is identifed. Note: If you are utilizing multiple channel
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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AF 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION
planation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa- tion eff. (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. Image: LINE-UP AF 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CARRIAGE
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 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 licensed by the FCLENTEL LINE-UP AF 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN
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 AF 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN 2. B'CAST 0. F 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION
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 AF 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN 2. B'CAST 0. F (Yes or No) CARRIAGE 6. LOCATION OF STATION
of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa- tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AF 1. CALL SIGN 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF CARRIAGE 6. LOCATION OF STATION
tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AF 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF CARRIAGE 6. LOCATION OF STATION SIGN 0. CHANNEL OF (Yes or No) CARRIAGE
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 AF 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? SIGN 2. B'CAST OF OF 4. DISTANT? 5. BASIS OF CARRIAGE 6. LOCATION OF STATION
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 AF 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN 0F (Yes or No) CARRIAGE 6. LOCATION OF STATION
Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AF 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN 0F (Yes or No) CARRIAGE 6. LOCATION OF STATION
CHANNEL LINE-UP AF 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN OF (Yes or No) CARRIAGE 6. LOCATION OF STATION
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE 6. LOCATION OF STATION
SIGN CHANNEL OF (Yes or No) CARRIAGE

LEGAL NAME OF OW				_	SYSTEM ID#	Name
RCN TELECO			DELPHIA INC	<u> </u>	061497	
carried by your cable FCC rules and regula 76.59(d)(2) and (4), 7 substitute program ba	system during th tions in effect or 6.61(e)(2) and (sis, as explaine	ne accounting n June 24, 198 4), or 76.63 (n d in the next p	period, except (81, permitting the eferring to 76.61 paragraph.	(1) stations carried e carriage of certa (e)(2) and (4))]; and	and low power television stations) d only on a part-time basis under in network programs [sections nd (2) certain stations carried on a	G Primary Transmitters:
basis under specifc F • Do not list the station	CC rules, regula n here in space	ations, or auth G—but do list	orizations:		able system on a substitute program ent and Program Log)—if the	Television
basis. For further i	, and also in spa nformation conc	ice I, if the sta			ute basis and also on some other the general instructions located	
each multicast stream cast stream as "WET.	ch station's call associated with	n a station aco	cording to its ove	er-the-air designat	s such as HBO, ESPN, etc. Identify ion. For example, report multi- ı stream separately; for example	
	se. For example	e, WRC is Cha	-		on for broadcasting over-the-air in may be different from the channel	
Column 3: Indicate educational station, b	e in each case v y entering the le	vhether the st tter "N" (for ne	etwork), "N-M" (f	or network multica	pendent station, or a noncommercial ist), "I" (for independent), "I-M" mmercial educational multicast).	
planation of local serv	tation is outside /ice area, see pa	the local servage (v) of the	vice area, (i.e. "d general instructi	istant"), enter "Yes ons located in the	s". If not, enter "No". For an ex- paper SA3 form.	
cable system carried carried the distant sta	the distant static tion on a part-tir	on during the a me basis beca	accounting perio	d. Indicate by enter ctivated channel o		
of a written agreemen the cable system and	t entered into or a primary transi	n or before Ju mitter or an as	ne 30, 2009, bet ssociation repres	tween a cable system senting the primar	payment because it is the subject tem or an association representing y transmitter, enter the designa-	
explanation of these t Column 6: Give th	hree categories le location of ea	, see page (v) ch station. Fo	of the general in r U.S. stations, I	nstructions located ist the community	her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	
Note: If you are utilizi		nnel line-ups,		space G for each o		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
	NOMBER	0 I/ III OI		(ii Distant)		

	WNER OF CABLE SY			_	SYSTEM ID#	Name
	OM SERVICES		DELPHIA INC	C	061497	
PRIMARY TRANSMIT						
carried by your cabl FCC rules and regu 76.59(d)(2) and (4), substitute program l	e system during t lations in effect or 76.61(e)(2) and (basis, as explaine	he accounting n June 24, 199 4), or 76.63 (r ed in the next p	period, except (81, permitting th eferring to 76.61 paragraph.	(1) stations carried e carriage of certa (e)(2) and (4))]; and	and low power television stations) d only on a part-time basis under in network programs [sections nd (2) certain stations carried on a	G Primary Transmitters:
basis under specifc • Do not list the stat	FCC rules, regulation here in space	ations, or auth G—but do lis	orizations:		able system on a substitute program ent and Program Log)—if the	Television
 List the station her basis. For further 	r information conc	ace I, if the sta			ute basis and also on some other the general instructions located	
each multicast strea	each station's call am associated wit	h a station ac	cording to its ove	er-the-air designat	s such as HBO, ESPN, etc. Identify ion. For example, report multi- a stream separately; for example	
its community of lice	ense. For example	e, WRC is Cha	-		on for broadcasting over-the-air in may be different from the channel	
educational station,	ate in each case v by entering the le	whether the st etter "N" (for ne	etwork), "N-M" (f	or network multica	pendent station, or a noncommercial ıst), "I" (for independent), "I-M" mmercial educational multicast).	
For the meaning of	these terms, see station is outside	page (v) of the the local serv	e general instruc vice area, (i.e. "d	tions located in th listant"), enter "Ye	e paper SA3 form. s". If not, enter "No". For an ex-	
Column 5: If you	u have entered "Yo d the distant statio	es" in column	4, you must con accounting perio	nplete column 5, s od. Indicate by ente	tating the basis on which your ering "LAC" if your cable system	
of a written agreeme	ent entered into o	n or before Ju	ne 30, 2009, bei	tween a cable sys	payment because it is the subject tem or an association representing y transmitter, enter the designa-	
explanation of these	e three categories	, see page (v)	of the general i	nstructions located	her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the	
FCC. For Mexican on Note: If you are utili		nnel line-ups,	use a separate s	space G for each o	which the station is identifed. channel line-up.	
		CHANN	EL LINE-UP	AH		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
		<u>†</u>				

LEGAL NAME OF OW				_	SYSTEM ID#	Name
RCN TELECON			DELPHIA INC	C	061497	
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program ba	system during th tions in effect or 5.61(e)(2) and (sis, as explaine	ne accounting n June 24, 199 4), or 76.63 (r d in the next p	period, except (81, permitting the eferring to 76.61 paragraph.	(1) stations carried e carriage of certa (e)(2) and (4))]; and	and low power television stations) d only on a part-time basis under nin network programs [sections nd (2) certain stations carried on a	G Primary Transmitters:
basis under specifc F(• Do not list the station	CC rules, regula n here in space	ations, or auth G—but do lis	orizations:		able system on a substitute program ent and Program Log)—if the	Television
	and also in spa formation cond	ace I, if the sta			ute basis and also on some other f the general instructions located	
Column 1: List each multicast stream cast stream as "WET	ch station's call associated with	h a station ac	cording to its ove	er-the-air designat	s such as HBO, ESPN, etc. Identify ion. For example, report multi- n stream separately; for example	
	se. For example	e, WRC is Cha	-		on for broadcasting over-the-air in may be different from the channel	
Column 3: Indicate educational station, by	e in each case v e entering the le	whether the st tter "N" (for ne	etwork), "N-M" (f	or network multica	pendent station, or a noncommercial ast), "I" (for independent), "I-M" mmercial educational multicast).	
planation of local serv	ation is outside ice area, see pa	the local servage (v) of the	vice area, (i.e. "d general instructi	listant"), enter "Yes ons located in the	s". If not, enter "No". For an ex- paper SA3 form.	
cable system carried t carried the distant sta	he distant statio tion on a part-tir	on during the a me basis beca	accounting perio	d. Indicate by ente ctivated channel c		
of a written agreemen the cable system and	t entered into o a primary trans	n or before Ju mitter or an as	ne 30, 2009, bet ssociation repres	tween a cable system senting the primar	payment because it is the subject tem or an association representing y transmitter, enter the designa-	
explanation of these the column 6: Give the column	nree categories e location of ea	, see page (v) ch station. Fo	of the general in r U.S. stations, I	nstructions located list the community	her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	
Note: If you are utilizin		nnel line-ups,		space G for each o		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
<u> </u>	NOMBER	STATION				
		•••••••				

RCN TELECO	/NER OF CABLE SY			_	SYSTEM ID#	Name
			DELPHIA INC	C	061497	
			, -		and low power television stations) d only on a part-time basis under	G
	, ,	•		· /	in network programs [sections	•
			•	l(e)(2) and (4))]; ai	nd (2) certain stations carried on a	Primary
substitute program ba			•••	carried by your ca	able system on a substitute program	Transmitters: Television
basis under specifc F				camed by your ca	able system on a substitute program	relevision
			t it in space I (the	e Special Stateme	ent and Program Log)—if the	
station was carried	-		tion was carried	l both on a substitu	ute basis and also on some other	
	· ·	,			f the general instructions located	
in the paper SA3 f						
		-			s such as HBO, ESPN, etc. Identify ion. For example, report multi-	
			•	•	n stream separately; for example	
WETA-simulcast).					for here does the second to a sin in	
			-		on for broadcasting over-the-air in may be different from the channel	
on which your cable s	•					
					pendent station, or a noncommercial	
		,	, ,		ast), "I" (for independent), "I-M" mmercial educational multicast).	
For the meaning of th	<i></i>		· · ·	•	,	
				•	s". If not, enter "No". For an ex-	
planation of local server Column 5: If you l					paper SA3 form. tating the basis on which your	
-			-		ering "LAC" if your cable system	
carried the distant sta	•					
					payment because it is the subject tem or an association representing	
-				-	y transmitter, enter the designa-	
· · · /					ner basis, enter "O." For a further	
					d in the paper SA3 form. to which the station is licensed by the	
Note: If you are utilized		, ,		e community with	which the station is identifed.	
vole. Il you are utiliz		nnel line-ups,	use a separate s	e community with space G for each o	which the station is identifed.	
		nnel line-ups,		e community with space G for each o	which the station is identifed.	
1. CALL		nnel line-ups,	use a separate s EL LINE-UP 4. DISTANT?	e community with space G for each o AJ 5. BASIS OF	which the station is identifed.	
	2. B'CAST	3. TYPE OF	use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	e community with space G for each o AJ 5. BASIS OF CARRIAGE	which the station is identifed. channel line-up.	
1. CALL	ing multiple char	CHANN 3. TYPE	use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	e community with space G for each o AJ 5. BASIS OF	which the station is identifed. channel line-up.	
1. CALL	2. B'CAST	3. TYPE OF	use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	e community with space G for each o AJ 5. BASIS OF CARRIAGE	which the station is identifed. channel line-up.	
1. CALL	2. B'CAST	3. TYPE OF	use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	e community with space G for each o AJ 5. BASIS OF CARRIAGE	which the station is identifed. channel line-up.	
1. CALL	2. B'CAST	3. TYPE OF	use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	e community with space G for each o AJ 5. BASIS OF CARRIAGE	which the station is identifed. channel line-up.	
1. CALL	2. B'CAST	3. TYPE OF	use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	e community with space G for each o AJ 5. BASIS OF CARRIAGE	which the station is identifed. channel line-up.	
1. CALL	2. B'CAST	3. TYPE OF	use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	e community with space G for each o AJ 5. BASIS OF CARRIAGE	which the station is identifed. channel line-up.	
1. CALL	2. B'CAST	3. TYPE OF	use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	e community with space G for each o AJ 5. BASIS OF CARRIAGE	which the station is identifed. channel line-up.	
1. CALL	2. B'CAST	3. TYPE OF	use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	e community with space G for each o AJ 5. BASIS OF CARRIAGE	which the station is identifed. channel line-up.	
1. CALL	2. B'CAST	3. TYPE OF	use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	e community with space G for each o AJ 5. BASIS OF CARRIAGE	which the station is identifed. channel line-up.	
1. CALL	2. B'CAST	3. TYPE OF	use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	e community with space G for each o AJ 5. BASIS OF CARRIAGE	which the station is identifed. channel line-up.	
1. CALL	2. B'CAST	3. TYPE OF	use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	e community with space G for each o AJ 5. BASIS OF CARRIAGE	which the station is identifed. channel line-up.	
1. CALL	2. B'CAST	3. TYPE OF	use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	e community with space G for each o AJ 5. BASIS OF CARRIAGE	which the station is identifed. channel line-up.	
1. CALL	2. B'CAST	3. TYPE OF	use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	e community with space G for each o AJ 5. BASIS OF CARRIAGE	which the station is identifed. channel line-up.	
1. CALL	2. B'CAST	3. TYPE OF	use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	e community with space G for each o AJ 5. BASIS OF CARRIAGE	which the station is identifed. channel line-up.	
1. CALL	2. B'CAST	3. TYPE OF	use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	e community with space G for each o AJ 5. BASIS OF CARRIAGE	which the station is identifed. channel line-up.	
1. CALL	2. B'CAST	3. TYPE OF	use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	e community with space G for each o AJ 5. BASIS OF CARRIAGE	which the station is identifed. channel line-up.	
1. CALL	2. B'CAST	3. TYPE OF	use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	e community with space G for each o AJ 5. BASIS OF CARRIAGE	which the station is identifed. channel line-up.	
1. CALL	2. B'CAST	3. TYPE OF	use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	e community with space G for each o AJ 5. BASIS OF CARRIAGE	which the station is identifed. channel line-up.	
1. CALL	2. B'CAST	3. TYPE OF	use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	e community with space G for each o AJ 5. BASIS OF CARRIAGE	which the station is identifed. channel line-up.	
1. CALL	2. B'CAST	3. TYPE OF	use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	e community with space G for each o AJ 5. BASIS OF CARRIAGE	which the station is identifed. channel line-up.	
1. CALL	2. B'CAST	3. TYPE OF	use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	e community with space G for each o AJ 5. BASIS OF CARRIAGE	which the station is identifed. channel line-up.	

 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 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), "I-M" (for independent 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) or the general instructions located in the paper SA3 form.<th>G Primary Transmitters: Television</th>	G Primary Transmitters: Television
 In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 77.6.61(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 1 (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space 1, 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 sufficient stream associated with a station according to its over-the-air designation. For example, report multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream associated with a station according to its over-the-air designation, 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 independent 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 outsi	Primary Transmitters:
 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 1 (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space 1, 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 associated with a station according to its over-the-air designation. For example, report multicast stream associated with a station according to its over-the-air designation. For example, were 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 independent multicast), "f' (for independent), "I-M" (for independent multi	Primary Transmitters:
 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 associated with a station according to its over-the-air designation. For example, report 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). 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 entere	Television
 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 statem that is not subject to a royalty payment because it is the subject of a written agreement entered into on or b	
Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi- cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I' (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex- planation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa-	
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 designa-	
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 multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa-	
For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex- planation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa-	
cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa-	
of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa-	
tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the	
FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AK	
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE	
NUMBER STATION (If Distant)	

LEGAL NAME OF OWN					SYSTEM ID#	Name
RCN TELECON			DELPHIA INC	5	061497	
			• •		and low power television stations) d only on a part-time basis under	G
	, 0	•		· · ·	in network programs [sections	
			•	(e)(2) and (4))]; ar	nd (2) certain stations carried on a	Primary
substitute program ba Substitute Basis \$			• •	carried by your ca	able system on a substitute program	Transmitters: Television
basis under specifc F0						
	•		t it in space I (the	e Special Stateme	nt and Program Log)—if the	
 station was carried List the station here. 	•		tion was carried	l both on a substitu	ute basis and also on some other	
		,			the general instructions located	
in the paper SA3 fo		sian. Do not r	enort origination	program services	s such as HBO, ESPN, etc. Identify	
		-	•		ion. For example, report multi-	
	A-2". Simulcast	streams must	be reported in c	column 1 (list each	stream separately; for example	
WETA-simulcast).	e channel numh	per the ECC h	as assigned to t	he television static	on for broadcasting over-the-air in	
			-		may be different from the channel	
on which your cable s	•					
					pendent station, or a noncommercial ast), "I" (for independent), "I-M"	
	-		, ,		mmercial educational multicast).	
For the meaning of the	ese terms, see j	page (v) of the	e general instruc	tions located in th	e paper SA3 form.	
Column 4: If the st planation of local serv			•		s". If not, enter "No". For an ex-	
					tating the basis on which your	
-		-	÷ .	-	ering "LAC" if your cable system	
carried the distant stat	•				apacity. payment because it is the subject	
					tem or an association representing	
the cable system and	a primary transi	mitter or an as	ssociation repres	senting the primar	y transmitter, enter the designa-	
· · · /			•		ner basis, enter "O." For a further d in the paper SA3 form.	
					to which the station is licensed by the	
					which the station is identifed.	
Note: If you are utilizir	ng multiple char		•		channei line-up.	
			EL LINE-UP			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)		
				(
		 			L	
		T				
		†				
		ļ				
		_			L	
	.	[
		l		1		

substitute program basis, as explained in the next paragraph.	G
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	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 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	G
FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried 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	9
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	•
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program T 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 •	Primary
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	nsmitters: elevision
	nevision
station was carried only on a substitute basis.	
• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other	
basis. For further information concerning substitute basis stations, see page (v) of the general instructions located	
in the paper SA3 form.	
Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-	
cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example	
WETA-simulcast).	
Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel	
on which your cable system carried the station.	
Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial	
educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).	
For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.	
Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex-	
planation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your	
cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system	
carried the distant station on a part-time basis because of lack of activated channel capacity.	
For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing	
the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa-	
tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further	
explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the	
FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed.	
Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.	
CHANNEL LINE-UP AM	
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION	
SIGN CHANNEL OF (Yes or No) CARRIAGE NUMBER STATION (If Distant)	
NUMBER STATION (If Distant)	
Image: select	
Image: Second	
Image: Second	
Image: selection of the	
Image: Second	
Image: Second	
Image: Second	
Image: Second	

LEGAL NAME OF O	WNER OF CABLE SY			_	SYSTEM ID#	Name
RCN TELECO			DELPHIA INC	C	061497	
PRIMARY TRANSMIT						
carried by your cable FCC rules and regul 76.59(d)(2) and (4), substitute program b	e system during th ations in effect or 76.61(e)(2) and (basis, as explaine	ne accounting n June 24, 199 4), or 76.63 (r d in the next p	period, except (81, permitting th eferring to 76.61 paragraph.	(1) stations carried e carriage of certa (e)(2) and (4))]; and	and low power television stations) d only on a part-time basis under nin network programs [sections nd (2) certain stations carried on a	G Primary Transmitters:
basis under specifc	FCC rules, regula on here in space	ations, or auth G—but do lis	orizations:		able system on a substitute program ent and Program Log)—if the	Television
basis. For further in the paper SA3	information conc form.	erning substit	ute basis statior	ns, see page (v) of	ute basis and also on some other f the general instructions located	
each multicast strea	m associated with	h a station ac	cording to its ove	er-the-air designat	s such as HBO, ESPN, etc. Identify ion. For example, report multi- n stream separately; for example	
Column 2: Give	ense. For example	e, WRC is Cha	-		on for broadcasting over-the-air in may be different from the channel	
educational station, (for independent mu	by entering the le lticast), "E" (for ne	tter "N" (for ne	etwork), "N-M" (f	or network multica r "E-M" (for nonco	pendent station, or a noncommercial ast), "I" (for independent), "I-M" mmercial educational multicast).	
planation of local se	station is outside rvice area, see pa	the local servage (v) of the	vice area, (i.e. "d general instructi	listant"), enter "Yes ons located in the	s". If not, enter "No". For an ex-	
cable system carried carried the distant s	d the distant station tation on a part-tir	on during the a me basis beca	accounting perio	d. Indicate by ente ctivated channel c	ering "LAC" if your cable system apacity.	
of a written agreeme the cable system an	ent entered into or d a primary trans	n or before Ju mitter or an as	ne 30, 2009, bei ssociation repres	tween a cable system senting the primar	payment because it is the subject tem or an association representing y transmitter, enter the designa- ner basis, enter "O." For a further	
explanation of these Column 6: Give	three categories the location of ea	, see page (v) ch station. Fo	of the general in r U.S. stations, I	nstructions located list the community	to which the station is licensed by the which the station is licensed by the	
Note: If you are utiliz	zing multiple char		use a separate s	•	channel line-up.	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
		+				
		+			+ 	
		<u> </u>				
		t			+	
		[

LEGAL NAME OF OW				-	SYSTEM ID#	Name
RCN TELECON			DELPHIA INC	<u> </u>	061497	
PRIMARY TRANSMITT						
					and low power television stations) I only on a part-time basis under	G
	, ,	0		· ·	in network programs [sections	•
			•	(e)(2) and (4))]; ar	nd (2) certain stations carried on a	Primary
substitute program ba	•		• •	carried by your ca	able system on a substitute program	Transmitters: Television
basis under specifc F				barned by your of	and system of a substitute program	Television
			t it in space I (the	e Special Stateme	nt and Program Log)—if the	
 station was carried List the station here 	-		tion was carried	both on a substitu	ute basis and also on some other	
,		,			the general instructions located	
in the paper SA3 fo		aign Da natr	oport origination	program convisor	auch as HPO_FSDN_sta_Identify	
		-			s such as HBO, ESPN, etc. Identify ion. For example, report multi-	
			0	•	stream separately; for example	
WETA-simulcast).	a abannal num	or the FCC h	an analyzed to t	ha talaviaian atati	on for broadcasting over the air in	
			-		on for broadcasting over-the-air in may be different from the channel	
on which your cable s					,	
					pendent station, or a noncommercial	
	-	,	, ,		ist), "I" (for independent), "I-M" mmercial educational multicast).	
For the meaning of the	ese terms, see j	page (v) of the	e general instruc	tions located in th	e paper SA3 form.	
			•		s". If not, enter "No". For an ex-	
planation of local serv Column 5: If vou h					paper SA3 form. tating the basis on which your	
			•		ering "LAC" if your cable system	
carried the distant sta	•					
					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.	
Note: If you are utilizin	ng multiple char	• •	•		channel line-up.	
		CHANN	EL LINE-UP	AO		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)		
	NOMBER	STATION		(II Distant)		
	<mark></mark>					
Γ						

LEGAL NAME OF OW				_	SYSTEM ID#	Name			
			DELPHIA INC	5	061497				
					and low power television stations) d only on a part-time basis under	G			
	, ,	•		· · ·	in network programs [sections	•			
			•	(e)(2) and (4))]; a	nd (2) certain stations carried on a	Primary			
substitute program ba	•		• •	carried by your ca	able system on a substitute program	Transmitters: Television			
	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:								
			t it in space I (the	e Special Stateme	ent 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									
,		,			f the general instructions located				
in the paper SA3 fo									
		-	•		s such as HBO, ESPN, etc. Identify ion. For example, report multi-				
			0	•	n stream separately; for example				
WETA-simulcast).					en for hand de stimmer de stimmer				
			-		on for broadcasting over-the-air in may be different from the channel				
on which your cable s				ington, 2.0. 11131	may be different norm the original				
					pendent station, or a noncommercial				
	-	•	, ,		ast), "I" (for independent), "I-M" mmercial educational multicast).				
For the meaning of the	<i>,</i>		, ·		,				
			•		s". If not, enter "No". For an ex-				
planation of local serv Column 5: If you h					paper SA3 form. tating the basis on which your				
-			•	-	ering "LAC" if your cable system				
carried the distant star	•								
					payment because it is the subject tem or an association representing				
-				•	y transmitter, enter the designa-				
· · · /			•		ner basis, enter "O." For a further				
					d in the paper SA3 form. to which the station is licensed by the				
					which the station is identifed.				
Note: If you are utilizir	ng multiple char	nnel line-ups,	use a separate s	space G for each o	channel line-up.				
	1	CHANN	EL LINE-UP	AP					
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION				
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE					
	NUMBER	STATION		(If Distant)					
		1							
		+							
		<u> </u>							
		ļ							
					L				
		1							
		+							
		 							
		 							
		1		1					

Res Optimizet Primary Transmitters TELEBOM In denset in your of the infection up and balan (including transmitters in the bala isochring parked) waves (in the balan isochring parked) (in the baschring parked) (in the balan isochring parked) (in		F CABLE SYS			_	SYSTEM ID#	Name					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accurage of certain network programs [sections of 6.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))); and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Charagraph: Cha	PRIMARY TRANSMITTERS:			DELPHIA INC	5	061497						
carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under C CC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections] Primary Substitute program basis, as explained in the next paragraph. Primary Substitute pasis Stations: With respect to any distant stations carried by your cable system on a substitute program basis. Twith respect to any distant stations carried by your cable system on a substitute program basis and also in space (-but do list it in space I) (the special Statement and Program Log)—if the station was carried to bit 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 swith the 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 1: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air or the designation. For example, with eageer and instructions located in the paper SA3 form. Column 5: If we take station during the exceent and the maxer station during the exceent system carried the distant station on a part-time basis beca												
FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 75,05(1/2) and (4), or 76.61 (rel/2) and (4) and a substitute basis and also on some other basis. For further information concerning to 16 sover-the-air fuesignation. For example, report multicast, tsteam as "WETA-2". Simulcast stream sub the report origination program services such as HBO, ESPN, etc. Identify each multicast terms must be reported in column 1 (list each stream separately; for example WETA-2". Simulcast stream such are reported in column 1 (list each stream separately; for example weither or 10 (rel network). "N-M" (for network multicast). "If (fir independent multicast). Te' (for network), "N-M' (for network multicast). Te' (for independent), "I-M" (fo				· -			G					
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 basis under specific FCC rules, regulations, or authorizations: • To not list the station here in space G—but do list in space 1 (the Special Statement and Program Log)—If the station was carried only on a substitute basis. • Teamsmitters: • List the station here, and also in space 1, if the station was carried both on a substitute basis and so on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in 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 lits over-the-air designation. For example, were carried the station. Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in the channel on which your cable system carried the station. To independent from the channel in uniticast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, or a noncommercial educational station, by entering the letter "// for notwork". "How (for noncommercial educational station, eage SA3 form. Column 3: Indicate in each case whether the station representing the basis on on a part-time basis because of lack of activated channel capacity. For enterton's SA3 form.		•	•		· · ·							
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: Television basis under specific FCC rules, regulations, or authorizations: 0 not list the station was carried only on a substitute basis. • Do not list the station here, and also in space [.] 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 lits over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational just (for network), "N-M" (for network multicast), "I' (for independent), "I-M" (for independent multicast), E'' (for moncommercial educational), or "E-M" (for noncommercial educational multicast). Rotime 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, (i.e. "distant"), enter "Yes". Tho, chere No". For a mexplantion o		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		J. J	(e)(2) and (4))]; ar	nd (2) certain stations carried on a	-					
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 stream as attation according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast stream sans the 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 anulticast). "F (for independent multicast), "T (for independent multicast)." If (or independent 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) or the general				•	carried by your ca	able system on a substitute program						
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 multi-cast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as WETA-s'''. 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, 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 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 or a subscitation 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 royaty payment because it is the subject of a witten agreement entered into on or before June 30, 2009, between a cable system or an asociation r												
List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station 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). To for independent multicast). "E" (for noncommercial educations 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) or the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you on usic complete column 5, stating the basis, on which your cable system carried the distant station our part-time basis because of lack of activated channel capacity. For the refrasmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered inter "T". For u. Carried the channel capacity. Coumn 5: Give the location of each station. For U.S. stations, list the community with which the				it in space I (the	e Special Stateme	nt and Program Log)—if the						
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 streams are 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 istation, by entering the letter "N" (for network), "N-M" (for network 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 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 cable system as a	-			tion was carried	l both on a substitu	ute basis and also on some other						
Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi- cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex- planation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered istation. Station Column 5, stating the basis calion representing the cable system on a prin-mary t	,		,									
each multicast stream associated with a station according to its over-the-air designation. For example, report multi- cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex- planation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on or pefore June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa- tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the F		ation's call si	ian Do not r	eport origination	program services	such as HBO ESPN atc. Identify						
cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. 'distant'), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station outly ing 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 for is an association representing the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licenseed by the FCC. For Mexican or Canadian stations, if any, give the name of the community to which the station is licenseed by the FCC. For Mexican or Canadian stations, if any, give the name of the com			-			-						
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 or 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 or an association representing the primary transmitter, enter the designation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 4: if the station of each station. For U.S. stating the basis on which your cable system carried the distant station or thefore June 30, 2009, between a cable system or an association repre		Simulcast st	treams must	be reported in c	column 1 (list each	stream separately; for example						
its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex- planation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa- tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. 1. CALL SIGN 2. B'CAST CHANNEL 3. TYPE	,	nnel numbe	ar the ECC h	as assigned to t	he television stativ	on for broadcasting over-the-air in						
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 cable system of the set true 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 the channel on any other basis, enter "0." 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 lidentifed. <t< td=""><td></td><td></td><td></td><td>-</td><td></td><td>-</td><td></td></t<>				-		-						
educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (V) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex- planation of local service area, see page (V) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa- tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (V) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is licensed by the FCC. For Mexican or Canadian stations, is any, give the name of the community with which the station is identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AQ 1. CALL SIGN CHANNEL OF CHANNEL OF CHANNE						- 						
(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 or 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 cable system and a primary transmitter or an association representing the primary transmitter, enter the designation 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 AQ 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION												
Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AQ 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION	-	-	•	, ,		, , , ,						
planation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the calue system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AQ 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION	Ũ	· ·	• • •	•								
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 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. 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN 2. B'CAST 3. TYPE 4. DISTANT? CARRIAGE 6. LOCATION OF STATION												
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 AQ 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN 2. B'CAST 0F 4. DISTANT? 6. ARRIAGE 6. LOCATION OF STATION												
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 AQ 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN 2. B'CAST 0F 4. DISTANT? 5. RARIAGE 6. LOCATION OF STATION	-		-	• •	-							
of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa- tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AQ 1. CALL SIGN 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF CHANNEL OF 4. DISTANT? 5. BASIS OF CARRIAGE		•										
tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AQ 1. CALL SIGN 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF CHANNEL OF (Yes or No) CARRIAGE												
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 AQ 1. CALL SIGN 2. B'CAST 3. TYPE 4. DISTANT? CHANNEL OF 4. DISTANT? (Yes or No) 5. BASIS OF CARRIAGE	<i>,</i> ,				U							
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 AQ 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN OF (Yes or No) CARRIAGE 6. LOCATION OF STATION	· · · /											
Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AQ 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN OF (Yes or No) CARRIAGE 6. LOCATION OF STATION												
CHANNEL LINE-UP AQ 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN OF (Yes or No) CARRIAGE 6. LOCATION OF STATION			, ,									
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN OF (Yes or No) CARRIAGE 6. LOCATION OF STATION				•	•							
SIGN CHANNEL OF (Yes or No) CARRIAGE	4.044	CAST				CHANNEL LINE-UP AQ						
					1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION							
			-		CARRIAGE	6. LOCATION OF STATION						
Image: Second			STATION	(Tes of NO)		6. LOCATION OF STATION						
			STATION			6. LOCATION OF STATION						
Image: Section of the section of th			STATION			6. LOCATION OF STATION						
			STATION			6. LOCATION OF STATION						
			STATION			6. LOCATION OF STATION						
Image: Section of the section of th			STATION			6. LOCATION OF STATION						
			STATION			6. LOCATION OF STATION						
Image: Section of the section of th			STATION			6. LOCATION OF STATION						
			STATION			6. LOCATION OF STATION						
			STATION			6. LOCATION OF STATION						
			STATION			6. LOCATION OF STATION						
			STATION			6. LOCATION OF STATION						
			STATION			6. LOCATION OF STATION						
			STATION			6. LOCATION OF STATION						
			STATION			6. LOCATION OF STATION						
			STATION			6. LOCATION OF STATION						
						6. LOCATION OF STATION						
						6. LOCATION OF STATION						
						6. LOCATION OF STATION						
						6. LOCATION OF STATION						
						6. LOCATION OF STATION						

	WNER OF CABLE SY			_	SYSTEM ID#	Name
	OM SERVICES		DELPHIA INC	C	061497	
				• • • •		
carried by your cabl FCC rules and regu 76.59(d)(2) and (4), substitute program I	e system during th lations in effect or 76.61(e)(2) and (basis, as explaine	he accounting n June 24, 19 4), or 76.63 (r ed in the next	period, except (81, permitting th eferring to 76.61 paragraph.	(1) stations carried e carriage of certa I(e)(2) and (4))]; a	and low power television stations) d only on a part-time basis under nin network programs [sections nd (2) certain stations carried on a	G Primary Transmitters:
basis under specifc • Do not list the stat	FCC rules, regulation here in space	ations, or auth G—but do lis	orizations:		able system on a substitute program ent and Program Log)—if the	Television
 List the station her basis. For further 	r information conc	ace I, if the sta			ute basis and also on some other f the general instructions located	
each multicast strea cast stream as "WE	each station's call am associated wit	h a station ac	cording to its ove	er-the-air designat	s such as HBO, ESPN, etc. Identify ion. For example, report multi- n stream separately; for example	
its community of lice	ense. For example	e, WRC is Ch	-		on for broadcasting over-the-air in may be different from the channel	
educational station,	ate in each case v by entering the le	whether the st etter "N" (for ne	etwork), "N-M" (f	or network multica	pendent station, or a noncommercial ast), "I" (for independent), "I-M" mmercial educational multicast).	
For the meaning of	these terms, see station is outside	page (v) of the the local serv	e general instruc /ice area, (i.e. "d	ctions located in th listant"), enter "Ye	e paper SA3 form. s". If not, enter "No". For an ex-	
-	d the distant statio	on during the	accounting perio	d. Indicate by ent	tating the basis on which your ering "LAC" if your cable system apacity.	
of a written agreeme	ent entered into o	n or before Ju	ne 30, 2009, bei	tween a cable sys	payment because it is the subject tem or an association representing y transmitter, enter the designa-	
explanation of these Column 6: Give	e three categories the location of ea	, see page (v) ch station. Fo	of the general in TUS. stations, I	nstructions located list the community	her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the	
FCC. For Mexican of Note: If you are utili		nnel line-ups,	use a separate s	space G for each	which the station is identifed. channel line-up.	
			EL LINE-UP			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
		<u>+</u>				

LEGAL NAME OF OWI				_	SYSTEM ID#	Name
RCN TELECON			DELPHIA INC	<u> </u>	061497	
PRIMARY TRANSMITT						
					and low power television stations) l only on a part-time basis under	G
	, ,	0		· · ·	in network programs [sections	•
			•	(e)(2) and (4))]; ar	nd (2) certain stations carried on a	Primary
substitute program ba Substitute Basis	•	•	• •	carried by your ca	ble system on a substitute program	Transmitters: Television
basis under specifc F				burned by your of	ble system on a substitute program	Television
			t it in space I (the	e Special Stateme	nt and Program Log)—if the	
station was carried	-		tion was carried	l both on a substitu	ute basis and also on some other	
,		,			the general instructions located	
in the paper SA3 fo		aian Da natr	onart origination		auch as HPO, ESDN, etc. Identify	
		-			s such as HBO, ESPN, etc. Identify ion. For example, report multi-	
			0	0	stream separately; for example	
WETA-simulcast).	a abannal num	or the ECC h	an analyzed to t	ha talaviaian atati	on for broadcasting over the air in	
			-		on for broadcasting over-the-air in nay be different from the channel	
on which your cable s					,	
					pendent station, or a noncommercial	
	-	•	, ,		st), "I" (for independent), "I-M" nmercial educational multicast).	
For the meaning of the	ese terms, see j	bage (v) of the	e general instruc	tions located in th	e paper SA3 form.	
Column 4: If the st planation of local serv			•		s". If not, enter "No". For an ex-	
					tating the basis on which your	
			•	-	ering "LAC" if your cable system	
carried the distant sta	•					
					payment because it is the subject tem or an association representing	
the cable system and	a primary transi	mitter or an as	ssociation repres	senting the primar	y transmitter, enter the designa-	
· · · /			•		ier basis, enter "O." For a further d in the paper SA3 form.	
					to which the station is licensed by the	
					which the station is identifed.	
Note: If you are utilizi	ng multiple char		•	•	channel line-up.	
		CHANN	EL LINE-UP	AS		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)		
	NOMBER	STATION		(II Distant)		
h						

CR TELECOM SERVICES OF PHILADELPHIA INC 061497 PRIMARY TRANSMITTERS; TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) CCT rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs issections 76.53(4)(2) and (4), 76.81(c)(2) and (4), or 76.83 (effering to 76.81(e)(2) and (4)); and (2) certain statum carried on a substitute Desis Stations: With respect to any distant stations carried by your cable system on a substitute paramagent. Primary Transmitters - Use tables of the program basis, are separation of the station was carried by our cable system on a substitute paramagent. Primary Transmitters - Use the station here, and also in space I. If the station was carried by on a substitute basis and also on some other basis. Ford reports CP CO: Inse, reput do list I in space 0 (the Special Statement and Program Log)—If the station was carried only on a substitute basis stations. It is the station here, and also in space I. If the station was carried both on a substitute basis and also on some other basis. Ford inseches Cara station, according to lis over-the-air designation. For smample, report multi- seches the carried by other settered setters are proved in column 1 (sit sech stations or a noncommercial docational station, are entering the letter: W1 (for network; TM-H) (for network multicast); T (for independent); TM-T for the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 2: Give the charmed the station is a network station, an independent station, or a noncommercial docational station, by areting the letter: W1 (for network; TM-H) (for network multicast); For the meaning of these ter		IER OF CABLE SY			-	SYSTEM ID#	Name		
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-lime basis under FCC rules and freed on June 24, 1981, permitting the carriage of certain network programs (sections a substitute program basis, as explained in the next paragraph. Image: Control Contender Contender Control Control Control Control Contro	PRIMARY TRANSMITTE			DELPHIA INC	<u> </u>	061497			
carried by your cable system during the accounting period, except (1) stations carried only on a part-line basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 6,59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (refering to 76.61(e)(2) and (4)); and (2) certain stations carried on a substitute program basis under specific FCC rules, regulations, or authorizations: Primary Transmitters Teal Station was 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 (3-but do list it in space 1 (the Special Statement and Program Log)—if the station was carried only on a substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 2: 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 associated with a station is an etwork station, such the lefvision 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. Chim 2: Cive 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 distant station during the accountional, or "EAM" (for network), "N-M" (for network), "N-M" (for network), "N-M" (for network), "Inter "(for networ									
FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.56(q)(2) and (4), 76.61(e)(2) and (4), or 76.03 (referring to 76.61(e)(2) and (4)]; and (2) certain stations carried on a 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. 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, and also in space , 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: cast stream assolidated with a station according to its over-the-air designation. Column 3: List cast stream smust be reported in column 1 (list each stream separately; for example weTA-2". Simulcast stream smust be reported in column 1 (list each stream sequendent), "HM" (for independent station, or a noncommercial educational multicast). For the meaning of these terms, see page (V) of the general instructions located in the paper SA3 form. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station. Column 4: If the station is outside the local service area, (e. "distart), enter "No". For an explanation of local service area, see page (V) of the general ins				• •			G		
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 basis under specif: FCC rules, regulations, or authorizations: Transmitters * Do not 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 HBQ ESPN, etc. Identify each multicast stream as wETA-2: Simulcast stream must be reported in column 1 (list each stream separately, 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, WRG is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 4: If the station is outside the local service area. (i.e. "distant"), enter "Ye". 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 and price pain structions 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 other		, ,	0		· · ·		•		
Television 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 ower-the-air designation. For example, wPCT - simulcast stream associated with a station according to its ower-the-air designation. For example, WRC is Channel 4 in Washington, D.C. This may be different from 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 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 on a part-time basis because of lack of activated channel capacity. For the retransmission of a dist				•	(e)(2) and (4))]; a	nd (2) certain stations carried on a			
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 asociated 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 auticast). "F(or noncommercial educational multicast). "F(or independent multicast)." T(or network) (on 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 accou			•	• •	carried by your ca	able system on a substitute program			
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-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), "to moncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in columin 4, you must compilete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if you cable system carried the distant station along the paper SA3 form. Column 5: If you have entered "Yes" in columing the local service area, i.e. "distant", enter "Yes". If on, enter "No". For an explanation of local service area, asee page (v) of the general instructions located in the paper SA3 form. Column 5: If you have en	basis under specifc FCC rules, regulations, or authorizations:								
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 pager 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 "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; 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 multicast). For (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 to here 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 retramsmission of a distant multi				t it in space I (the	e Special Stateme	ent and Program Log)—if the			
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 streams as "WETA-S". 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, or "E-M" (for network multicast). "If (or independent), "E" (for noncommercial educational, or "E-M" (for noncommercial educational nulticast). 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 su									
Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi- cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network multicast), "I" (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 or 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 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	,	•	,						
each multicast stream associated with a station according to its over-the-air designation. For example, report multi- cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex- planation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa- tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further exp			aign Da natr	onort origination	program convices	auch as URO ESDN ata Identify			
cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cabigna-tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O."			-	•		-			
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 on uring the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on or before June 30, 2009, between a cable system or an association representing the cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa-tion "E". 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 with which the station is licensed by the FCC. For Mexican or Canadian stati				0	•				
its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex- planation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the pimary transmitter, enter the designa- tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AT 1. CALL	,	o obonnol numb	or the ECC h	as assigned to t	ha talavisian stati	on for broadcasting over the air in			
on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex- planation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa- tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AT 1. CALL SIGN 2.				-		-			
educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex- planation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa- tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AT 1. CALL 2. B'CAST 3. TYPE OF U.S. DASIS OF CARRIAGE 6. LOCATION OF STATION	on which your cable sy	stem carried th	e station.		0				
(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 or 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. Claum 6: Give the location of each station. For U.S. Stations, list the community with which the station is identifed. Note: If you are utilizing multiple channel									
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 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 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 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 AT 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION	-	-	•	, ,		, , ,			
planation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa- tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. I. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN 2. B'CAST 3. TYPE <	For the meaning of the	ese terms, see p	bage (v) of the	e general instruc	tions located in th	e 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 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 AT 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION				•					
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 AT 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN 0F 0F (Yes or No) CARRIAGE 6. LOCATION OF STATION									
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 AT 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN 2. B'CAST 0. F 4. DISTANT? 5. RARIAGE 6. LOCATION OF STATION	•		-	÷ .	-				
of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa- tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AT 1. CALL SIGN 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF CHANNEL OF 0F (Yes or No) CARRIAGE									
tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AT 1. CALL SIGN 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF CHANNEL OF (Yes or No) CARRIAGE									
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 AT 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN OF (Yes or No) CARRIAGE 6. LOCATION OF STATION	the cable system and	a primary transi	mitter or an as	ssociation repres	senting the primar	y transmitter, enter the designa-			
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 AT 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN 0F (Yes or No) CARRIAGE 6. LOCATION OF STATION	· · · /			•					
Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AT 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN OF (Yes or No) CARRIAGE 6. LOCATION OF STATION									
CHANNEL LINE-UP AT 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN OF (Yes or No) CARRIAGE 6. LOCATION OF STATION						to which the station is licensed by the			
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE 6. LOCATION OF STATION	Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.								
SIGN CHANNEL OF (Yes or No) CARRIAGE	Note: II you are utilizir		ns, if any, give nnel line-ups,	e the name of th use a separate s	e community with space G for each o	to which the station is licensed by the which the station is identifed.			
	-	ng multiple char	ns, if any, give nnel line-ups, CHANN	e the name of th use a separate s EL LINE-UP	e community with space G for each o AT	to which the station is licensed by the which the station is identifed. channel line-up.			
	1. CALL	ng multiple char 2. B'CAST	ns, if any, give anel line-ups, CHANN 3. TYPE	e the name of th use a separate s EL LINE-UP 4. DISTANT?	e community with space G for each o AT 5. BASIS OF	to which the station is licensed by the which the station is identifed. channel line-up.			
Image: Section of the section of th	1. CALL	ng multiple char 2. B'CAST CHANNEL	ns, if any, givo nel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	e community with space G for each o AT 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.			
	1. CALL	ng multiple char 2. B'CAST CHANNEL	ns, if any, givo nel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	e community with space G for each o AT 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.			
Image: Section of the section of th	1. CALL	ng multiple char 2. B'CAST CHANNEL	ns, if any, givo nel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	e community with space G for each o AT 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.			
	1. CALL	ng multiple char 2. B'CAST CHANNEL	ns, if any, givo nel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	e community with space G for each o AT 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.			
	1. CALL	ng multiple char 2. B'CAST CHANNEL	ns, if any, givo nel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	e community with space G for each o AT 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.			
	1. CALL	ng multiple char 2. B'CAST CHANNEL	ns, if any, givo nel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	e community with space G for each o AT 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.			
	1. CALL	ng multiple char 2. B'CAST CHANNEL	ns, if any, givo nel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	e community with space G for each o AT 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.			
	1. CALL	ng multiple char 2. B'CAST CHANNEL	ns, if any, givo nel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	e community with space G for each o AT 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.			
	1. CALL	ng multiple char 2. B'CAST CHANNEL	ns, if any, givo nel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	e community with space G for each o AT 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.			
	1. CALL	ng multiple char 2. B'CAST CHANNEL	ns, if any, givo nel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	e community with space G for each o AT 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.			
	1. CALL	ng multiple char 2. B'CAST CHANNEL	ns, if any, givo nel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	e community with space G for each o AT 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.			
	1. CALL	ng multiple char 2. B'CAST CHANNEL	ns, if any, givo nel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	e community with space G for each o AT 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.			
	1. CALL	ng multiple char 2. B'CAST CHANNEL	ns, if any, givo nel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	e community with space G for each o AT 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.			
	1. CALL	ng multiple char 2. B'CAST CHANNEL	ns, if any, givo nel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	e community with space G for each o AT 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.			
	1. CALL	ng multiple char 2. B'CAST CHANNEL	ns, if any, givo nel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	e community with space G for each o AT 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.			
	1. CALL	ng multiple char 2. B'CAST CHANNEL	ns, if any, givo nel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	e community with space G for each o AT 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.			
	1. CALL	ng multiple char 2. B'CAST CHANNEL	ns, if any, givo nel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	e community with space G for each o AT 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.			
	1. CALL	ng multiple char 2. B'CAST CHANNEL	ns, if any, givo nel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	e community with space G for each o AT 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.			
	1. CALL	ng multiple char 2. B'CAST CHANNEL	ns, if any, givo nel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	e community with space G for each o AT 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.			
	1. CALL	ng multiple char 2. B'CAST CHANNEL	ns, if any, givo nel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	e community with space G for each o AT 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.			
	1. CALL	ng multiple char 2. B'CAST CHANNEL	ns, if any, givo nel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	e community with space G for each o AT 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.			

LEGAL NAME OF OV	VNER OF CABLE SY			_	SYSTEM ID#	Name
RCN TELECO			DELPHIA INC	3	061497	
 carried by your cable FCC rules and regul 76.59(d)(2) and (4), substitute program b Substitute Basis basis under specific Do not list the statistation was carrie List the station here basis. For further in the paper SA3 	e G, identify every e system during th ations in effect or 76.61(e)(2) and (- pasis, as explaine s stations: With in FCC rules, regula on here in space ed only on a subs e, and also in spa information conc form.	v television sta ne accounting n June 24, 194 4), or 76.63 (r d in the next µ respect to any titions, or auth G—but do liss titute basis. ace I, if the sta erning substit	period, except (81, permitting the eferring to 76.61 paragraph. distant stations orizations: t it in space I (the ation was carried ute basis station	(1) stations carried e carriage of certa (e)(2) and (4))]; and carried by your ca e Special Stateme I both on a substitut ns, see page (v) of	and low power television stations) d only on a part-time basis under in network programs [sections nd (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other i the general instructions located a such as HBO, ESPN, etc. Identify	G Primary Transmitters: Television
cast stream as "WE" WETA-simulcast). Column 2: Give t its community of lice on which your cable Column 3: Indica educational station, (for independent mu For the meaning of t Column 4: If the planation of local se Column 5: If you cable system carried carried the distant st For the retransmi of a written agreement the cable system an tion "E" (exempt). For explanation of these Column 6: Give t	TA-2". Simulcast the channel numbrase. For example system carried that is each case we by entering the leach tricast), "E" (for nu- hese terms, see station is outside rvice area, see particulation have entered "Ye at the distant station ation on a part-time sist of a distant ation on a part-time sist of a distant attor of a distant ent entered into on d a primary transport or simulcasts, also three categories the location of ea r Canadian statio	streams must ber the FCC h e, WRC is Cha e station. whether the st tter "N" (for no commercial coage (v) of the the local serv dage (v) of the es" in column on during the a multicast strea or before Ju mitter or an as content "E". If , see page (v) ch station. Fo ns, if any, give	be reported in c as assigned to t annel 4 in Wash ation is a networ etwork), "N-M" (fi e ducational), or e general instruct vice area, (i.e. "d general instructi 4, you must com accounting perior ause of lack of au sam that is not s ne 30, 2009, bel ssociation repres you carried the c of the general in r U.S. stations, I e the name of th	column 1 (list each he television statio ington, D.C. This in rk station, an inde- for network multicar r "E-M" (for noncol- tions located in the istant"), enter "Ye- ons located in the splete column 5, s id. Indicate by enter ctivated channel or ubject to a royalty tween a cable sys- senting the primar channel on any oth instructions located ist the community e community with	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- ner basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	
		CHANN	EL LINE-UP	AU		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

RCN TELECOM SERVICES OF PHILADELPHIA INC 061497 Number PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every leavision station (including translator stations and low power television stations) camed by your cable system duing the accounting period, except (1) stations carried only on a part-time basis under proceed on June 24.1 BB1, permiting the carrings of carling in network programs [sections 76.530(Q2) and (4), 76.63 (reform jo 76.63 (reform jo 76.65 (ref(2) and (4))); and (2) carlan stations carried on a substitute program basis, ace repaidences in effect on June 24.1 BB1, permiting the carrings of carlani network programs [sections 76.530(Q2) and (4), 76.63 (reform jo 76.65 (ref(2) and (4))); and (2) carlan stations carried on a substitute program basis, ace repaide to a part-time basis under specific FCC rules, and also in space 1. If the station was carried by your cable system on a substitute basis stations. See page (v) of the general instructions located in the page 5A 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 wETA-airulast. Column 2: Give the channel number the FCC has assigned to the leavision station for broadcasting over-the-air in Its community of indicate in each case whether the station is an extervick station, an independent station, or a noncommercial educational station. Column 2: Give the channel number the FCC has assigned to the leavision stating the terms? If not enter No. ⁻ For an explanation of locate in each case whether the station is an extervick stating the mass of the station station on a proteox area. (see page 4) of the general instructions located in the paper SA3 form. Column 2: Give the cation of the
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-lime basis under FCC rules and freet on June 24, 1981, permitting the carriage of certain network programs [sections a substitute program basis, as explained in the next paragraph. G Substitute pasis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Primary Transmitters: Transmitters: Substitute basis Stations in space (but do list it in space I (the Special Statement and Program Log)—If the station was carried only on a substitute basis. The station here, and also in space I, the station was carried by hour cable system or 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. G Column 5: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as swits the reported in column 1 (list each stream separately; for example were 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 distant station during the eastorn. Column 5: If is inclusted in each set were the station is a network multicas). T'' (for independent), "LM'' (for independent multicas), I''' (for independent station. Column 4: If t
carried by your cable system during the accounting period, except (1) stations carried only on a part-line basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections f55(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (refering to 76.61(e)(2) and (4))); and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. The station was carried by your cable system on a substitute program basis under specife FCC rules, regulations, or authorizations: • • Do not list the station here in space G—but do list it in space 1 (the Special Statement and Program Log)—if the station was carried only on a substitute basis station, sce page (v) of the general instructions located in the paper SA3 form. Column 2: List each station 's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi- cast stream associated with a station according to its over-the-air designation. For example, report multi- cast stream associated with a station according to its over-the-air designation, or a noncommercial educational station, by entering the letter 'N' (for network), "N-M' (for network multicast), "If (or independent), "I-M" (for independent multicast). *** *** *** *** *** *** *** *** *** *** *** *** *** **** **** ***** ************************************
FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.58(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 Basis Stations: With respect to any distant stations carried by your cable system 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, as explained in the next paragraph. • Loo not list the station here in space G—but do list in space 1 (the Special Statement and Program Log)—if the station was carried obth 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 ation according to list over-the-air designation. For example, report multicast stream as collicated in the station actine distant station. Column 3: List each station's call sign. Do not report origination program services such as HBO, CSPN, etc. Identify each multicast). Column 3: Indicate in each case whether the station is a network station. An independent station, or a 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, (e. "distant", local service ar
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 basis under specific FCC rules, regulations, or authorizations: Transmitters: * 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. The state in the space of the state in the space of the state in the space 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 state), ror 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 is a network station, an independent station, or a noncommercial educational station, by entering the letter 'Nr' (for network multicast). "F (or independent), "I-M" (for independent multicast)." For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Olumn 3: If you have entered 'Yes' in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not sub
Television 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 1 (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space 1, 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 associated with a station according to its over-the-air designation. 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, WIRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 4: If the station is a network, "N-M" (for network multicast), "T (for independent), "I-M" (for independent multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered Yes' in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station on a part-time basis because of lack of actiVy acted channel capacity.
basis under specific FCC rules, regulations, or authorizations: * Do not list the station here in space G—but do list it in space 1 (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. Columm 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream asociated with a station according to its over-the-air designation. For example, report multicast stream asociated with a station according to its over-the-air designation. For example, report multicast stream asociated with a station. Columm 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. Columm 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Columm 4: If the station is outside the local service area, (i.e. "distati"), enter "Yes". If not, enter "No". For an explanation of local service area, (i.e. "distati"), 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 compilee colu
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-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), "N-M" (for network), "If the independent), "I-M" (for independent multicast). For the meaning of these terms, 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 compilete 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 during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station outring the accounting period. Indicate by entering "LAC" if your cable system carried the distant station outring the accounting period. Indicate by entering "LAC" if your cable system carried the distant stati
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 active as the active 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), "T" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For some 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 colum A, 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 retramsmission 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 sy
basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi- cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "HM" (for independent multicast), "E" (for noncommercial educational) or "E-M" (for noncommercial educational or noncommercial educational or ear, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex- planation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a
Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi- cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Olumn 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 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 or 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 carried the distant station during the accounting period. Indicate by entering "LAC" if your capies system 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 th
each multicast stream associated with a station according to its over-the-air designation. For example, report multi- cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for notwork multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for notwork multicast), "I" (for an ex- column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex- planation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream instructions located in the paper SA3 form. Column 6: Given the location or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa- tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation
cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter on the channel on any other basis, neter "O." For a further explanation of th
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-N" (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 of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of
its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex- planation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royally payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa- tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AV 1. CAL
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 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 to which the station is identifed. Note: If you are utilizing multiple ch
educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex- planation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa- tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AV 1. CALL SIGN 2. B'CAST 3. TYPE 0F 4. DISTANT? 5. BASIS OF CHANNEL CHANNEL 0F 4. DISTANT? 5. BASIS OF CARRIAGE 6. LOCATION OF STATION
(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 cable system or an association representing the cable system. 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. Channel Line-UP AV 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF <td< td=""></td<>
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 cast stream and a primary transmitter 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AV 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION
planation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation 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. 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION
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 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 with 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 AV 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN 2. B'CAST 0. GP 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION
carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa- tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AV 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN 0F (Yes or No) CARRIAGE 6. LOCATION OF STATION
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 AV 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN 0. F'CAST 0. F'C er or No) CARRIAGE 6. LOCATION OF STATION
of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa- tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AV 1. CALL SIGN 2. B'CAST 3. TYPE 4. DISTANT? SIGN 0. CHANNEL OF 4. DISTANT? 5. BASIS OF CARRIAGE 6. LOCATION OF STATION
tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AV 1. CALL SIGN 2. B'CAST CHANNEL 0F 4. DISTANT? 5. BASIS OF CARRIAGE 6. LOCATION OF STATION
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 AV 1. CALL SIGN 2. B'CAST CHANNEL 0F 4. DISTANT? OF 5. BASIS OF CARRIAGE 6. LOCATION OF STATION
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 AV 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN 0F (Yes or No) CARRIAGE 6. LOCATION OF STATION
Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AV 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN 0F (Yes or No) CARRIAGE 6. LOCATION OF STATION
CHANNEL LINE-UP AV 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE 6. LOCATION OF STATION
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN OF (Yes or No) CARRIAGE 6. LOCATION OF STATION
SIGN CHANNEL OF (Yes or No) CARRIAGE

PMIMARY 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-line basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(q)(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 specife FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space 1 (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station nere in space G—but do list it in space 1 (the special Statement and Program Log). • Column 1: List each station is call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to lits over-the-air designation. For example, report multi- cast stream as "WETA-2". Simulcast stream 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 distant. 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). "If of, renet "No". For an ex- planation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 1, yo	RCN TELECOM	ER OF CABLE SY			_	SYSTEM ID#	Name		
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 regulatons in effect on June 24. 1981, permitting the carriage of certain network programs [sections a substitute program basis, as explained in the next paragraph. Character 1981, 19				DELPHIA INC	C	061497			
Carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under CC CS rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76,569(r)[2) and (4), 76,65 (re[6/7) and (4), 76,65 (re[6/7) and (4)]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. The station results in the ext paragraph. Substitute program basis, as explained in the next paragraph. The station carried to any distant stations carried by your cable system on a substitute program basis. Store further information concerning 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. The station has 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 substitute basis and also on some other has a statemas must be reported in column 1 (list each stream separately; for example WETA-simulcast). The full cast 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), 'T' (for independent), 'LM'' (for independent multicast). The station case whether the station is a network station, an independent station, or a noncommercial educational station on a part-time basis because of lack of activated channel capacity. The station is a network multicast), 'T' (for independent), 'LM'' (for independent station on a part-time basis because of lack of activated channel capacity. The station is a station th									
FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 75.59(d)(2) and (4), or 76.63 (refering to 76.61(e)(2) and (4)); and (2) certain stations carried on a 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. ************************************				• •			G		
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 basis under specific FCC rules, regulations, or authorizations: Transmitters: 1: Do not list the station here in space G—but do list it in space 1 (the Special Statement and Program Log)—If the station was carried only on a substitute basis. It is the station was carried by our cable system on a substitute program 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 "WETA-2". Simulcast stream send to list over-the-air designation. For example, wereating the leter "N". (For independent from the channel on which your cable system carried the station. Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in the coation, yot 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 store). For one explanation of local service area, (i.e. "distant"), enter "No". For an explanation of local service area, 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 "No". For an explanation of a distant station during the accounting period. Indicate by entering "LAC"		, ,	0		· /				
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: Television basis under specific FCC rules, regulations, or authorizations: • Do not list the station here, and also in space [. 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 lis over-the-air designation. For example, report multi-cast stream as 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 tis 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). 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" i				•	l(e)(2) and (4))]; ai	nd (2) certain stations carried on a	•		
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 "WETA-2". Simulcast stream as attation 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-simulast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in fits 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 anulticast). To (for independent multicast). The "(for independent multicast)." If (or independent multicast). The "(for independent multicast)." If "(for independent multicast)." If ont, enter "No". For an explanation of local service area, 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, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation			•	• •	carried by your ca	able system on a substitute program			
station was carried only on a substitute basis. If the station here, and also in space 1, 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 multi-cast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational multicast). "E" (for noncommercial educational multicast). "E" (for noncommercial educational multicast). To for independent multicast). "E" (for noncommercial educations) contained in the class ervice area, (i.e. "distant"), enter "Ves". 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 columing prior (include by entering "LAC" if your cable system carried the distant statut outing the accounting period. Indicate by entering "LAC" if your cable system of a distant multicast stream that is not subject to a royally payment because it is the subject of a written agreement entered into on to before June 30, 2000, between a cable system or an asocidation rep	basis under specifc FCC rules, regulations, or authorizations:								
List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educations 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: "In columa 4, you carried the channel on any other basis, enter "O." For a further explanation of the				t it in space I (the	e Special Stateme	ent and Program Log)—if the			
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 associated with a station according to its over-the-air designation. For example, report multicast stream as 'WETA-s''. 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, or 'E'' (for noncommercial educational or 'E'') (for independent), 'I-M'' (for independent 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 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		•		tion was carried	l both on a substiti	ute basis and also on some other			
Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi- cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex- planation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable sy	,		,						
each multicast stream associated with a station according to its over-the-air designation. For example, report multi- cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 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 paryment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa- tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC			sian. Do not r	enort origination	program services	such as HBO ESPN ato Identify			
cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter 'N' (for network), "N-M" (for network multicast). "I' (for independent), "I-M" (for independent multicast), "E' (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station 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 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 com			-	•		-			
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 or 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 or an association representing the primary transmitter, enter the designation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of before June 30, 2009, between a cable system or an association representing the channel on any other basis, enter "0." For a further explanation of these three categ		-2". Simulcast	streams must	be reported in c	column 1 (list each	n stream separately; for example			
its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter 'N" (for network), 'N-M" (for network multicast), 'I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. 'distant'), enter "Yes". If not, enter "No". For an ex- planation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa- tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. I. CHANNEL LINE-UP AW 1. CALL SIGN 2. B'	,	channel numh	or the ECC h	as assigned to t	he television stati	on for broadcasting over-the-air in			
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 cable system of the set 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 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 identified. <				-		-			
educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex- planation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa- tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is licensed by the CHANNEL LINE-UP AW 1. CALL SIGN 2. B'CAST CHANNEL 0F 4. DISTANT? 5. BASIS OF CHANNEL 6. LOCATION OF STATION CARRIAGE						- 			
(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 clabe system and a primary transmitter or an association representing the primary transmitter, enter the designation 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. Column 6: CixeAT 3. TYPE QLENNEL AW						• · · · · ·			
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 AW 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION		-	•	, ,		, , , ,			
planation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa- tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AW 1. CALL SIGN 2. B'CAST CHANNEL 0F 4. DISTANT? 5. BASIS OF CHANNEL 0F 6. LOCATION OF STATION CARRIAGE	•		• • •	•		• •			
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 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. 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN 2. B'CAST 3. TYPE 4. DISTANT? CARRIAGE 6. LOCATION OF STATION				•	•				
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 with 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 AW 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN 2. B'CAST 3. TYPE (Yes or No) 5. ARRIAGE 6. LOCATION OF STATION									
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 AW 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN 2. B'CAST 3. TYPE 4. DISTANT? 5. RASIS OF 6. LOCATION OF STATION	-		-	÷ .	-				
of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa- tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AW 1. CALL SIGN 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF CHANNEL OF 6. LOCATION OF STATION (Yes or No)		•							
tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AW 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF SIGN 0. CHANNEL OF (Yes or No) CARRIAGE									
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 AW 1. CALL SIGN 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF CHANNEL OF 4. DISTANT? (Yes or No) CARRIAGE 6. LOCATION OF STATION					.				
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 AW 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN 0F (Yes or No) CARRIAGE 6. LOCATION OF STATION	· · · /			•					
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 6. LOCATION OF STATION SIGN OF (Yes or No) CARRIAGE 6. LOCATION OF STATION									
CHANNEL LINE-UP AW 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN OF (Yes or No) CARRIAGE 6. LOCATION OF STATION					list the community	to which the station is licensed by the			
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE 6. LOCATION OF STATION	Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.								
SIGN CHANNEL OF (Yes or No) CARRIAGE	Note: If you are utilizing		ns, if any, give inel line-ups,	e the name of th use a separate s	list the community le community with space G for each o	to which the station is licensed by the which the station is identifed.			
		g multiple chan	ns, if any, give nel line-ups, CHANN	e the name of th use a separate s EL LINE-UP	list the community le community with space G for each o AW	to which the station is licensed by the which the station is identifed. channel line-up.			
Image: second	1. CALL	g multiple chan 2. B'CAST	ns, if any, give inel line-ups, CHANN 3. TYPE	e the name of th use a separate s EL LINE-UP 4. DISTANT?	list the community e community with space G for each o AW 5. BASIS OF	to which the station is licensed by the which the station is identifed. channel line-up.			
Image: second	1. CALL	g multiple chan 2. B'CAST CHANNEL	ns, if any, give inel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	list the community e community with space G for each o AW 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.			
Image: Second	1. CALL	g multiple chan 2. B'CAST CHANNEL	ns, if any, give inel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	list the community e community with space G for each o AW 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.			
Image: section of the section of th	1. CALL	g multiple chan 2. B'CAST CHANNEL	ns, if any, give inel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	list the community e community with space G for each o AW 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.			
Image: Section of the section of th	1. CALL	g multiple chan 2. B'CAST CHANNEL	ns, if any, give inel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	list the community e community with space G for each o AW 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.			
Image: section of the section of th	1. CALL	g multiple chan 2. B'CAST CHANNEL	ns, if any, give inel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	list the community e community with space G for each o AW 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.			
Image: second	1. CALL	g multiple chan 2. B'CAST CHANNEL	ns, if any, give inel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	list the community e community with space G for each o AW 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.			
Image: second	1. CALL	g multiple chan 2. B'CAST CHANNEL	ns, if any, give inel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	list the community e community with space G for each o AW 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.			
Image: second	1. CALL	g multiple chan 2. B'CAST CHANNEL	ns, if any, give inel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	list the community e community with space G for each o AW 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.			
Image: Second	1. CALL	g multiple chan 2. B'CAST CHANNEL	ns, if any, give inel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	list the community e community with space G for each o AW 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.			
Image: A state of the stat	1. CALL	g multiple chan 2. B'CAST CHANNEL	ns, if any, give inel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	list the community e community with space G for each o AW 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.			
	1. CALL	g multiple chan 2. B'CAST CHANNEL	ns, if any, give inel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	list the community e community with space G for each o AW 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.			
	1. CALL	g multiple chan 2. B'CAST CHANNEL	ns, if any, give inel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	list the community e community with space G for each o AW 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.			
Image: Antiperiod of the second of the se	1. CALL	g multiple chan 2. B'CAST CHANNEL	ns, if any, give inel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	list the community e community with space G for each o AW 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.			
	1. CALL	g multiple chan 2. B'CAST CHANNEL	ns, if any, give inel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	list the community e community with space G for each o AW 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.			
	1. CALL	g multiple chan 2. B'CAST CHANNEL	ns, if any, give inel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	list the community e community with space G for each o AW 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.			
	1. CALL	g multiple chan 2. B'CAST CHANNEL	ns, if any, give inel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	list the community e community with space G for each o AW 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.			
	1. CALL	g multiple chan 2. B'CAST CHANNEL	ns, if any, give inel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	list the community e community with space G for each o AW 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.			
	1. CALL	g multiple chan 2. B'CAST CHANNEL	ns, if any, give inel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	list the community e community with space G for each o AW 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.			
	1. CALL	g multiple chan 2. B'CAST CHANNEL	ns, if any, give inel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	list the community e community with space G for each o AW 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.			
	1. CALL	g multiple chan 2. B'CAST CHANNEL	ns, if any, give inel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	list the community e community with space G for each o AW 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.			
	1. CALL	g multiple chan 2. B'CAST CHANNEL	ns, if any, give inel line-ups, CHANN 3. TYPE OF	e the name of th use a separate s EL LINE-UP 4. DISTANT? (Yes or No)	list the community e community with space G for each o AW 5. BASIS OF CARRIAGE	to which the station is licensed by the which the station is identifed. channel line-up.			

Name	LEGAL NAME OF C			ME F PHILADELPHIA INC				SYSTEM ID# 061497			
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: lo Column 2: S Column 3: lf signal, indicate Column 4: G	lentify the call tate whether th the radio stati this by placing tive the station	sign of e he station on's sigr a check i's locatio	each station carried. n is AM or FM. nal was electronically process mark in the "S/D" column. on (the community to which the he community with which the	e station is licens	ed by the FCC					
		AM an EM	C/D				C/D				
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION			
							+				
							+				
							·				
							·				
							+				
							[

LEGAL NAME OF OWNER OF	CABLE SYST	EM:			S	SYSTEM ID#	
RCN TELECOM SERVI	CES OF F	PHILADELPH				061497	Name
SUBSTITUTE CARRIAGE	E: SPECIA		NT AND PROGRAM LOG	;			
In General: In space I, ident substitute basis during the a explanation of the programm	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regul	ations, or authorizations.	For a further	Substitute
1. SPECIAL STATEMENT	•		• • • • • •	0			Carriage:
 During the accounting per broadcast by a distant stat 	iod, did you			is, any nonne		n XNo	Special Statement and Program Log
Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love L Column 2: If the program Column 3: Give the call Column 4: Give the broat the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	", leave the PROGRA itute progra ce, please, of every no distant stat gulations, c tion. Do no Lucy" or "NE n was broad sign of the s adcast static adcast st	MS im on a separa attach addition. nnetwork televi ion and that yo or authorization of use general of BA Basketball: dcast live, ente- station broadca on's location (th ons, if any, the when your syste substitute pro a program carri- listed program ons in effect du	te line. Use abbreviations al pages. ision program (substitute p ur cable system substitute s. See page (vi) of the ger categories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "N isting the substitute progra he community to which the community with which the tem carried the substitute p gram was carried by your of ed by a system from 6:01: was substituted for progra	wherever pos rogram) that, d for the prog leral instructio "basketball". lo." m. station is lice station is lice station is lice cable system. 15 p.m. to 6:2 umming that y t; enter the le	ust complete the program ssible, if their meaning is during the accounting gramming of another stat ons located in the paper . List specific program ensed by the FCC or, in ntified). numerals, with the mon . List the times accuratel 28:30 p.m. should be rour system was required tter "P" if the listed pro	n s tion th y	Program Log
S	UBSTITUT	E PROGRAM			EN SUBSTITUTE	7. REASON FOR	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION	
					_		
					_		
					—		

ACCOUNTING PERIOD: 2021/2

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# RCN TELECOM SERVICES OF PHILADELPHIA INC 061497							TEM ID# 061497			
J Part-Time Carriage Log	time carriage du hours your syste Column 1 (C column 5 of spa Column 2 (D curred during th • Give the mont "4/10." • State the start television statio "app." Example:	s space ties in v ue to lack of acti em carried that all sign): Give to cee G. ates and hours the accounting per h and day when ing and ending to n's broadcast dat "12:30 a.m3	vated channel capa station. If you need the call sign of ever s of carriage): For e eriod. the carriage occurr times of carriage to ay, you may give ar :15 a.m. app."	acity, you are req more space, ple y distant station each station, list red. Use numeral the nearest quar approximate en	uired ase whos the d s, w ter h ding	s log giving the pages. age you identifie when part-time st. Example: for where carriage y the abbreviation	you identified by "LAC" in en part-time carriage oc- Example: for April 10 give here carriage ran to the end of the				
			DATE	S AND HOURS (DF F	PART-TIME CAR	RIAGE				
		WHEN	N CARRIAGE OCCI	JRRED			WHEN	N CARRIAGE O	CCURRE	D	
	CALL SIGN	DATE	HOU FROM	RS TO		CALL SIGN	DATE	H ⁱ FROM	OURS	то	
		DATE	-	10			DATE	TION	_		
			_						_		
									.=		
									.=		
									.=.		
			_						_		
			_						_		
									<u> </u>		
									.=.		
									_		
			_						_		
			_						_		
									<u> </u>		
									.=.		
			_						_		
			_						_		
									_		
									-		

FORM	SA3E. PAGE 7.									
	IL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name						
RC	N TELECOM SERVICES OF PHILADELPHIA INC		061497							
Inst all a (as i page	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.									
		(
 Instru Com Com If yo fee t If yo accord 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 amo from 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 part 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 be	ts of the DSE S	schedule	L Copyright Royalty Fee						
	k 3 below.									
If pa 3 be	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be er low.	tered on line 2	in block							
▶ If pa	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shoul block 4 below.	d be entered o	n line							
	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.									
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.	\$	2,087,390.73							
	This is your minimum fee.	\$	22,209.84							
	 DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the i space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "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 c 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 	n 4, you must cl d?	heck							
3		<u> </u>								
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00							
	Line 3. Add lines 1 and 2 and enter here	\$	-							
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	\$	22,209.84	Cable systems						
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.		0.00	submitting additional deposits under						
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	Section 111(d)(7 should contact the Licensing						
	Line 4. FILING FEE	\$	725.00	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	\$	22,934.84	form for submitting the additional fees.						
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (S general instructions located in the paper SA3 form for more information.)	ee page (i) of t	he							

ACCOUNTING PERIO	FORM S	A3E. PAGE 8
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: S' RCN TELECOM SERVICES OF PHILADELPHIA INC	¥STEM ID 061497
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations	
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
for Further Information	Name Bernadette Kokolus Telephone (732) 443-7090	
	Address 650 College Road East, Suite 3100 (Number, street, rural route, apartment, or suite number) Princeton, NJ 08540 (City, town, state, zip)	
	Email bernadette.kokolus@astound.com Fax (optional)	
O Certifcation	 CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.) I, the undersigned, hereby certify that (Check one, <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 identifed as owner of the cable system 	
	 in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	
	/s/ Parisa Salehani 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"	<u>9</u> 11
	button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings. Typed or printed name: Parisa Salehani	
	Title: Senior Vice President - Controller (Title of official position held in corporation or partnership)	
	Date: February 28, 2022	

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 Office'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.

FORM	SA3E.	PAGE9.
------	-------	--------

GAL NAME OF OWNER OF CAR CN TELECOM SERV	BLE SYSTEM: ICES OF PHILADELPHIA INC	SYSTEM ID# 061497	Name				
The Satellite Home View lowing sentence: "In determining th service of providir	NT CONCERNING GROSS RECEIPTS EXCLUSIONS er Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by addir e total number of subscribers and the gross amounts paid to the cable system for th ng secondary transmissions of primary broadcast transmitters, the system shall not unts collected from subscribers receiving secondary transmissions pursuant to sect	ne basic include sub- ion 119."	P Special Statement Concerning				
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?							
X NO YES. Enter the total	here and list the satellite carrier(s) below						
Name Mailing Address	Name Mailing Address						
•	MENTS vorksheet for those royalty payments submitted as a result of a late payment or und erest assessment, see page (viii) of the general instructions in the paper SA3 form.	erpayment.	Q				
Line 1 Enter the amoun	t of late payment or underpayment		Interest Assessment				
Line 2 Multiply line 1 by	x the interest rate* and enter the sum here						
Line 3 Multiply line 2 by	the number of days late and enter the sum here	-					
	0.00274** enter here and on line 3, block 4, (page 7)	- est charge)					
	rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistang 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.						
	s worksheet covering a statement of account already submitted to the Copyright Of er, address, first community served, accounting period, and ID number as given in						
Owner Address							
First community served Accounting period ID number							
Accounting period ID number vacy Act Notice: Section 111 of	title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying inform ent of account. PII is any personal information that can be used to identify or trace an individual, such as r						

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.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

What is a "Permitted" Station? A permitted station refers to a distant station whose carriage is not subject to the 3.75 percent rate but is subject to the base rate and, where applicable, the Syndicated Exclusivity Surcharge. A permitted station would include the following: 1) A station actually carried within any portion of a cable system prior

to June 25, 1981, pursuant to the former FCC rules.

2) A station first carried after June 24, 1981, which could have been carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.

3) A station of the same type substituted for a carried network, noncommercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 767.63 (a) [referring to 76.61 (b),(d)]) in effect on June 24, 1981.

4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.

5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

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

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

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

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

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

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

DSE SCHEDULE, PAGE 11.

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

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

 If none of the stations were partially distant, calculate your base rate fee according to the following rates-for the system's permitted DSEs as reported in block B, part 6 or from part 5, whichever is applicable. First DSE 1.064% of gross receipts Each of the second, third, and fourth DSEs 0.701% of gross receipts

The fifth and each additional DSE 0.330% of gross receipts PARTIALLY DISTANT STATIONS-PART 9 OF THE DSE SCHEDULE

· If any of the stations were partially distant:

1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.

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

3. For each subscriber group, calculate the total number of DSEs of that group's complement of stations.

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

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

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

Distant Stations Carried

5. Calculate a separate base rate fee for each subscriber group, using (1) the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) the amount of gross receipts attributable to that group.

6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.

7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

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

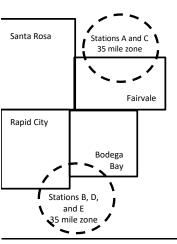
Rounding Off DSEs. In computing DSEs on the DSE schedule, you may round off to no less than the third decimal point. If you round off a DSE in any case, you must round off DSEs throughout the schedule as follows:

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

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

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

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



STATION	DSE	CITY	OUTSIDE LO	CAL	GROSS RECEIPTS		
A (independent)	1.0		SERVICE AR	EA OF	FROM SUBSCRIBER		
B (independent)	1.0	Santa Rosa	Stations A, B,	, C, D ,E		\$310,000.00	
C (part-time)	0.083	Rapid City	Stations A and	d C		100,000.00	
D (part-time)	0.139	Bodega Bay	Stations A and	d C		70,000.00	
E (network)	<u>0.25</u>	Fairvale	Stations B, D,	, and E		120,000.00	
TOTAL DSEs	2.472		TOTAL GRO	SS RECEIPTS		\$600,000.00	
Minimum Fee Total Gross F	Receipts		\$600,000.00				
			x .01064				
			\$6,384.00				
First Subscriber Group		Second Subsc	riber Group		Third Subscriber Group		
(Santa Rosa)		(Rapid City and	Bodega Bay)		(Fairvale)		
Gross receipts	\$310,000.00	Gross receipts		\$170,000.00	Gross receipts	\$120,000.00	
DSEs	2.472	DSEs		1.083	DSEs	1.389	
Base rate fee	\$6,497.20	Base rate fee		\$1,907.71	Base rate fee	\$1,604.03	
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .010	64 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80	
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .007	01 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23	
Base rate fee	\$6,497.20	Base rate fee	-	\$1,907.71	Base rate fee	\$1,604.03	

Identification of Subscriber Groups

In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

ACCOUNTING PERIOD: 2021/2

DSE SCHEDULE. PAGE 11. (CONTINUED)

1	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#											
1	RCN TELECOM SERVIC	ES OF PHILA	DELPHIA INC			061497						
	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. 0.25											
	Instructions: In the column headed "Call Si											
	of space G (page 3).	n the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 If space G (page 3).										
	In the column headed "DSE":			as "1.0"; for ea	ach network or noncom-							
of DSEs for Category "O"	mercial educational station, give the DSE as ".25." CATEGORY "O" STATIONS: DSEs											
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE						
	WNJN	0.250										
Add rows as												
necessary.												
Remember to copy all												
formula into new												
rows.												
		L										

		T	
		L	

	LEGAL NAME OF C	WNER OF CABLE SYSTEM:					SYSTEM ID#					
Name	RCN TELECO	RCN TELECOM SERVICES OF PHILADELPHIA INC 061497										
3 Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should o Column 3 Column 4 be carried out Column 5 give the type-\ Column 6	st the call sign of all distar For each station, give th correspond with the inforr For each station, give th Divide the figure in colu at least to the third decim For each independent s value as ".25." Multiply the figure in col	ne number of hours mation given in spa ne total number of l mn 2 by the figure nal point. This is the tation, give the "typ umn 4 by the figure	your cable system ace J. Calculate onl nours that the static in column 3, and gi e "basis of carriage be-value" as "1.0." I e in column 5, and g	a carried the static y one DSE for ea on broadcast over twe the result in de value" for the sta For each network give the result in o	on during the accounting tech station. r the air during the accoun ecimals in column 4. This	nting period. figure must ational station, ss than the					
Capacity		(CATEGORYLA	C STATIONS:	COMPUTATIO	ON OF DSFs						
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	R 3. I JRS D BY M	NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	5. TYPE	E 6. DSE					
			÷			x						
			÷ ÷			x x						
			÷.	-		x	=					
			<u>+</u>			<u>x</u>	=					
			÷ ÷			x x						
			÷			x	=					
	Add the DSEs of	OF CATEGORY LAC ST of each station. m here and in line 2 of pa		le,		0.00]					
4 Computation of DSEs for Substitute- Basis Stations	Was carried tions in effe Broadcast o space I). Column 2: I at your option. Column 3: I Column 4: I	ct on October 19, 1976 (a ne or more live, nonnetwo For each station give the This figure should corres Enter the number of days Divide the figure in colum	tution for a program as shown by the lei- ork programs during number of live, nor pond with the infor in the calendar ye n 2 by the figure in	n that your system ter "P" in column 7 that optional carria network programs mation in space I. ar: 365, except in a column 3, and give	was permitted to of space I); and ge (as shown by th carried in substit leap year. e the result in colu	grams) if that station: delete under FCC rules a ne word "Yes" in column 2 c aution for programs that w umn 4. Round to no less t e general instructions in t	of rere deleted than the third					
		SL	JBSTITUTE-BA	SIS STATION	S: COMPUTA	TION 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 4. DSE OF DAYS IN YEAR					
		÷		=		÷						
		+		=		+						
		÷		=		÷	=					
		÷		=		+						
	Add the DSEs of	• OF SUBSTITUTE-BASIS of each station. m here and in line 3 of pa				•]					
5		R OF DSEs: Give the among applicable to your system		s in parts 2, 3, and 4	4 of this schedule	and add them to provide th	ie total					
Total Number	1. Number	of DSEs from part 2●)	•	0.25					
of DSEs	2. Number	of DSEs from part 3●			!	•	0.00					
	3. Number	of DSEs from part 4 ●)	•	0.00					
	TOTAL NUMBE	R OF DSEs				>	0.25					

DSE SCHEDULE. P	AGE 13.							ACCOUNTIN	G PERIOD: 2021/2
LEGAL NAME OF O	WNER OF CABLE S	YSTEM:					S	YSTEM ID#	
RCN TELECO	M SERVICES O	F PHILAD	ELPHIA INC	;				061497	Name
Instructions: Bloo	ck A must be comp	leted.							c
 If your answer if ' schedule. 	"Yes," leave the re	mainder of pa	art 6 and part 7	of the DSE schedu	ule blank and	complete part	8, (page 16) of the		6
	"No," complete blo	cks B and C b							
			BLOCK A:	TELEVISION M	ARKETS				Computation of 3.75 Fee
effect on June 24,	n located wholly ou 1981? plete part 8 of the s plete blocks B and (schedule—D0					C rules and regula	tions in	
		BLO	CK B: CARF		MITTED DS	Es			
Column 1: CALL SIGN	FCC rules and re	of distant sta gulations pric e DSE Schec	tions listed in p r to June 25, 1 lule. (Note: The	part 2, 3, and 4 of t 981. For further ex e letter M below ref	his schedule ti planation of p	hat your syster ermitted statio	ns, see the		
Column 2: BASIS OF PERMITTED CARRIAGE	 (Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty statio C Noncommerica D Grandfathered instructions fo E Carried pursua *F A station previous 	les and regul ed pursuant to on as defined al educationa I station (76.6 r DSE schedu ant to individu <i>v</i> iously carried HF station wi	ations cited be o the FCC mark in 76.5(kk) (76 I station [76.59 5) (see paragr ule). al waiver of FC d on a part-time thin grade-B co	e or substitute basi ontour, [76.59(d)(5)	e in effect on 557, 76.59(b), (1), 76.63(a) r 8(a) referring t stitution of gra	June 24, 1981. 76.61(b)(c), 76 referring to 76. o 76.61(d)] ndfathered sta	.63(a) referring to 61(e)(1) tions in the		
Column 3:		stations ider	ntified by the le	parts 2, 3, and 4 of tter "F" in column 2 2. PERMITTED			ksheet on page 14	of 3. DSE	
SIGN	BASIS	0.05	SIGN	BASIS		SIGN	BASIS		
WNJN	С	0.25							
								0.25	
		E	BLOCK C: CC	OMPUTATION OF	- 3.75 FEE				
ine 1: Enter the	total number of I	DSEs from p	oart 5 of this s	chedule				0.25	
ine 2: Enter the	sum of permitted	d DSEs from	block B abov	/e				0.25	
	line 2 from line 1. eave lines 4–7 bl			,		ite.		0.00	
ine 4: Enter gro	ss receipts from	space K (pa	ge 7)				x 0.03	375	Do any of the DSEs represen partially
ine 5: Multiply li	ne 4 by 0.0375 a	nd enter sur	n here						permited/ partially nonpermitted
ine 6: Enter tota	al number of DSE	s from line 3	3					-	carriage? If yes, see part 9 instructions.
ine 7: Multiply li	ne 6 by line 5 and	d enter here	and on line 2	, block 3, space I	_ (page 7)			0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# RCN TELECOM SERVICES OF PHILADELPHIA INC 061497								Name	
BLOCK A: TELEVISION MARKETS (CONTINUED) 061497									
1. CALL	2. PERMITTED		1. CALL	2. PERMITTED		1. CALL	2. PERMITTED	3. DSE	6
SIGN	BASIS		SIGN	BASIS		SIGN	BASIS		Computation o
									3.75 Fee
			+			 			
			+						
			.						
			+						
			+						
			+						
			•						
			<u> </u>						
			1						
			+						
					_				
		L	1		L	<u> </u>			1

ACCOUNTING PERIOD: 2021/2

								0	DSE SCHE	DULE. PAGE 14.				
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID													
Name	RCN TELECOM SERVICES OF PHILADELPHIA INC 06149													
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)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 5: Rolicate the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. 													
	IMPORTANT: The i statement of accourt			o, and 4 most b	e accurate			on nom the dea	ignated					
			-											
		PERMITT	ED DSE FOR STA	TIONS CARRIE	D ON A PA	RT-TIME AN	D SUBSTIT	UTE BASIS						
	1. CALL	2. PRIC		OUNTING		SIS OF		RESENT	6. P	ERMITTED				
	SIGN	DSE	PE	ERIOD	CAR	RIAGE	[DSE		DSE				
7 Computation	Instructions: Block A must be completed. In block A: If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.													
of the	If your answer is	"No," leave blo	cks B and C blank	and complete pa	rt 8 of the E	DSE schedule).							
Syndicated	BLOCK A: MAJOR TELEVISION MARKET													
Exclusivity														
Surcharge	 Is any portion of the c 	able system wi	thin a top 100 major	television marke	t as defned	by section 76	.5 of FCC ru	les in effect Jun	e 24, 19	81?				
	Yes—Complete	blocks B and	С.		No-	-Proceed to	part 8							
	BLOCK B. C	arriage of VHE	Grade B Contour	Stations		BLOC	K C: Compu	tation of Exemp	t DSEs					
		<u> </u>						•						
	Is any station listed in							of part 7 carried						
	commercial VHF station or in part, over the cal	•	a grade B contour, I	in whole	-	FCC rule 76.	, ,	ior to March 31	, 1972?	(reier				
		-					,			1005				
			its appropriate permi	tted DSE				vith its appropriate	e permitte	ed DSE				
	X No—Enter zero a	nd proceed to pa	art 8.			—Enter zero ar	nd proceed to	part 8.						
		DOF		DOF	-		DOF	0411 01-	<u> </u>	DOF				
	CALL SIGN	DSE	CALL SIGN	DSE	C/	ALL SIGN	DSE	CALL SIG	N	DSE				
							ļ							
							ļ							
							ļ							
			TOTAL DSEs	0.00				TOTAL DSI	Ēs	0.00				

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: RCN TELECOM SERVICES OF PHILADELPHIA INC	SYSTEM ID# 061497	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	2,087,390.73	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 an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. 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	E	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below. A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
Section 4a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	E	
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

ACCOUNTING PERIOD	- T		JLE. PAGE 16.		
Name		IFE OF OWNER OF CABLE SYSTEM: STATUS S	WSTEM ID# 061497		
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 Surcharge		B. Enter 0.00189 of gross receipts (the amount in section 1)			
		D. Enter 0.00089 of gross receipts (the amount in section 1)	_		
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here			
		F. Multiply line D by line E and enter here			
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge			
			<u> </u>		
8 Computation of Base Rate Fee	You mi 6 was 6 • In blo • If you • If you blank What i were lo	ctions: 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. ick A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. ir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ir answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below is 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 a area," see page (v) of the general instructions.			
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS				
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Ves—Complete part 9 of this schedule. BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE				
	Section 1	Enter the amount of gross receipts from space K (page 7)			
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)			
	Section 3	If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1)			
		B. Enter 0.00701 of gross receipts (the amount in section 1)			
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here			
		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	0.00		
			<u></u>		

LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name
RCN TELECOM SERVICES OF PHILADEL	PHIA INC	061497	
Section If the figure in section 2 is more than 4.000, compared	ute your base rate fee here and leave section 3 blank.		
4			8
A. Enter 0.01064 of gross receipts (the amount in section 1)	►\$		U
(the amount in section 1)	<u> </u>		
B. Enter 0.00701 of gross receipts			Computation
(the amount in section 1)	► <u>\$</u>		of
C. Multiply line B by 3.000 and enter here	▶\$		Base Rate Fee
	······································		
D. Enter 0.00330 of gross receipts			
(the amount in section 1)	► <u>\$</u>		
E. Subtract 4.000 from total DSEs			
(the figure in section 2) and enter here	►		
E Multiply line D by line E and anten have	► ¢		
F. Multiply line D by line E and enter here	► <u>\$</u>		
G. Add lines A, C, and F. This is your base			
Enter here and in block 3, line 1, space I Base Rate Fee	_ (page 7) ► \$	0.00	
		0.00	
IMPORTANT: It is no longer necessary to report telev	vision signals on a system-wide basis. Carriage of tele	evision broadcast signals shall	
instead be reported on a community-by-community ba			9
Space G.			5
In General: If any of the stations you carried were pa receipts from subscribers located within the station's			Computation
exclusion, you must:		opto: To take davantago of the	of Base Rate Fee
First: Divide all of your subscribers into subscriber gr	ouns, each group consisting entirely of subscribers th	pat are distant to the same	and
station or the same group of stations. Next: Treat eac			Syndicated
DSEs and the portion of your system's gross receipts		_	Exclusivity Surcharge
Finally: Add up the separate base rate fees for each	subscriber group. That total is the base rate fee for yo	our system.	for
NOTE: If any portion of your cable system is located v also compute a Syndicated Exclusivity Surcharge for			Partially Distant
if your cable system is wholly located outside all majo		lock A and D below. However,	Stations, and
How to Identify a Subscriber Group for Partially D	istant Stations		for Partially Permitted
Step 1: For each community served, determine the lo		tially distant station you	Stations
carried to that community.			
Step 2: For each wholly distant and each partially dis			
outside the station's local service area. A subscriber the same token, the station is distant to the subscribe		istant to that station (and, by	
Step 3: Divide your subscribers into subscriber group	s according to the complement of stations to which th	hey are distant. Each	
subscriber group must consist entirely of subscribers	, , , , , , , , , , , , , , , , , , , ,		
system will have only one subscriber group when the			
Computing the base rate fee for each subscriber g groups.	group: Block A contains separate sections, one for ea	acn of your system's subscriber	
In each section:			
• Identify the communities/areas represented by each	subscriber group.		
• Give the call sign for each of the stations in the sub-	scriber group's complement—that is, each station tha	t is distant to all of the	
subscribers in the group.			
• If:			
 your system is located wholly outside all major and 4 of this schedule; or, 	smaller television markets, give each station's DSE a	as you gave it in parts 2, 3, and	
2) any portion of your system is located in a major or part 6 of this schedule.	smaller televison market, give each station's DSE as	you gave it in block B,	
Add the DSEs for each station. This gives you the to	otal DSEs for the particular subscriber group.		
Calculate gross receipts for the subscriber group. For		of the general instructions	
in the paper SA3 form.		e general mondonolio	
• Compute a base rate fee for each subscriber group page. In making this computation, use the DSE and	•		
DSEs for that group's complement of stations and tot			
actual calculations on the form.			

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SY	
ante	RCN TELECOM SERVICES OF PHILADELPHIA INC	06149
	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	e
	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.	

							061497	
		SUBSCRIBER GRO	CH SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP					
COMMUNITY/ AREA	Philade			COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				•				
al DSEs			0.00	Total DSEs			0.00	
oss Receipts First G	roup	\$ 2,08	7,390.73	Gross Receipts Second Group \$ 0.00			0.00	
e Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP	FOURTH SUBSCRIBER GROUP				
MMUNITY/ AREA		0000011001100110	0	COMMUNITY/ AREA 0				
LL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			0.00				0.00	
al DSEs			0.00	Total DSEs	with Owners		0.00	
oss Receipts Third 0	лопр	\$	0.00	Gross Receipts Fou	aran Group	\$	0.00	
se Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	urth Group	\$	0.00	
	- b erry - 1	- 6		<u> </u>				
		e fees for each subso pace L (page 7)	mber group a	s shown in the boxes	above.	s	0.00	

				HIAINC	S OF PHILADELP							
			TE FEES FOR EAC									
0	SIXTH SUBSCRIBER GROUP				FIFTH SUBSCRIBER GROUP							
•		·		•								
DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN					
				····								
					•							
				····								
0.00			Total DSEs	0.00			al DSEs					
0.00	Gross Receipts Second Group \$ 0.00				ross Receipts First Group \$ 0.00							
0.00	\$	ond Group	Base Rate Fee Seco	0.00	ase Rate Fee First Group \$ 0.00							
EIGHTH SUBSCRIBER GROUP				UP	I SUBSCRIBER GRO	SEVENTH						
0	COMMUNITY/ AREA 0						/MUNITY/ AREA					
DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	LL SIGN					
]							
				<mark></mark>								
				••••								
0.00			Total DSEs	0.00			I DSEs					
						_						
	\$	ui Group	Gross Receipts Four	0.00	\$	Joup	ss Receipts Third C					
0.00				T								

						ERVICES						
ATE FEES FOR EACH SUBSCRIBER GROUP				BLOCK A: COMPUTATION OF BASE RA NINTH SUBSCRIBER GROUP								
0 0	SUBSURIBER GROU		COMMUNITY/ AREA	COMMUNITY/ AREA 0								
DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN DSE					
Total DSEs0.00							al DSEs					
0.00	\$	ond Group	Gross Receipts Seco	0.00	\$	Group	ss Receipts First G					
0.00	\$	ond Group	Base Rate Fee Seco	0.00	ase Rate Fee First Group \$ 0.00							
TWELVTH SUBSCRIBER GROUP				ELEVENTH SUBSCRIBER GROUP								
P	SUBSCRIBER GROU	TWELVTH		UP	SUBSCRIBER GRO	ELEVENTH	E					
0	SUBSCRIBER GROU		COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	ELEVENTH						
	SUBSCRIBER GROU		COMMUNITY/ AREA		SUBSCRIBER GRO	DSE	IUNITY/ AREA					
0		۸ 		0			MUNITY/ AREA					
0		۸ 		0			IMUNITY/ AREA					
0		۸ 		0			IMUNITY/ AREA					
0		۸ 		0			MMUNITY/ AREA					
0		۸ 		0			MMUNITY/ AREA					
0		۸ 		0			MUNITY/ AREA					
0		۸ 		0			MMUNITY/ AREA					
0		۸ 		0			MMUNITY/ AREA					
0		۸ 		0			MMUNITY/ AREA					
0		۸ 		0			MMUNITY/ AREA					
0		۸ 		0			MMUNITY/ AREA					
0 DSE		DSE	CALL SIGN CALL SIGN	0 DSE		DSE	MMUNITY/ AREA					
0 DSE	CALL SIGN	DSE	CALL SIGN	0 DSE	CALL SIGN	DSE	E DMMUNITY/ AREA CALL SIGN CALL SIGN					

							CN TELECOM SE			
				BLOCK A: COMPUTATION OF BASE RA THIRTEENTH SUBSCRIBER GROUP						
, 0	FOURTEENTH SUBSCRIBER GROUP				COMMUNITY/ AREA 0					
DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN			
						•••••••••••				
					•					
					•					
···		···								
···										
Total DSEs 0.00							I DSEs			
0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	oup	s Receipts First Gr			
0.00	\$	nd Group	Base Rate Fee Seco	0.00	ase Rate Fee First Group § 0.00					
SIXTEENTH SUBSCRIBER GROUP				UP	SUBSCRIBER GRO	FTEENTH	FI			
COMMUNITY/ AREA 0				0			MUNITY/ AREA			
DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	LL SIGN			
					•					
				···						
	_									
	-									
<mark></mark>										
···		•••		•••						
<mark></mark>										
0.00			Total DSEs	0.00		I	DSEs			
0.00	\$	n Group	Gross Receipts Four	0.00	\$	roup	s Receipts Third G			
	1		11		1					

RCN TELECOM SEI	OF CABLE					s	061497	Ν
				RATE FEES FOR EACH SUBSCRIBER GROUP				
SEVEN COMMUNITY/ AREA	TEENTH	SUBSCRIBER GRC	0 0	COMMUNITY/ ARE		I SUBSCRIBER GROU	IP 0	
			U		A			Con
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
								Base
								Syr
								Exc
								Su
								Pa
								D
								St
Total DSEs			0.00	Total DSEs			0.00	
		<u> </u>			and Crown			
Gross Receipts First Gro	up	<u>,</u>	0.00	Gross Receipts Second Group \$ 0.00				
Base Rate Fee First Gro	up	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	TEENTH	SUBSCRIBER GRC		TWENTIETH SUBSCRIBER GROUP				
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						•		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gro	oup	\$	0.00	Gross Receipts Fou	irth Group	\$	0.00	
		\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee Third Gro	Jup	17						

FORM	SA3E.	PAGE	19.
------	-------	------	-----

97	061497								
0	JP 0	SUBSCRIBER GROU		TWEN	UP 0	SUBSCRIBER GRO	NTY-FIRST	TWEN	
Cor									
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base									
 Syı					···				
Ex					•••				
Su									
Pa D					•••• •••••				
Si					•••				
	•••••				••••				
		•			•••				
)	0.00			Total DSEs	0.00			Total DSEs	
<u>)</u>	0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	roup	Gross Receipts First G	
<u>,</u>	0.00	\$	nd Group	Base Rate Fee Seco	0.00	\$	roup	Base Rate Fee First G	
	JP	SUBSCRIBER GROU	TY-FOURTH	TWEN	UP	SUBSCRIBER GRO	ITY-THIRD	TWEN	
0	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN	
	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN	
·····	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN	
	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN	
	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN	
	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN	
	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN	
	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN	
	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN	
	DSE	CALL SIGN			DSE	CALL SIGN	DSE	CALL SIGN	
	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN	
	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN	
	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN	
		CALL SIGN		CALL SIGN		CALL SIGN			

LEGAL NAME OF OWNER RCN TELECOM SE			HIA INC				061497	Name
				TE FEES FOR EAC				
	ITY-FIFTH	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE/	4		0	J 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 Sec	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
TWENTY-	SEVENTH	SUBSCRIBER GRO	UP	TWE	NTY-EIGHTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE/	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						•		
						•		
				•		•		
						•		
						•		
						•		
Total DSEs		11	0.00	Total DSEs		11	0.00	
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group a	as shown in the boxes	above.	\$		

FORM SA3E.	PAGE 19.
------------	----------

EM ID# 61497 ^{Na}				IIA INC	OF PHILADELPH	NER OF CABLI	RCN TELECOM S
	BER GROUP		TE FEES FOR EAC				
Ç	SUBSCRIBER GROUP	THIRTIETH			SUBSCRIBER GRO		
0 Comp			COMMUNITY/ AREA	0			COMMUNITY/ AREA
DSE c	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base R							
aı							
Syndi							
Exclu Surcl							
fo							
Part							
Dis							
Stat							
				<mark></mark>			
				••• ••••••			
				•••			
0.00			Total DSEs	0.00	4		Fotal DSEs
0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	Group	Gross Receipts First G
0.00	\$	nd Group	Base Rate Fee Seco	0.00	\$	Group	Base Rate Fee First G
0.00	SUBSCRIBER GROUP			JP	\$ SUBSCRIBER GROU	-	
0.00				4		HRTY-FIRST	THI
			THIR	JP		HRTY-FIRST	ТНІ
0	SUBSCRIBER GROUP	TY-SECOND	THIR COMMUNITY/ AREA	JP 0	SUBSCRIBER GRO	HIRTY-FIRST	THI COMMUNITY/ AREA
0	SUBSCRIBER GROUP	TY-SECOND	THIR COMMUNITY/ AREA	JP 0	SUBSCRIBER GRO	HIRTY-FIRST	THI COMMUNITY/ AREA
0	SUBSCRIBER GROUP	TY-SECOND	THIR COMMUNITY/ AREA	JP 0	SUBSCRIBER GRO	HIRTY-FIRST	THI COMMUNITY/ AREA
0	SUBSCRIBER GROUP	TY-SECOND	THIR COMMUNITY/ AREA	JP 0	SUBSCRIBER GRO	HIRTY-FIRST	THI COMMUNITY/ AREA
0	SUBSCRIBER GROUP	TY-SECOND	THIR COMMUNITY/ AREA	JP 0	SUBSCRIBER GRO	HIRTY-FIRST	THI COMMUNITY/ AREA
0	SUBSCRIBER GROUP	TY-SECOND	THIR COMMUNITY/ AREA	JP 0	SUBSCRIBER GRO	HIRTY-FIRST	THI COMMUNITY/ AREA
0	SUBSCRIBER GROUP	TY-SECOND	THIR COMMUNITY/ AREA	JP 0	SUBSCRIBER GRO	HIRTY-FIRST	THI COMMUNITY/ AREA
0	SUBSCRIBER GROUP	TY-SECOND	THIR COMMUNITY/ AREA	JP 0	SUBSCRIBER GRO	HIRTY-FIRST	THI COMMUNITY/ AREA
0	SUBSCRIBER GROUP	TY-SECOND	THIR COMMUNITY/ AREA	JP 0	SUBSCRIBER GRO	HIRTY-FIRST	THI COMMUNITY/ AREA
0	SUBSCRIBER GROUP	TY-SECOND	THIR COMMUNITY/ AREA	JP 0	SUBSCRIBER GRO	HIRTY-FIRST	THI COMMUNITY/ AREA
0	SUBSCRIBER GROUP	TY-SECOND	THIR COMMUNITY/ AREA	JP 0	SUBSCRIBER GRO	HIRTY-FIRST	THI COMMUNITY/ AREA
0	SUBSCRIBER GROUP	TY-SECOND	THIR COMMUNITY/ AREA	JP 0	SUBSCRIBER GRO	HIRTY-FIRST	THI COMMUNITY/ AREA
0	SUBSCRIBER GROUP	TY-SECOND	THIR COMMUNITY/ AREA	JP 0	SUBSCRIBER GRO	HIRTY-FIRST	THI COMMUNITY/ AREA
0	SUBSCRIBER GROUP	TY-SECOND	THIR COMMUNITY/ AREA	JP 0	SUBSCRIBER GRO	HIRTY-FIRST	THI COMMUNITY/ AREA CALL SIGN
0 DSE	SUBSCRIBER GROUP	TY-SECOND DSE	COMMUNITY/ AREA	JP 0 DSE	SUBSCRIBER GRO		COMMUNITY/ AREA
0 DSE	SUBSCRIBER GROUP	TY-SECOND DSE	CALL SIGN CALL SIGN	JP 0 DSE	SUBSCRIBER GROU	IRTY-FIRST	THI COMMUNITY/ AREA CALL SIGN

	061497				IIA INC	E SYSTEM: SOF PHILADELPH		RCN TELECOM SE
				TE FEES FOR EACH				
	IP 0	SUBSCRIBER GROU	Y-FOURTH	THIR COMMUNITY/ AREA		SUBSCRIBER GRO	TY-THIRD	
Com	U			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base								
a Syn								
Exc		_						
Sur								
Pa								
Di			•••					
Sta								
	0.00		1					
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Seco	0.00	\$	oup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Seco	0.00	\$	oup	Base Rate Fee First Gr
	Р	SUBSCRIBER GROU	RTY-SIXTH	TH	JP	SUBSCRIBER GRO	TY-FIFTH	THIR
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						+		
	····							
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Gross Receipts Fourt	0.00	\$	roup	Gross Receipts Third G
	0.00	+		11				
	0.00	·						

FORM SA3E.	PAGE 19.
------------	----------

Total DSEs 0.00 Gross Receipts First Group \$ Seceret Second Group \$ Base Rate Fee First Group \$ Thirty-NINTH SUBSCRIBER GROUP FORTIETH SUBSCRIBER GROUP COMMUNITY/ AREA 0	0 DSE 0.00 0.00
COMMUNITY/ AREA CALL SIGN DSE	DSE
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN CALL SIGN DSE 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 CALL SIGN DSE	DSE
otal DSEs 0.00 siross Receipts First Group \$ \$ 0.00 siross Receipts First Group \$ \$ 0.00 Base Rate Fee First Group \$ \$ 0.00 Base Rate Fee Second Group \$ THIRTY-NINTH SUBSCRIBER GROUP FORTIETH SUBSCRIBER GROUP COMMUNITY/ AREA 0	0.00
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0 THIRTY-NINTH SUBSCRIBER GROUP FORTIETH SUBSCRIBER GROUP FORTIETH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	
s 0.00 Gross Receipts Second Group \$ ase Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ THIRTY-NINTH SUBSCRIBER GROUP FORTIETH SUBSCRIBER GROUP OMMUNITY/ AREA 0 COMMUNITY/ AREA	
ross Receipts First Group <u>\$ 0.00</u> Gross Receipts Second Group <u>\$ 9000</u> ase Rate Fee First Group <u>\$ 0.00</u> Base Rate Fee Second Group <u>\$ 9000</u> THIRTY-NINTH SUBSCRIBER GROUP FORTIETH SUBSCRIBER GROUP OMMUNITY/ AREA 0 COMMUNITY/ AREA	
oss Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0 ise Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0 THIRTY-NINTH SUBSCRIBER GROUP FORTIETH SUBSCRIBER GROUP FORTIETH SUBSCRIBER GROUP OMMUNITY/ AREA 0 COMMUNITY/ AREA 0	
se Rate Fee First Group \$ 0.00 Gross Receipts Second Group \$ 0 se Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0 THIRTY-NINTH SUBSCRIBER GROUP FORTIETH SUBSCRIBER GROUP FORTIETH SUBSCRIBER GROUP VMMUNITY/ AREA 0 COMMUNITY/ AREA 0	
Instruction Image: second group	
ss Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 6 e Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 6 THIRTY-NINTH SUBSCRIBER GROUP FORTIETH SUBSCRIBER GROUP FORTIETH SUBSCRIBER GROUP COMMUNITY/ AREA 0	
ss Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0 se Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0 THIRTY-NINTH SUBSCRIBER GROUP FORTIETH SUBSCRIBER GROUP FORTIETH SUBSCRIBER GROUP MMUNITY/ AREA 0 COMMUNITY/ AREA 0	
Instruction Image: second group	
ses Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0 se Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0 THIRTY-NINTH SUBSCRIBER GROUP FORTIETH SUBSCRIBER GROUP FORTIETH SUBSCRIBER GROUP MMUNITY/ AREA 0 COMMUNITY/ AREA 0	
ss Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0 se Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0 THIRTY-NINTH SUBSCRIBER GROUP FORTIETH SUBSCRIBER GROUP FORTIETH SUBSCRIBER GROUP VMUUNITY/ AREA 0 COMMUNITY/ AREA 0	
ss Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0 e Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0 THIRTY-NINTH SUBSCRIBER GROUP FORTIETH SUBSCRIBER GROUP FORTIETH SUBSCRIBER GROUP IMUNITY/ AREA 0 COMMUNITY/ AREA 0	
ss Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0 se Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0 THIRTY-NINTH SUBSCRIBER GROUP FORTIETH SUBSCRIBER GROUP FORTIETH SUBSCRIBER GROUP MMUNITY/ AREA 0 COMMUNITY/ AREA 0	
se Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ THIRTY-NINTH SUBSCRIBER GROUP FORTIETH SUBSCRIBER GROUP MMUNITY/ AREA 0 COMMUNITY/ AREA	0.00
THIRTY-NINTH SUBSCRIBER GROUP FORTIETH SUBSCRIBER GROUP IMUNITY/ AREA 0 COMMUNITY/ AREA	
IMUNITY/ AREA COMMUNITY/ AREA	0.00
LL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN	0
	DSE
I DSEs Total DSEs	0.00
ss Receipts Third Group <u>\$ 0.00</u> Gross Receipts Fourth Group <u>\$</u>	
	0.00
e Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$	0.00

FORM	SA3E.	PAGE	19.
------	-------	------	-----

061497					E SYSTEM: OF PHILADELP		CN TELECOM SE
			ATE FEES FOR EAC				
р О	SUBSCRIBER GROU		FOR COMMUNITY/ AREA	0P 0	SUBSCRIBER GRO	17-FIKS1	FOR OMMUNITY/ AREA
DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			•				
			•				
				•••• ••••			
	•			•••• •••••			
0.00			Total DSEs	0.00			otal DSEs
0.00	\$	ond Group	Gross Receipts Seco	0.00	\$	oup	ross Receipts First Gr
0.00	\$	ond Group	Base Rate Fee Seco	0.00	\$	oup	ase Rate Fee First Gr
P	SUBSCRIBER GROU	TY-FOURTH	FOF	UP	SUBSCRIBER GRO	TY-THIRD	FOR
0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
					+	·····	
			·				
0.00			Total DSEs	0.00			tal DSEs
0.00	<u>\$</u>	th Group	Total DSEs Gross Receipts Four	0.00	<u>\$</u>	roup	Dotal DSEs ross Receipts Third G

FORM	SA3E.	PAGE	19.
------	-------	------	-----

	BLE SYSTEM: ES OF PHILADELP	HIA INC				645750 SYSTEM ID# 061497	Na
	A: COMPUTATION (
	TH SUBSCRIBER GRO				SUBSCRIBER GROU		ç
COMMUNITY/ AREA		0	COMMUNITY/ ARE	A		0	Compu
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	0
							Base Ra
		••••					an
		••••					Syndio Exclu
		•••••					Surch
							fo
							Parti
							Dista
		••••					Statio
		••••					
		••••					
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	
FORTY-SEVEN	TH SUBSCRIBER GRO	OUP	FC	RTY-EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA		0	COMMUNITY/ AREA 0			0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		•••••					
		•••••					
		•••••					
						•••••	
			-				
Total DSEs		0.00	Total DSEs			0.00	
Total DSEs Gross Receipts Third Group	\$	0.00	Total DSEs Gross Receipts Fou	rth Group		0.00	
	\$			rth Group	\$		

LEGAL NAME OF OWNE RCN TELECOM SI			HIA INC			S	061497	
				ATE FEES FOR EA				
FOR COMMUNITY/ AREA	FORTY-NINTH SUBSCRIBER GROUP FIFTIETH SUBSCRIBER GROUP JNITY/ AREA 0							
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		DSE	
			•••••					
		+						
			•••••					
			••••					
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First G	roup	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
FI	FTY-FIRST	SUBSCRIBER GRO)UP	FI	FTY-SECONE) SUBSCRIBER GROL	IP	
OMMUNITY/ AREA			0	COMMUNITY/ AREA 0			0	
ALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		•	•••••					
			····					
			••••					
		+	•••••					
		+						
otal DSEs			0.00	Total DSEs			0.00	
oss Receipts Third G	Group	\$	0.00	Gross Receipts Fou	irth Group	\$	0.00	
		e	0.00	Base Rate Fee Fou	irth Group	\$	0.00	
Base Rate Fee Third G	broup	4	0.00					
ase Rate Fee Third G	Froup	4	0.00					
		♥ e fees for each subs		as shown in the boxes				

						SERVICES	
			TE FEES FOR EAC				
FIFTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA 0			0P 0	SUBSCRIBER GRO		FIFTY-THIRE OMMUNITY/ AREA	
DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
·····							
				<mark></mark>			
				···			
0.00	••		Total DSEs	0.00			tal DSEs
0.00	\$	ond Group	Gross Receipts Seco	0.00	\$	Group	oss Receipts First G
0.00	\$	ond Group	Base Rate Fee Seco	0.00	¢	~	
				•	\$		
	SUBSCRIBER GROU			UP	SUBSCRIBER GRO	FIFTY-FIFTH	F
JP 0	SUBSCRIBER GROU			•		FIFTY-FIFTH	F
	SUBSCRIBER GROU			UP		FIFTY-FIFTH	F MMUNITY/ AREA
0		·	COMMUNITY/ ARE	UP 0	SUBSCRIBER GRO	FIFTY-FIFTH	F /MUNITY/ AREA
0		·	COMMUNITY/ ARE	UP 0	SUBSCRIBER GRO	FIFTY-FIFTH	F MMUNITY/ AREA
0		·	COMMUNITY/ ARE	UP 0	SUBSCRIBER GRO	FIFTY-FIFTH	F MMUNITY/ AREA
0		·	COMMUNITY/ ARE	UP 0	SUBSCRIBER GRO	FIFTY-FIFTH	F MMUNITY/ AREA
0		·	COMMUNITY/ ARE	UP 0	SUBSCRIBER GRO	FIFTY-FIFTH	F MMUNITY/ AREA
0		·	COMMUNITY/ ARE	UP 0	SUBSCRIBER GRO	FIFTY-FIFTH	F MMUNITY/ AREA
0		·	COMMUNITY/ ARE	UP 0	SUBSCRIBER GRO	FIFTY-FIFTH	F MMUNITY/ AREA
0		·	COMMUNITY/ ARE	UP 0	SUBSCRIBER GRO	FIFTY-FIFTH	F MMUNITY/ AREA
0		·	COMMUNITY/ ARE	UP 0	SUBSCRIBER GRO	FIFTY-FIFTH	F MMUNITY/ AREA
0		·	COMMUNITY/ ARE	UP 0	SUBSCRIBER GRO	FIFTY-FIFTH	F MMUNITY/ AREA
0		·	COMMUNITY/ ARE	UP 0	SUBSCRIBER GRO	FIFTY-FIFTH	F MMUNITY/ AREA
0		·	COMMUNITY/ ARE	UP 0	SUBSCRIBER GRO	FIFTY-FIFTH	F MMUNITY/ AREA
0 DSE		DSE	COMMUNITY/ AREA		SUBSCRIBER GRO	FIFTY-FIFTH	F DMMUNITY/ AREA CALL SIGN
0 DSE	CALL SIGN	DSE	COMMUNITY/ AREA		SUBSCRIBER GROU	FIFTY-FIFTH	ase Rate Fee First G

		PHIA INC				061497
	A: COMPUTATION					
FIFTY-SEVEN MMUNITY/ AREA	ITH SUBSCRIBER GRO	OUP 0	COMMUNITY/ ARE		I SUBSCRIBER GROL	JP 0
		U		A		v
ALL SIGN DSI	E CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
		•••••				
		0.00	Total DSEs			0.00
al DSEs						
ss Receipts First Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00
Rate Fee First Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00
FIFTY-NI	ITH SUBSCRIBER GRO	OUP		SIXTIETH	I SUBSCRIBER GROL	JP
IMUNITY/ AREA		0		COMMUNITY/ AREA		
L SIGN DSI	E CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
		••••••				•••••
I DSEs		0.00	Total DSEs			0.00
s Receipts Third Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00
	¢	0.00	Base Rate Fee Fou	irth Group	\$	0.00

FORM SA3E.	PAGE 19.
------------	----------

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBS SIXTY-FIRST SUBSCRIBER GROUP SIXTY-SECI COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 Community/ AREA 0 CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Image: Color of the state of	OND SUBSCRIBER GROUP	0
COMMUNITY/ AREA 0 COMMUNITY/ AREA		0
	E CALL SIGN DS	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	CALL SIGN DS	
		E
tal DSEs 0.00 Total DSEs	0.0	0
oss Receipts First Group \$ 0.00 Gross Receipts Second Grou	p <u>\$ 0.0</u>	0
se Rate Fee First Group \$ 0.00 Base Rate Fee Second Group	p \$ 0.0	0
		_
SIXTY-THIRD SUBSCRIBER GROUP SIXTY-FOU MMUNITY/ AREA 0 COMMUNITY/ AREA	RTH SUBSCRIBER GROUP	0
ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	CALL SIGN DS	E
tal DSEs 0.00 Total DSEs	0.0	0
oss Receipts Third Group <u>\$ 0.00</u> Gross Receipts Fourth Group	\$ 0.0	0
ase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group	\$ 0.0	0

FORM SA3E.	PAGE 19.
------------	----------

			TE FEES FOR EAC					
0	COMMUNITY/ AREA 0			0P 0	SUBSCRIBER GRU	SIXTY-FIFTH SUBSCRIBER GR		
DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
	-							
					-			
					-			
0.00	••		Total DSEs	0.00			al DSEs	
0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	oup	ss Receipts First G	
	\$		Base Rate Fee Seco	0.00	\$		e Rate Fee First G	
	SIXTY-EIGHTH SUBSCRIBER GROUP			UP				
0			11		SUBSCRIBER GRO	SEVENTH		
0			COMMUNITY/ AREA	0		SEVENTH		
0 DSE	CALL SIGN	DSE	11		CALL SIGN	DSE	MUNITY/ AREA	
	CALL SIGN		COMMUNITY/ AREA	0			MUNITY/ AREA	
	CALL SIGN		COMMUNITY/ AREA	0			IMUNITY/ AREA	
	CALL SIGN		COMMUNITY/ AREA	0			IMUNITY/ AREA	
	CALL SIGN		COMMUNITY/ AREA	0			/MUNITY/ AREA	
	CALL SIGN		COMMUNITY/ AREA	0			MMUNITY/ AREA	
	CALL SIGN		COMMUNITY/ AREA	0			/MUNITY/ AREA	
	CALL SIGN		COMMUNITY/ AREA	0			IMUNITY/ AREA	
	CALL SIGN		COMMUNITY/ AREA	0			/MUNITY/ AREA	
	CALL SIGN		COMMUNITY/ AREA	0			/MUNITY/ AREA	
	CALL SIGN		COMMUNITY/ AREA	0			MMUNITY/ AREA	
	CALL SIGN		COMMUNITY/ AREA	0			MMUNITY/ AREA	
	CALL SIGN		COMMUNITY/ AREA	0			IMUNITY/ AREA	
DSE	CALL SIGN	DSE	COMMUNITY/ AREA	0 DSE		DSE	MMUNITY/ AREA	
DSE		DSE	COMMUNITY/ AREA CALL SIGN	0 DSE	CALL SIGN	DSE	SIXTY-	

FORM SA3E.	PAGE 19.
------------	----------

ADELPHIA INC 061	M ID# 1497
TATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	
BER GROUP SEVENTIETH SUBSCRIBER GROUP COMMUNITY/ AREA	0
SIGN DSE CALL SIGN DSE CALL SIGN DS	DSE C
	Ва
0.00 Total DSEs 0.	0.00
0.00 Gross Receipts Second Group \$ 0.	0.00
0.00 Base Rate Fee Second Group \$ 0.	0.00
BER GROUP SEVENTY-SECOND SUBSCRIBER GROUP	
0 COMMUNITY/ AREA	0
SIGN DSE CALL SIGN DSE CALL SIGN DS	DSE
0.00 Total DSEs	0.00
	<u>0.00</u>

61497				IIA INC		R OF CABLE	CN TELECOM SE	
			TE FEES FOR EAC					
0	SEVENTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA 0				SEVENTY-THIRD SUBSCRIBER GROUP			
DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
DOL					ON LE OIOIN	DOL		
	-							
0.00			Total DSEs	0.00			tal DSEs	
0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	oup	oss Receipts First Gr	
0.00	\$	nd Group	Base Rate Fee Seco	0.00	\$	oup	se Rate Fee First Gr	
	SUBSCRIBER GROUP	ENTY-SIXTH	SEV	JP	SUBSCRIBER GRO	ITY-FIFTH	SEVEN	
0			COMMUNITY/ AREA	0			MMUNITY/ AREA	
DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	ALL SIGN	
0.00			Total DSEs	0.00			al DSEs	
0.00	\$	h Group	Gross Receipts Four	0.00	\$	roup	oss Receipts Third G	
1			П		-			

LEGAL NAME OF OWNEF			HIA INC			S	YSTEM ID# 061497	Name
				TE FEES FOR EAG		IBER GROUP		
	SEVENTH	SUBSCRIBER GRO		SEVENTY-EIGHTH SUBSCRIBER GROUP				0
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
			••••					Syndicated Exclusivity
			••••					Surcharge
			••••					for
								Partially
								Distant
								Stations
			••••					
			•••					
Total DSEs	.		0.00	Total DSEs	Į	<u> </u>	0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SEVEN	TY-NINTH	SUBSCRIBER GRO	UP		EIGHTIETH	I SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			••••					
			••••					
			•••					
			••••					
			••••					
			•••					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fou	irth Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group a	II as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER RCN TELECOM SE			HIA INC			S	VSTEM ID# 061497	Name
				TE FEES FOR EAC				
EIGH COMMUNITY/ AREA	TY-FIRST	SUBSCRIBER GROU	JP 0	COMMUNITY/ AREA 0				9
CALL SIGN	DSE		DSE		DSE		DSE	Computation of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
			<mark></mark>					Partially
								Distant
								Stations
			<mark></mark>					
		-	<mark></mark>	•				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
EIGH	ry-third	SUBSCRIBER GROU	JP	EIGI	HTY-FOURTH	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<mark></mark>					
			<mark></mark>					
			<mark></mark>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third Gr	roup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group a	II as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER RCN TELECOM SE			HIA INC			S	061497	Name
				TE FEES FOR EAC				
	TY-FIFTH	SUBSCRIBER GRO		EIGHTY-SIXTH SUBSCRIBER GROUP				9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	J 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
			<mark>.</mark>			•		
						•••		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
EIGHTY-S	SEVENTH	SUBSCRIBER GRO	UP	EIG	HTY-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>					
		_						
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 Gr	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group a	as shown in the boxes a	above.	\$		

RCN TELECOM		E SYSTEM: SOF PHILADELP				S	VSTEM ID# 061497
				ATE FEES FOR EA			
EIG COMMUNITY/ AREA		I SUBSCRIBER GRO	0UP 0	COMMUNITY/ ARE		I SUBSCRIBER GROU	IP 0
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
			••••• ••••••				
			•••••				
						•	
otal DSEs	<u> </u>		0.00	Total DSEs			0.00
ross Receipts First	Group	\$	0.00	Gross Receipts Se	cond Group	\$ 0.00	
ase Rate Fee First	Group	\$	0.00	Base Rate Fee Se	cond Group	\$	0.00
NI	NETY-FIRST	SUBSCRIBER GRO)UP	NIN	ETY-SECOND	SUBSCRIBER GROU	IP
OMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0
ALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
			••••				
		•				•	
			•••••				
			••••				
otal DSEs			0.00	Total DSEs			0.00
ross Receipts Third	Group	\$	0.00	Gross Receipts For	urth Group	\$	0.00
eee Defe Fee Third	0		0.00	Base Bate Fee Fee	with Owners		0.00
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee For	ann Group	\$	0.00
ase Rate Fee: Add	the base rat	t e fees for each subs	criber group a	as shown in the boxes	above.		
ter here and in blo			5P Y			\$	

FORM	SA3E.	PAGE	19.
------	-------	------	-----

0 COMMUNITY/ AREA 0 Computed of Base Rate and Syndic DSE CALL SIGN DSE CALL SIGN DSE And Area an	SUBSCRIBER GROUP	Y-FOURTH	NINET	UP	COMPUTATION C SUBSCRIBER GRC		
0 COMMUNITY/ AREA 0 Computed of Base Rate and Syndic DSE CALL SIGN DSE CALL SIGN DSE And Area an			COMMUNITY/ AREA		SUBSCRIBER GRO	TY-THIRD	NINE
DSE CALL SIGN DSE CALL SIGN DSE of Image: Sign of the second seco	CALL SIGN	DSE	CALL SIGN				COMMUNITY/ AREA
Image: Constraint of the second se	CALL SIGN	DSE	CALL SIGN				
Image: Second				DSE	CALL SIGN	DSE	CALL SIGN
Syndic. Syndic. Surcha Surc							
Exclus Surcha for Partia Dista Statio 0.00 Total DSEs O.00					+		
Image: Constraint of the second sec					+		
Partia Dista Dista Statio							
Dista Statio							
Statio							
0.00 Total DSEs 0.00					+		
					+		
	<u> </u>				11		
			Total DSEs	0.00			otal DSEs
0.00 Gross Receipts Second Group \$ 0.00	\$	d Group	Gross Receipts Secor	0.00	\$	roup	Bross Receipts First G
0.00 Base Rate Fee Second Group \$ 0.00	\$	d Group	Base Rate Fee Secor	0.00	\$	roup	a se Rate Fee First G
GROUP NINETY-SIXTH SUBSCRIBER GROUP	SUBSCRIBER GROUP	ETY-SIXTH	NIN	UP	NINETY-FIFTH SUBSCRIBER GROUP		
0 COMMUNITY/ AREA 0	COMMUNITY/ AREA 0			0	/MUNITY/ AREA		OMMUNITY/ AREA
DSE CALL SIGN DSE CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
					+		
					+		
					+		
					+		
]		
		•		••••	+		
		•		••••	<u> </u>		
0.00 Total DSEs0.00			Total DSEs	0.00			otal DSEs
0.00 Gross Receipts Fourth Group \$ 0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third (
]							
0.00 Base Rate Fee Fourth Group \$ 0.00	\$	Group	Base Rate Fee Fourth	0.00	\$	Group	Base Rate Fee Third (

BLOCK A: COMPUTA NINETY-SEVENTH SUBSCRIBE						
					5	
MUNITY/ AREA	ER GROUP	NII COMMUNITY/ ARE		I SUBSCRIBER GROU	IP 0	
LL SIGN DSE CALL SIG	GN DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			DOL		DOL	
	·····					
DSEs	0.00	Total DSEs	•		0.00	
s Receipts First Group \$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Rate Fee First Group \$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NINETY-NINTH SUBSCRIBE						
MUNITY/ AREA	0	COMMUNITY/ ARE	O			
LL SIGN DSE CALL SIG	GN DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	·····					
DSEs	0.00	Total DSEs			0.00	
s Receipts Third Group	0.00	Gross Receipts Fou	irth Group	\$	0.00	
Rate Fee Third Group \$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	

FORM	SA3E.	PAGE	19.
------	-------	------	-----

	061497						SERVICES	RCN TELECOM S
				TE FEES FOR EAC				
_	P 0	SUBSCRIBER GROU		ONE HUNDR	UP 0	SUBSCRIBER GRO	RED FIRST	ONE HUNDE
С					•			
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Ва					<mark>.</mark>			
s					•••			
E								
					<mark></mark>			
	0.00	11		Total DSEs	0.00	11	_	otal DSEs
-	0.00	\$	ond Group	Gross Receipts Seco	0.00	\$	Group	Gross Receipts First G
	0.00	¢						
	0.000	\$	ond Group	Base Rate Fee Seco	0.00	\$	Group	ase Rate Fee First G
	P	SUBSCRIBER GROU	ED FOURTH	ONE HUNDR	UP	\$ SUBSCRIBER GRO		ONE HUNDR
-			ED FOURTH					ONE HUNDF
-	P		ED FOURTH	ONE HUNDR	UP			ONE HUNDR OMMUNITY/ AREA
-	P 0	I SUBSCRIBER GROU	ED FOURTH	ONE HUNDR	UP 0	SUBSCRIBER GRO	RED THIRD	ONE HUNDR
-	P 0	I SUBSCRIBER GROU	ED FOURTH	ONE HUNDR	UP 0	SUBSCRIBER GRO	RED THIRD	ONE HUNDR
-	P 0	I SUBSCRIBER GROU	ED FOURTH	ONE HUNDR	UP 0	SUBSCRIBER GRO	RED THIRD	ONE HUNDR
-	P 0	I SUBSCRIBER GROU	ED FOURTH	ONE HUNDR	UP 0	SUBSCRIBER GRO	RED THIRD	ONE HUNDR OMMUNITY/ AREA
- - - - - - -	P 0	I SUBSCRIBER GROU	ED FOURTH	ONE HUNDR	UP 0	SUBSCRIBER GRO	RED THIRD	ONE HUNDR OMMUNITY/ AREA
	P 0	I SUBSCRIBER GROU	ED FOURTH	ONE HUNDR	UP 0	SUBSCRIBER GRO	RED THIRD	ONE HUNDR OMMUNITY/ AREA
-	P 0	I SUBSCRIBER GROU	ED FOURTH	ONE HUNDR	UP 0	SUBSCRIBER GRO	RED THIRD	ONE HUNDR OMMUNITY/ AREA
-	P 0	I SUBSCRIBER GROU	ED FOURTH	ONE HUNDR	UP 0	SUBSCRIBER GRO	RED THIRD	ONE HUNDR OMMUNITY/ AREA
	P 0	I SUBSCRIBER GROU	ED FOURTH	ONE HUNDR	UP 0	SUBSCRIBER GRO	RED THIRD	ONE HUNDR OMMUNITY/ AREA
	P 0	I SUBSCRIBER GROU	ED FOURTH	ONE HUNDR	UP 0	SUBSCRIBER GRO	RED THIRD	ONE HUNDR OMMUNITY/ AREA
	P 0	I SUBSCRIBER GROU	ED FOURTH	ONE HUNDR	UP 0	SUBSCRIBER GRO	RED THIRD	ONE HUNDR OMMUNITY/ AREA
	P 0	I SUBSCRIBER GROU	ED FOURTH	ONE HUNDR	UP 0	SUBSCRIBER GRO	RED THIRD	ONE HUNDR
	P 0 0	I SUBSCRIBER GROU		ONE HUNDR COMMUNITY/ AREA CALL SIGN	UP 0	SUBSCRIBER GRO	RED THIRD	ONE HUNDR
	P 0 DSE 0	SUBSCRIBER GROU CALL SIGN		ONE HUNDR COMMUNITY/ AREA CALL SIGN CALL SIGN Image: Community of the second sec	UP 0 DSE	SUBSCRIBER GRO	RED THIRD	CALL SIGN CALL SIGN

FORM	SA3E.	PAGE	19.
------	-------	------	-----

Image: Non-State interview 0 Image: Open constraints 0 Image: Open constrate 0	LEGAL NAME OF OWNER OF RCN TELECOM SERV		ELPHIA INC			S	YSTEM ID# 061497	Na	
0 Compute CALL SIGN DSE CALL SIGN DSE Base R ar Syndi Exclu Syndi Syndi Syndi Exclu Syndi Syndi Syndi		CK A: COMPUTATI							
CALL SIGN DSE CALL SIGN DSE Base R ar Syndi Exclu Surch fc Part Dist Stati		FIFTH SUBSCRIBER		11		SUBSCRIBER GROU		c	
CALL SIGN DSE O Base R ar Syndi Exclu Syndi Exclu Surch fc Part Dist Dist Stati O.00 \$ S 0.00 S 0.00 S 0.00	COMMUNITY/ AREA		0	COMMUNITY/ ARE	A		0		
an Syndi Exclu Surch fo Parti Dist Stati	CALL SIGN [SE CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	0	
Syndia Exclusion Surch fo Parti Dist Stati 0.00 \$ 0.00 \$ 0.00 S 0.00								Base Ra	
Exclus Surch fo Parti Dist Station S 0.00 S 0 0.00 S 0 0.00 S 0 0.00 S 0 0.00 S 0 0.00 S 0 0.00 S 0 0.00 S 0 0.00 S 0 0 0 0								an	
Surch fo Parti Dista Station 0.00 \$ 0.00 \$ 0.00 S 0.00 TH SUBSCRIBER GROUP 0									
fou Partia Dista Statia									
Dista Static 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00								fo	
Static 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00								Partia	
0.00 \$ 0.00 \$ 0.00 \$ 0.00 1H SUBSCRIBER GROUP 0									
\$ 0.00 \$ 0.00								Static	
\$ 0.00 \$ 0.00									
\$ 0.00 \$ 0.00									
\$ 0.00 \$ 0.00									
\$ 0.00 \$ 0.00									
\$ 0.00 \$ 0.00		Ц	0.00	T / 1005		11	0.00		
\$ 0.00	Total DSEs		0.00	Total DSEs					
TH SUBSCRIBER GROUP	Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
0	Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
	ONE HUNDRED SEV	DNE HUNDRED SEVENTH SUBSCRIBER GROUP							
CALL SIGN DSE	COMMUNITY/ AREA		0	COMMUNITY/ ARE	OMMUNITY/ AREA 0				
	CALL SIGN E	SE CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
						•			
							····		
						*	····		
0.00	Total DSEs		0.00	Total DSEs			0.00		
<u>\$ 0.00</u>	Gross Receipts Third Group) <u>\$</u>	0.00	Gross Receipts Fou	irth Group	\$	0.00		
\$ 0.00	Base Rate Fee Third Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		

FORM	SA3E.	PAGE	19.
------	-------	------	-----

	061497					OF PHILADELP	SERVICES	
1				ATE FEES FOR EAC				
-	P 0	SUBSCRIBER GROU			UP 0	SUBSCRIBER GRO	RED NINTH	ONE HUNDF
0	•				U			
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
. B								
					•••	+		
					<mark></mark>	+		
					•••	+		
	0.00	<u> </u>		Total DSEs	0.00	μ		otal DSEs
	0.00	\$	ond Group	Gross Receipts Seco	0.00	\$	Group	Gross Receipts First G
								·
	0.00	\$	ond Group	Base Rate Fee Seco	0.00	\$	Group	ase Rate Fee First G
	ONE HUNDRED TWELVTH SUBSCRIBER GROUP					SUBSCRIBER GRO	ELEVENTH	ONE HUNDRED
	0			11				
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
-	0 DSE	CALL SIGN		11		CALL SIGN	DSE	
-				COMMUNITY/ AREA	0			
-				COMMUNITY/ AREA	0			
				COMMUNITY/ AREA	0			
				COMMUNITY/ AREA	0			
				COMMUNITY/ AREA	0			COMMUNITY/ AREA
				COMMUNITY/ AREA	0			
				COMMUNITY/ AREA	0			
				COMMUNITY/ AREA	0			
· · · · · · · · · · · · · · · · · · ·				COMMUNITY/ AREA	0			
				COMMUNITY/ AREA	0			
				COMMUNITY/ AREA	0			
				COMMUNITY/ AREA	0			CALL SIGN
			DSE	COMMUNITY/ AREA	0		DSE	CALL SIGN
	DSE	CALL SIGN	DSE	COMMUNITY/ AREA	0 DSE	CALL SIGN	DSE	CALL SIGN CALL SIGN

TORWOAJE. TAOL 13.	FORM	SA3E.	PAGE	19.
--------------------	------	-------	------	-----

	VSTEM ID# 061497	5						LEGAL NAME OF OWNER RCN TELECOM SE
				TE FEES FOR EAC				
9		SUBSCRIBER GROU	URTEENTH			SUBSCRIBER GRO	RTEENTH	ONE HUNDRED THI
Compu	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Ra								
and								
Syndic Exclus						+		
Surcha								
for								
Partia								
Dista								
Statio								
						+		
					<mark>.</mark>	+		
	-					1		
	0.00			Total DSEs	0.00			Total DSEs
-	0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	roup	Gross Receipts First Gr
	0.00	\$	nd Group	Base Rate Fee Seco	0.00	\$	roup	3ase Rate Fee First Gr
	IP	SUBSCRIBER GROU	ONE HUNDRED	JP	SUBSCRIBER GRO	IFTEENTH	ONE HUNDRED FI	
	0	COMMUNITY/ AREA 0			0		MMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						+		
						+		
					<mark>.</mark>	1		
]]		
	·····							
						+		
					0.00			otal DSEs
	0.00			Total DSEs	0.00			
	0.00	\$	n Group	Gross Receipts Fourt	0.00	\$	Group	Gross Receipts Third G

FORM SA3E. PA	AGE 19.
---------------	---------

Nam	YSTEM ID# 061497	S			IIA INC			LEGAL NAME OF OWNER RCN TELECOM SE	
				TE FEES FOR EAC					
9		SUBSCRIBER GROU		11					
Computa	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rat									
and Syndica					<mark></mark>				
Exclusi		+		-		+			
Surcha									
for									
Partia Dista									
Statio									
		1							
	0.00			Total DSEs	0.00			otal DSEs	
	0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	roup	Gross Receipts First Gr	
	0.00	\$	nd Group	Base Rate Fee Seco	0.00	\$	oup	a se Rate Fee First Gr	
	Р	SUBSCRIBER GROU	TWENTIETH	ONE HUNDRED	JP	SUBSCRIBER GRO	NTEENTH	ONE HUNDRED NI	
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
					<mark></mark>				
						+			
	····								
						+			
	0.00		•	Total DSEs	0.00			otal DSEs	
	0.00			11					
	0.00	\$	h Group	Gross Receipts Four	0.00	\$	iroup	Bross Receipts Third G	

FORM	SA3E.	PAGE	19.
------	-------	------	-----

97	061497						ERVICES		
				ATE FEES FOR EAC					
0	0	SUBSCRIBER GROUP		ONE HUNDRED TWE		INDRED TWENTY-FIRST SUBSCRIBER GROUP			
	0 DSE				U				
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
						-			
		+							
	0.00			Total DSEs	0.00		ļļ	otal DSEs	
-	0.00	\$	and Group	Gross Receipts Seco	0.00	¢	roup	Gross Receipts First G	
<u></u>	0.00	Ψ			0.00	4	Toup	Joss Receipts First Of	
	0.00	\$	ond Group	Base Rate Fee Seco	0.00	\$	roup	Base Rate Fee First G	
→ ==		\$	NTY-FOURTH	ONE HUNDRED TWE	•	\$ SUBSCRIBER GROUP	-	ONE HUNDRED TWE	
→ ==	0.00		NTY-FOURTH		0.00		-	ONE HUNDRED TWE	
0			NTY-FOURTH	ONE HUNDRED TWE	•		-	ONE HUNDRED TWE	
0	0	I SUBSCRIBER GROUP	NTY-FOURTH	ONE HUNDRED TWE	0	SUBSCRIBER GROUP	NTY-THIRD		
0	0	I SUBSCRIBER GROUP	NTY-FOURTH	ONE HUNDRED TWE	0	SUBSCRIBER GROUP	NTY-THIRD	ONE HUNDRED TWE	
0	0	I SUBSCRIBER GROUP	NTY-FOURTH	ONE HUNDRED TWE	0	SUBSCRIBER GROUP	NTY-THIRD	ONE HUNDRED TWE	
0	0	I SUBSCRIBER GROUP	NTY-FOURTH	ONE HUNDRED TWE	0	SUBSCRIBER GROUP	NTY-THIRD	ONE HUNDRED TWE	
0	0	I SUBSCRIBER GROUP	NTY-FOURTH	ONE HUNDRED TWE	0	SUBSCRIBER GROUP	NTY-THIRD	ONE HUNDRED TWE	
0	0	I SUBSCRIBER GROUP	NTY-FOURTH	ONE HUNDRED TWE	0	SUBSCRIBER GROUP	NTY-THIRD	ONE HUNDRED TWE	
0	0	I SUBSCRIBER GROUP	NTY-FOURTH	ONE HUNDRED TWE	0	SUBSCRIBER GROUP	NTY-THIRD	ONE HUNDRED TWE	
0	0	I SUBSCRIBER GROUP	NTY-FOURTH	ONE HUNDRED TWE	0	SUBSCRIBER GROUP	NTY-THIRD	ONE HUNDRED TWE	
0	0	I SUBSCRIBER GROUP	NTY-FOURTH	ONE HUNDRED TWE	0	SUBSCRIBER GROUP	NTY-THIRD	ONE HUNDRED TWE	
0	0	I SUBSCRIBER GROUP	NTY-FOURTH	ONE HUNDRED TWE	0	SUBSCRIBER GROUP	NTY-THIRD	ONE HUNDRED TWE	
0	0	I SUBSCRIBER GROUP	NTY-FOURTH	ONE HUNDRED TWE	0	SUBSCRIBER GROUP	NTY-THIRD	ONE HUNDRED TWE	
	0	I SUBSCRIBER GROUP	NTY-FOURTH	ONE HUNDRED TWE	0	SUBSCRIBER GROUP	NTY-THIRD	ONE HUNDRED TWE	
		I SUBSCRIBER GROUP		ONE HUNDRED TWE COMMUNITY/ AREA CALL SIGN	0 DSE	SUBSCRIBER GROUP	NTY-THIRD DSE	ONE HUNDRED TWE COMMUNITY/ AREA	
	0 DSE	I SUBSCRIBER GROUP		ONE HUNDRED TWE COMMUNITY/ AREA CALL SIGN CALL SIGN Image: Community of the second seco	0 DSE	SUBSCRIBER GROUP	NTY-THIRD DSE	ONE HUNDRED TWE COMMUNITY/ AREA CALL SIGN	

FORM SA3E. PA	AGE 19.
---------------	---------

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# RCN TELECOM SERVICES OF PHILADELPHIA INC 061497 BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
	0	I SUBSCRIBER GROUP		ONE HUNDRED T	, 0	SUBSCRIBER GROUI	NTY-FIFTH	ONE HUNDRED TWENTY-FIF		
Cor					•					
_	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
Base										
Sy						+				
Ex										
Su										
Р					···	+				
0										
St										
						+				
						+				
	0.00			Total DSEs	0.00	μ		otal DSEs		
	0.00	\$	and Group	Gross Receipts Seco	0.00	\$	roup	Gross Receipts First G		
		÷				• 	loup			
	0.00	\$	ond Group	Base Rate Fee Seco	0.00	\$	roup	Base Rate Fee First G		
		I SUBSCRIBER GROUP		1		SUBSCRIBER GROUP	Y-SEVENTH	NE HUNDRED TWENT		
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
	0.00			Total DSEs	0.00			iotal DSEs		
	0.00	s	th Group	Total DSEs Gross Receipts Four	0.00	S	Group	Total DSEs Gross Receipts Third C		
		<u>S</u>	th Group			s	Group			

FORM SA3E.	PAGE 19.
------------	----------

	RVICES	OF PHILADELP					061497
ONE HUNDRED TWENT	Y-ININ I H	SUBSCRIBER GROU	P 0	COMMUNITY/ ARE		1 SUBSCRIBER GROUP	0
	·····						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
				•			
otal DSEs		••	0.00	Total DSEs		-+	0.00
ross Receipts First Grou	up	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00
ase Rate Fee First Grou	up	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00
ONE HUNDRED THIR	TY-FIRST	SUBSCRIBER GROU				D SUBSCRIBER GROUP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0
ALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
otal DSEs			0.00	Total DSEs			0.00
		e	0.00		uth Croup	¢	0.00
cross Receipts Third Gro	μ	\$	0.00	Gross Receipts Fou		\$	0.00
ase Rate Fee Third Gro	oup	\$	0.00	Base Rate Fee Fou	urth Group	\$	0.00
		Ľ					
se Rate Fee: Add the							

FORM SA3E. PA	AGE 19.
---------------	---------

							SERVICES	RCN TELECOM S	
		BER GROUP	HSUBSCR	ATE FEES FOR EAC					
						ONE HUNDRED THIRTY-THIRD SUBSCRIBER GROUP			
Co	0		A	COMMUNITY/ AREA	0		· ·····	COMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Bas									
Sy									
E)									
S									
F									
s									
	•••••				•••••				
	0.00			Total DSEs	0.00			otal DSEs	
	0.00	\$	ond Group	Gross Receipts Seco	0.00	\$	Group	Bross Receipts First C	
	0.00	\$							
	•	¥	ona Group	Base Rate Fee Seco	0.00	\$	Group	Base Rate Fee First G	
	i	SUBSCRIBER GROUP				SUBSCRIBER GROUP			
	0	L:	THIRTY-SIXTH				THIRTY-FIFTH	ONE HUNDRED TH	
	0 DSE	L:	THIRTY-SIXTH	ONE HUNDRED	P		THIRTY-FIFTH	ONE HUNDRED TH	
		SUBSCRIBER GROUP		ONE HUNDRED	P 0	SUBSCRIBER GROUP		ONE HUNDRED TH	
		SUBSCRIBER GROUP		ONE HUNDRED	P 0	SUBSCRIBER GROUP		ONE HUNDRED TH	
		SUBSCRIBER GROUP		ONE HUNDRED	P 0	SUBSCRIBER GROUP		ONE HUNDRED TH	
		SUBSCRIBER GROUP		ONE HUNDRED	P 0	SUBSCRIBER GROUP		ONE HUNDRED TH	
		SUBSCRIBER GROUP		ONE HUNDRED	P 0	SUBSCRIBER GROUP		ONE HUNDRED TH	
		SUBSCRIBER GROUP		ONE HUNDRED	P 0	SUBSCRIBER GROUP		ONE HUNDRED TH	
		SUBSCRIBER GROUP		ONE HUNDRED	P 0	SUBSCRIBER GROUP		ONE HUNDRED TH	
		SUBSCRIBER GROUP		ONE HUNDRED	P 0	SUBSCRIBER GROUP		ONE HUNDRED TH	
		SUBSCRIBER GROUP		ONE HUNDRED	P 0	SUBSCRIBER GROUP		ONE HUNDRED TH	
		SUBSCRIBER GROUP		ONE HUNDRED	P 0	SUBSCRIBER GROUP		ONE HUNDRED TH	
		SUBSCRIBER GROUP		ONE HUNDRED	P 0	SUBSCRIBER GROUP		ONE HUNDRED TH	
		SUBSCRIBER GROUP		ONE HUNDRED	P 0	SUBSCRIBER GROUP		ONE HUNDRED TH	
		SUBSCRIBER GROUP		ONE HUNDRED COMMUNITY/ AREA CALL SIGN	P 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SUBSCRIBER GROUP		ONE HUNDRED TH COMMUNITY/ AREA CALL SIGN	
		SUBSCRIBER GROUP		ONE HUNDRED COMMUNITY/ AREA CALL SIGN CALL SIGN Image: Community of the second s	P 0 DSE 0 0	SUBSCRIBER GROUP		COMMUNITY/ AREA	

	061497					OF PHILADELP	ERVICES			
				ATE FEES FOR EAC						
	0	SUBSCRIBER GROUP		11	NE HUNDRED THIRTY-SEVENTH SUBSCRIBER GROUP					
C	COMMUNITY/ AREA 0				U		OMMUNITY/ AREA			
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
Ba										
 S					<mark>.</mark>					
E										
_	0.00	<u> </u>		Total DSEs	0.00			otal DSEs		
•	0.00				0.00	•		Gross Receipts First G		
	0.00	\$	na Group	Gross Receipts Seco	0.00		Toup			
	0.00	\$	ond Group	Base Rate Fee Seco	0.00	\$	roup	ase Rate Fee First G		
	ONE HUNDRED FORTIETH SUBSCRIBER GROUP									
				11	-					
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA		
	DSE	CALL SIGN	DSE	11	0 DSE	CALL SIGN	DSE			
-		CALL SIGN		COMMUNITY/ AREA		CALL SIGN	DSE			
		CALL SIGN		COMMUNITY/ AREA		CALL SIGN	DSE			
		CALL SIGN		COMMUNITY/ AREA		CALL SIGN	DSE			
· · · · · · · · · · · · · · · · · · ·		CALL SIGN		COMMUNITY/ AREA		CALL SIGN	DSE			
· · · · · · · · · · · · · · · · · · ·		CALL SIGN		COMMUNITY/ AREA		CALL SIGN	DSE			
· · · · · · · · · · · · · · · · · · ·		CALL SIGN		COMMUNITY/ AREA		CALL SIGN	DSE			
· · · · · · · · · · · · · · · · · · ·		CALL SIGN		COMMUNITY/ AREA		CALL SIGN				
		CALL SIGN		COMMUNITY/ AREA		CALL SIGN	DSE			
		CALL SIGN		COMMUNITY/ AREA		CALL SIGN				
		CALL SIGN		COMMUNITY/ AREA		CALL SIGN				
		CALL SIGN		COMMUNITY/ AREA		CALL SIGN				
		CALL SIGN		COMMUNITY/ AREA		CALL SIGN		CALL SIGN		
		CALL SIGN	DSE	COMMUNITY/ AREA	DSE	S		CALL SIGN		
	DSE	CALL SIGN	DSE	COMMUNITY/ AREA	DSE			CALL SIGN CALL SIGN		

FORM SA3E. P/	AGE 19.
---------------	---------

Name	061497				HIA INC			LEGAL NAME OF OWNE RCN TELECOM SI		
				ATE FEES FOR EAC						
9 Computatio	•	SUBSCRIBER GROUP		11	ONE HUNDRED FORTY-FIRST SUBSCRIBER GROUP					
	COMMUNITY/ AREA 0					MUNITY/ AREA 0				
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
Base Rate										
and Syndicate					••••					
Exclusivi										
Surcharg										
for Partially										
Distant		•			••••					
Stations										
					•••					
	0.00			Total DSEs	0.00			Fotal DSEs		
	0.00	\$	ond Group	Gross Receipts Sec	0.00	\$	roup	Bross Receipts First G		
	0.00	\$	ond Group	Base Rate Fee Sec	0.00	Rate Fee First Group \$ 0.00				
	ONE HUNDRED FORTY-FOURTH SUBSCRIBER GROUP					ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP				
				ONE HONDRED I						
	0			COMMUNITY/ ARE	0			COMMUNITY/ AREA		
	0 DSE	CALL SIGN		11		CALL SIGN	DSE	COMMUNITY/ AREA		
		CALL SIGN	A	COMMUNITY/ ARE	0	CALL SIGN				
		CALL SIGN	A	COMMUNITY/ ARE	0	CALL SIGN				
		CALL SIGN	A	COMMUNITY/ ARE	0	CALL SIGN				
		CALL SIGN	A	COMMUNITY/ ARE	0	CALL SIGN				
		CALL SIGN	A	COMMUNITY/ ARE	0	CALL SIGN				
		CALL SIGN	A	COMMUNITY/ ARE	0	CALL SIGN				
		CALL SIGN	A	COMMUNITY/ ARE	0	CALL SIGN				
		CALL SIGN	A	COMMUNITY/ ARE	0	CALL SIGN				
		CALL SIGN	A	COMMUNITY/ ARE	0	CALL SIGN				
		CALL SIGN	A	COMMUNITY/ ARE	0	CALL SIGN				
		CALL SIGN	A	COMMUNITY/ ARE	0	CALL SIGN				
		CALL SIGN	A	COMMUNITY/ ARE	0	CALL SIGN		CALL SIGN		
		CALL SIGN		COMMUNITY/ ARE		CALL SIGN	DSE	CALL SIGN		
		CALL SIGN		COMMUNITY/ ARE	0 DSE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		DSE	COMMUNITY/ AREA CALL SIGN CALL SIGN		
		CALL SIGN	A DSE	COMMUNITY/ ARE	0 DSE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		DSE	CALL SIGN		

FORM	SA3E.	PAGE	19.
------	-------	------	-----

Name							ERVICES	RCN TELECOM S	
		IBER GROUP	H SUBSCR	ATE FEES FOR EAC					
9		SUBSCRIBER GROUP	11		ONE HUNDRED FORTY-FIFTH SUBSCRIBER GROUP				
℃ Compu	COMMUNITY/ AREA 0			U			COMMUNITY/ AREA		
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Ra									
an Syndic									
Exclus					<mark></mark>				
Surch									
fo									
Partia Dista									
Stati		•							
					••• ••••••				
		•							
					••••				
	0.00			Total DSEs	0.00			Fotal DSEs	
	0.00	\$	ond Group	Gross Receipts Seco	0.00	s	roup	Gross Receipts First G	
		·						• •	
	0.00	\$	Base Rate Fee Seco	0.00	Rate Fee First Group \$ 0.00				
						*	loup		
		I SUBSCRIBER GROUP		11					
	0	I SUBSCRIBER GROUP		ONE HUNDRED F	0				
	0 DSE	SUBSCRIBER GROUP		11					
				COMMUNITY/ AREA	0	SUBSCRIBER GROUF	Y-SEVENTH	COMMUNITY/ AREA	
				COMMUNITY/ AREA	0	SUBSCRIBER GROUF	Y-SEVENTH	OMMUNITY/ AREA	
				COMMUNITY/ AREA	0	SUBSCRIBER GROUF	Y-SEVENTH	COMMUNITY/ AREA	
				COMMUNITY/ AREA	0	SUBSCRIBER GROUF	Y-SEVENTH	COMMUNITY/ AREA	
				COMMUNITY/ AREA	0	SUBSCRIBER GROUF	Y-SEVENTH	COMMUNITY/ AREA	
				COMMUNITY/ AREA	0	SUBSCRIBER GROUF	Y-SEVENTH	COMMUNITY/ AREA	
				COMMUNITY/ AREA	0	SUBSCRIBER GROUF	Y-SEVENTH		
				COMMUNITY/ AREA	0	SUBSCRIBER GROUF	Y-SEVENTH	COMMUNITY/ AREA	
				COMMUNITY/ AREA	0	SUBSCRIBER GROUF	Y-SEVENTH	COMMUNITY/ AREA	
				COMMUNITY/ AREA	0	SUBSCRIBER GROUF	Y-SEVENTH	COMMUNITY/ AREA	
				COMMUNITY/ AREA	0	SUBSCRIBER GROUF	Y-SEVENTH	COMMUNITY/ AREA	
				COMMUNITY/ AREA	0	SUBSCRIBER GROUF	Y-SEVENTH	COMMUNITY/ AREA	
				COMMUNITY/ AREA	0	SUBSCRIBER GROUF	Y-SEVENTH	CALL SIGN	
	DSE		DSE	COMMUNITY/ AREA	0 DSE	SUBSCRIBER GROUF	Y-SEVENTH	CALL SIGN	
	DSE	CALL SIGN	DSE	COMMUNITY/ AREA	0 DSE	SUBSCRIBER GROUP	Y-SEVENTH	COMMUNITY/ AREA	

FORM	SA3E.	PAGE	19.
------	-------	------	-----

Name	061497						SERVICES		
	_			ATE FEES FOR EAC					
9		SUBSCRIBER GROU		11	DNE HUNDRED FORTY-NINTH SUBSCRIBER GROUP				
↓ Compu	COMMUNITY/ AREA 0					MUNITY/ AREA 0			
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rat									
anc Syndic					<mark></mark>				
Exclus					••• ••••••				
Surcha									
for Partia									
Dista					•••				
Statio									
	····				<mark></mark>				
	0.00			Total DSEs	0.00			otal DSEs	
	0.00	\$	ond Group	Gross Receipts Sec	0.00	\$	Group	Bross Receipts First G	
	0.00	\$	ond Group	Base Rate Fee Seco	Rate Fee First Group \$ 0.00			ase Rate Fee First G	
	P	SUBSCRIBER GROU	TY-SECOND	ONE HUNDRED FIF		SUBSCRIBER GRO	FIFTY-FIRST	ONE HUNDRED FI	
	P	SUBSCRIBER GROU		ONE HUNDRED FI	UP 0	SUBSCRIBER GRO			
		CALL SIGN				SUBSCRIBER GRO		OMMUNITY/ AREA	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
	0			COMMUNITY/ AREA	0				
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
	0			COMMUNITY/ AREA	0			CALL SIGN	
	0 DSE		DSE	COMMUNITY/ ARE/	0		DSE	CALL SIGN	
	0 DSE		DSE	COMMUNITY/ ARE/	0 DSE	CALL SIGN	DSE	COMMUNITY/ AREA	

FORM SA3E. P.	AGE 19.
---------------	---------

	061497							LEGAL NAME OF OWNE RCN TELECOM S
		BER GROUP	SUBSCRI	TE FEES FOR EAC	F BASE RA	COMPUTATION O	BLOCK A:	
9 Computati	ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP					NE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP		
	COMMUNITY/ AREA 0				0		COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicat Exclusiv	·····					+		
Surchar					•••	+	••••	
for						+		
Partial								
Distan								
Station								
					<mark></mark>	+	••••	
		+			<mark></mark>	+	••••	
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	iroup	Gross Receipts First G
	0.00	\$	nd Group	Base Rate Fee Seco	0.00	\$	iroup	Base Rate Fee First G
	IP	SUBSCRIBER GROU	FIFTY-SIXTH	ONE HUNDRED I	JP	SUBSCRIBER GRO	FTY-FIFTH	ONE HUNDRED FI
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
					<mark></mark>	•		
					•••	+	••••	
					<mark></mark>	+	••••	
		+			<mark></mark>			
		•			<mark></mark>	1		
		<u> </u>			<u> </u>	<u> </u>		
				Total DSEs	0.00			Total DSEs
	0.00							
	0.00	\$	h Group	Gross Receipts Fourt	0.00	\$	Group	Gross Receipts Third (

				ATE FEES FOR EAC						
•						ONE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP				
0	COMMUNITY/ AREA 0			U			JMMUNITY/ AREA			
-	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
					<mark></mark>					
					•••					
					<mark></mark>					
					<mark></mark>					
)	0.00			Total DSEs	0.00			otal DSEs		
	0.00	\$	ond Group	Gross Receipts Seco	0.00	\$	Group	ross Receipts First Gr		
	Base Rate Fee Second Group \$ 0.00									
	0.00				0.00	\$				
-		\$	RED SIXTIETH		•	SUBSCRIBER GROUF		ONE HUNDRED FI		
0			RED SIXTIETH		•			ONE HUNDRED FI		
0			RED SIXTIETH		•			ONE HUNDRED FI		
0		I SUBSCRIBER GROUP			0	SUBSCRIBER GROUF	IFTY-NINTH	ONE HUNDRED FI		
0		I SUBSCRIBER GROUP			0	SUBSCRIBER GROUF	IFTY-NINTH	ONE HUNDRED FI		
0		I SUBSCRIBER GROUP			0	SUBSCRIBER GROUF	IFTY-NINTH	ONE HUNDRED FI		
0		I SUBSCRIBER GROUP			0	SUBSCRIBER GROUF	IFTY-NINTH	ONE HUNDRED FI		
0		I SUBSCRIBER GROUP			0	SUBSCRIBER GROUF	IFTY-NINTH	ONE HUNDRED FI		
0		I SUBSCRIBER GROUP			0	SUBSCRIBER GROUF	IFTY-NINTH	ONE HUNDRED FI		
0		I SUBSCRIBER GROUP			0	SUBSCRIBER GROUF	IFTY-NINTH	ONE HUNDRED FI		
0		I SUBSCRIBER GROUP			0	SUBSCRIBER GROUF	IFTY-NINTH	ONE HUNDRED FI		
0		I SUBSCRIBER GROUP			0	SUBSCRIBER GROUF	IFTY-NINTH	ONE HUNDRED FI		
0		I SUBSCRIBER GROUP			0	SUBSCRIBER GROUF	IFTY-NINTH	ONE HUNDRED FI		
0		I SUBSCRIBER GROUP			0	SUBSCRIBER GROUF	IFTY-NINTH	ONE HUNDRED FI		
		I SUBSCRIBER GROUP			0	SUBSCRIBER GROUF	IFTY-NINTH	ONE HUNDRED FI		
		I SUBSCRIBER GROUP		ONE HUNDI COMMUNITY/ AREA CALL SIGN A <td></td> <td>SUBSCRIBER GROUF</td> <td>DSE</td> <td>ONE HUNDRED FI OMMUNITY/ AREA CALL SIGN</td>		SUBSCRIBER GROUF	DSE	ONE HUNDRED FI OMMUNITY/ AREA CALL SIGN		
	DSE	SUBSCRIBER GROUP CALL SIGN		ONE HUNDI COMMUNITY/ AREA CALL SIGN CALL SIGN Image: Community of the second sec	0 DSE	SUBSCRIBER GROUP	DSE	CALL SIGN		

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# RCN TELECOM SERVICES OF PHILADELPHIA INC 061497									
E	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	- SUBSCR	BER GROUP			
	FIRST	SUBSCRIBER GROU	Р		SECOND	SUBSCRIBER GROU	JP	•	
COMMUNITY/ AREA	Philade	Iphia		COMMUNITY/ AREA			0	9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
								and	
								Syndicated	
								Exclusivity	
								Surcharge	
								for	
								Partially	
								Distant	
								Stations	
					••••				
Total DSEs		ł	0.00	Total DSEs	_		0.00		
Gross Receipts First Group \$ 2,087,390.73			390.73	Gross Receipts Seco	nd Group	\$	0.00		
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00		
	THIRD	SUBSCRIBER GROU	Р		FOURTH	SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
					••••				
						 			
	·								
Total DSEs			0.00	Total DSEs	4		0.00		
Gross Receipts Third G	roup	s	0.00	Gross Receipts Fourt	h Group	\$	0.00		
	-r	<u>.</u>			P				
Base Rate Fee Third Group \$ 0.00		Base Rate Fee Fourt	h Group	\$	0.00				
Base Rate Fee: Add the Enter here and in block			ber group a	as shown in the boxes a	bove.	\$	0.00		
	5, iii e 1, S	ace L (page /)				Ψ	0.00		

LEGAL NAME OF OWNER RCN TELECOM SE			A INC			S	061497	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
	FIFTH	SUBSCRIBER GROU	P		SIXTH	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First Gro	pup	\$	0.00	Base Rate Fee Secor	nd Group	\$	0.00	
S	SEVENTH	SUBSCRIBER GROU	P		EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							••••	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	h Group	\$	0.00	
		.						
Base Rate Fee: Add the Enter here and in block 3			ber group a	as shown in the boxes al	bove.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# RCN TELECOM SERVICES OF PHILADELPHIA INC 061497									
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP			
	NINTH	SUBSCRIBER GROU	Р		TENTH	SUBSCRIBER GROU	IP	0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
								Base Rate Fee	
								and	
								Syndicated	
								Exclusivity	
								Surcharge for	
								Partially	
								Distant	
								Stations	
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00		
Base Rate Fee First Gro	pup	\$	0.00	Base Rate Fee Secor	nd Group	\$	0.00		
EL	EVENTH	SUBSCRIBER GROU	Р		TWELVTH	SUBSCRIBER GROU	IP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
]]			
						+			
						•			
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00		
]		
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00		
Base Rate Fee: Add the	hase rate	foos for each subscri	ber group r	as shown in the hoves of	hove				
Enter here and in block (ser group a			\$			

LEGAL NAME OF OWNER RCN TELECOM SE			IA INC			S	YSTEM ID# 061497	Name
B	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
THIF	RTEENTH	SUBSCRIBER GROU	Р	FOL	JRTEENTH	SUBSCRIBER GROU	Р	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
CALL SIGN	DGL	CALL SIGN	DGL	CALL SIGN	DGL	CALL SIGN	DGL	Base Rate Fee
								and
								Syndicated
								Exclusivity
							••••	
							••••	Surcharge
						+	••••	for Partially
								Distant
								Stations
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Second	d Group	\$	0.00	
FI	TEENTH	SUBSCRIBER GROU	Р	s	SIXTEENTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							····	
							····	
	······				••••••••••••••••••••••••••••••••••••••	•	····	
						+	••••	
					•			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
	- ~٣	· ·			2. 24p	<u>·</u>		
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			ber group a	as shown in the boxes ab	ove.	\$		
	o, inic 1, o	Lave L (page 1)				v		

LEGAL NAME OF OWNER RCN TELECOM SE			IA INC			S	YSTEM ID# 061497	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
SEVEN	ITEENTH	SUBSCRIBER GROU	Р	EIG	GHTEENTH	SUBSCRIBER GROUI	P	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
CALL SIGN	DSL	CALL SIGN	DGL	CALL SIGN	DGL	CALL SIGN	DOL	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	d Group	\$	0.00	
Base Bate Fac First Cr			0.00	Base Data Fae Second	d Craun		0.00	
Base Rate Fee First Gro	-		0.00	Base Rate Fee Second			0.00	
	ILEENIH	SUBSCRIBER GROU			WENTIETH	SUBSCRIBER GROUI		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					•	+		
						-		
					. .			
Total DSEs			0.00	Total DSEs			0.00	
					_			
Gross Receipts Third Gr	oup	<u>\$</u>	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Page Pate Fact Add th	hace	food for each	hor cro	a abour is the base	01/0			
Base Rate Fee: Add the Enter here and in block 3			uer group a	as shown in the doxes ad	ove.	\$		

LEGAL NAME OF OWNEF			IA INC			S	YSTEM ID# 061497	Name
B	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
TWEN	TY-FIRST	SUBSCRIBER GROU	P	TWENT	Y-SECOND	SUBSCRIBER GROU	P	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
CALL SIGN	DGL	CALL SIGN	DGL	CALL SIGN	DGL	CALL SIGN	DGL	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	d Group	\$	0.00	
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Second	d Group	\$	0.00	
TWEN	TY-THIRD	SUBSCRIBER GROU	P	TWENT	Y-FOURTH	SUBSCRIBER GROU	P	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				и				
Base Rate Fee: Add the Enter here and in block			ber group a	as shown in the boxes ab	ove.	\$		
		. = /						

LEGAL NAME OF OWNEF			IA INC			S	YSTEM ID# 061497	Name
B	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
TWEN	TY-FIFTH	SUBSCRIBER GROU	Р	TWE	NTY-SIXTH	SUBSCRIBER GROU	Р	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
CALL SIGN	DGL	CALL SIGN	DGL	CALL SIGN	DGL	CALL SIGN	DGL	Base Rate Fee
								and
								Syndicated
								Exclusivity
							·····	Surcharge
							····	for
							····	Partially
								Distant
							····	Stations
							····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
TWENTY-S	SEVENTH	SUBSCRIBER GROU	P	TWEN	TY-EIGHTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							····	
					•		····	
							····	
						+	····	
						+	····	
						+	····	
							····	
						•		
Total DSEs			0.00	Total DSEs			0.00	
		·			_			
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			ber group a	as shown in the boxes ab	ove.	\$		
	., ., .,							

LEGAL NAME OF OWNER RCN TELECOM SE			IA INC			S	YSTEM ID# 061497	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
TWENT	Y-NINTH	SUBSCRIBER GROU	Р		THIRTIETH	SUBSCRIBER GROU	Р	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	DOL		DOL		DOL		DOL	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	d Group	\$	0.00	
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Second	d Group	\$	0.00	
THIR	TY-FIRST	SUBSCRIBER GROU	Р	THIRT	Y-SECOND	SUBSCRIBER GROU	P	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						+		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				as shown in the boxes ab				

LEGAL NAME OF OWNER RCN TELECOM SE			IA INC			S	YSTEM ID# 061497	Name
B	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	ISUBSCR	IBER GROUP		
THIR	TY-THIRD	SUBSCRIBER GROU	P	THIR	TY-FOURTH	I SUBSCRIBER GROU	IP	~
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
CALL SIGN	DGL	CALL SIGN	DOL	CALL SIGN	DGL	CALL SIGN	DGL	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
						•	•••••	for
								Partially
								Distant
								Stations
						•		Stations
						•		
						•		
							·····	
							·····	
							·····	
						1		
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 Secon	nd Group	\$	0.00	
THIR	TY-FIFTH	SUBSCRIBER GROU	Р	ТН	IRTY-SIXTH	I SUBSCRIBER GROU	P	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						•		
						•		
						•		
						•		
						•		
							·····	
							·····	
						•		
							·····	
						•		
							·····	
						+++		
						•		
						•		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	oup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			ber group a	as shown in the boxes a	bove.	\$		
	, 1							

LEGAL NAME OF OWNER RCN TELECOM SE			IA INC			S	YSTEM ID# 061497	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
THIRTY-S	SEVENTH	SUBSCRIBER GROU	P	THIR	TY-EIGHTH	SUBSCRIBER GROU	P	~
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
CALL SIGN	DGL	CALL SIGN	DGL	CALL SIGN	DGL		DOL	Base Rate Fee
								and
						+		Syndicated
								Exclusivity
						+		Surcharge
								for
								Partially
						+		Distant
								Stations
								otations
			0.00			<u>]</u>]	0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
THIRT	Y-NINTH	SUBSCRIBER GROU	Р		FORTIETH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<mark></mark>		<mark></mark>	
					•	+		
					•			
						+		
						•		
Total DSEs			0.00	Total DSEs		· · ·	0.00	
Gross Receipts Third 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			ber group a	as shown in the boxes ab	ove.	¢		
Enter here and in block 3	5, iii ie 1, si	bace L (page /)				\$		

LEGAL NAME OF OWNER RCN TELECOM SE			IA INC			ę	6YSTEM ID# 061497	Name
В	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCR	IBER GROUP		
FOR	TY-FIRST	SUBSCRIBER GROU	Р	FOR	TY-SECOND	SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DGE	CALL SIGN	DSE		DGE	CALL SIGN	DSE	Base Rate Fee
								and
								Syndicated
						•		Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
						•		
Total DSEs	ļļ	Ц	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	
FOR	ry-third	SUBSCRIBER GROU	Р	FOR	TY-FOURTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						•	·····	
							·····	
					•••••	•	•••••	
						•		
						·[]		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	oup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
					-			
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			ber group a	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWNER RCN TELECOM SE			IA INC			S	YSTEM ID# 061497	Name
B	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
FOR	TY-FIFTH	SUBSCRIBER GROU	P	FO	RTY-SIXTH	I SUBSCRIBER GROU	P	~
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
CALL SIGN	DGL	CALL SIGN	DOL	CALL SIGN	DGL	CALL SIGN	DGL	Base Rate Fee
						•		and
								Syndicated
								Exclusivity
						•	····	Surcharge
						•		for
						•		Partially
							····	Distant
						•		Stations
							····	
						•		
Total DSEs		ł	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	
FORTY-S	SEVENTH	SUBSCRIBER GROU	Р	FOR	TY-EIGHTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						•		
						•		
						•		
						•		
	ļ							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	oup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			ber group a	as shown in the boxes at	oove.	\$		
	o, inio 1, op	200 E (page /)				*		

LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#RCN TELECOM SERVICES OF PHILADELPHIA INC061497									
B	LOCK A:		BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP			
FOR	TY-NINTH	SUBSCRIBER GROU	Р		FIFTIETH	SUBSCRIBER GROU	IP	0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
								Base Rate Fee	
								and	
								Syndicated	
								Exclusivity	
								Surcharge for	
								Partially	
				•				Distant	
								Stations	
Tatal DSCa	<u> </u>		0.00	Tatal DSEa	4	11	0.00		
Total DSEs				Total DSEs					
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00		
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00		
FIF	TY-FIRST	SUBSCRIBER GROU	P	FIFT	Y-SECOND	SUBSCRIBER GROU	IP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
						+			
					<mark></mark>				
Total DSEs			0.00	Total DSEs			0.00		
		•	0.00		Crown		0.00		
Gross Receipts Third G	oup	<u>\$</u>	0.00	Gross Receipts Fourth	Group	\$	0.00		
Base Rate Fee Third G	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00		
Base Rate Fee: Add the Enter here and in block			ber group a	as shown in the boxes ab	ove.	\$			

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# RCN TELECOM SERVICES OF PHILADELPHIA INC 061497										
B	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP				
FIF	ry-third	SUBSCRIBER GROU	Р	FIFT	Y-FOURTH	SUBSCRIBER GROU	Р	•		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
CALL SIGN	DOL		DOL		DOL		DOL	Base Rate Fee		
								and		
								Syndicated		
								Exclusivity		
						-		Surcharge		
						-		for		
								Partially		
								Distant		
								Stations		
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00			
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00			
FIF	TY-FIFTH	SUBSCRIBER GROU	P	FI	IFTY-SIXTH	SUBSCRIBER GROU	P			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
						+				
						•				
						-				
							<mark></mark>			
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	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00			
Base Rate Fee: Add the Enter here and in block			ber group a	as shown in the boxes ab	oove.	\$				

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# RCN TELECOM SERVICES OF PHILADELPHIA INC 061497										
B	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP				
FIFTY-S	SEVENTH	SUBSCRIBER GROU	Р	FIF	TY-EIGHTH	SUBSCRIBER GROU	Р	-		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
CALL SIGN	DGL	CALL SIGN	DGL	CALL SIGN	DGL	CALL SIGN	DGL	Base Rate Fee		
								and		
						+		Syndicated		
						+		Exclusivity		
						+		Surcharge		
						+	•••••	for		
						+		Partially		
						+		Distant		
							•••••	Stations		
							•••••	Stations		
						+				
						+				
							····			
							·····			
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00			
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00			
FIF		SUBSCRIBER GROU	Þ		SIXTIETH	SUBSCRIBER GROU	D			
COMMUNITY/ AREA		SOBSCINELY GIVED	0	COMMUNITY/ AREA	SIXTILITI	SUBSCRIBER GROU	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 G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00			
Base Rate Fee: Add the Enter here and in block			ber group a	as shown in the boxes ab	oove.	\$				

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# RCN TELECOM SERVICES OF PHILADELPHIA INC 061497										
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP				
SIX	TY-FIRST	SUBSCRIBER GROU	P	SIXT	Y-SECOND	SUBSCRIBER GROU	P	~		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
CALL SIGN	DGL	CALL SIGN	DGL	CALL SIGN	DGL	CALL SIGN	DOL	Base Rate Fee		
								and		
								Syndicated		
								Exclusivity		
								Surcharge		
								for		
								Partially		
								Distant		
						+		Stations		
								••••••		
						•				
						•				
Total DSEs		ł	0.00	Total DSEs	-	++	0.00			
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00			
							T			
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00			
SIX	Y-THIRD	SUBSCRIBER GROU	Р	SIXT	Y-FOURTH	SUBSCRIBER GROU	P			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third G	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			ber group a	as shown in the boxes ab	ove.	\$				
	,o i, o	Loo L (page /)				-				

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# RCN TELECOM SERVICES OF PHILADELPHIA INC 061497										
B	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	BER GROUP				
SIX	TY-FIFTH	SUBSCRIBER GROU	P	SI	XTY-SIXTH	SUBSCRIBER GROU	P	~		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
	DOL		DOL		DOL		DOL	Base Rate Fee		
								and		
								Syndicated		
								Exclusivity		
								Surcharge		
								for		
								Partially		
								Distant		
								Stations		
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00			
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00			
SIXTY-S	SEVENTH	SUBSCRIBER GROU	P	SIX	TY-EIGHTH	SUBSCRIBER GROU	Р			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
						+				
						L				
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third G	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00			
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00			
Base Rate Fee: Add the Enter here and in block			ber group a	as shown in the boxes ab	oove.	\$				
L										

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# RCN TELECOM SERVICES OF PHILADELPHIA INC 061497										
B	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP				
SIX	Y-NINTH	SUBSCRIBER GROU	Р	SE	VENTIETH	SUBSCRIBER GROU	Р	•		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
CALL SIGN	DGL	CALL SIGN	DGL	CALL SIGN	DGL	CALL SIGN	DGL	Base Rate Fee		
						+		and		
					•	+		Syndicated		
					•			Exclusivity		
						+				
						+		Surcharge		
						+		for Partially		
					•			Distant		
							·····	Stations		
							·····	Stations		
							····			
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00			
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00			
SEVEN	TY-FIRST	SUBSCRIBER GROU	Р	SEVENT	Y-SECOND	SUBSCRIBER GROU	P			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
					•					
					•	+				
						+				
						+				
						+				
						+				
					.		••••			
					•	+				
	·				•		····			
					•					
					.	H	••••			
					•					
					.		••••			
					•					
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third G	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00			
	242		5.00		Joup	<u>~</u>	0.00			
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00			
<u> </u>				11						
Base Bate Ener Add the	haen rote	for each subceri	her group a	as shown in the boxes ab	0\/8					
Enter here and in block			bei group a	as shown in the doxes ad	ove.	\$				
	_,,,,,,					·				

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# RCN TELECOM SERVICES OF PHILADELPHIA INC 061497										
B	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCR	IBER GROUP				
SEVEN	ry-third	SUBSCRIBER GROU	Р	SEVEN	TY-FOURTH	I SUBSCRIBER GROU	IP	•		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
CALL SIGN	DGL	CALL SIGN	DOL	CALL SIGN	DGL	CALL SIGN	DGL	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 Secor	nd Group	\$	0.00			
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secor	nd Group	\$	0.00			
SEVEN	TY-FIFTH	SUBSCRIBER GROU	Р	SEVE	ENTY-SIXTH	I SUBSCRIBER GROU	IP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
						•				
						•				
							·····			
						•				
							····			
							····			
						+++				
	+						····			
	·					+				
	+					•				
	+						····			
Total DSEs	1		0.00	Total DSEs		11	0.00			
						•				
Gross Receipts Third G	oup	<u>\$</u>	0.00	Gross Receipts Fourth	n Group	\$	0.00			
Base Rate Fee Third G	oup	\$	0.00	Base Rate Fee Fourth	h Group	\$	0.00			
Base Rate Fee: Add the Enter here and in block			ber group a	as shown in the boxes al	bove.	\$				
						L	1			

LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#RCN TELECOM SERVICES OF PHILADELPHIA INC061497								
B	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
SEVENTY-S	SEVENTH	SUBSCRIBER GROU	Р	SEVEN	TY-EIGHTH	I SUBSCRIBER GROU	IP	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
ONEL OION	DOL	ONLE OIGH	DOL	ONLE OIGH	DOL	ONLE OIGH	DOL	Base Rate Fee
								and
						•		Syndicated
						•		Exclusivity
							····	Surcharge
								for
								Partially
							····	Distant
								Stations
								otations
						•	·····	
						•	·····	
							·····	
							·····	
	ļ					ļļ		
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	
SEVEN		SUBSCRIBER GROU	Þ		EIGHTIETH	I SUBSCRIBER GROU	D	
COMMUNITY/ AREA	<u></u>		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							·····	
							·····	
							····-	
							····	
							····	
							····-	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G		¢	0.00	Gross Receipts Fourth	Group	¢	0.00	
	Jup	<u>\$</u>	0.00		, oronh	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
				11				
Deep Data Fact A 111		face for h h h	hor					
Base Rate Fee: Add the Enter here and in block			per group a	as snown in the boxes at	bove.	\$		
	o, iii o i, o					*		

LEGAL NAME OF OWNER RCN TELECOM SE			A INC			S	6YSTEM ID# 061497	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCR	IBER GROUP		
EIGH	TY-FIRST	SUBSCRIBER GROU	Р	EIGH	TY-SECOND	SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
	Der		Dec				DOE	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
								otationo
						•		
						•		
						1		
Total DSEs		ł	0.00	Total DSEs	_	44	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 Second	nd Group	\$	0.00	
EIGH	ry-third	SUBSCRIBER GROU	Р	EIGH	TY-FOURTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						•	·····	
					••••	•		
					••••		·····	
	·				••••	***		
						1		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	oup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
]	
Base Rate Fee Third G	oup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the			ber group a	as shown in the boxes a	bove.			
Enter here and in block	5, iirie 1, s	bace L (page /)				\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# RCN TELECOM SERVICES OF PHILADELPHIA INC 061497										
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP				
EIGH	TY-FIFTH	SUBSCRIBER GROU	Р	EIGI	HTY-SIXTH	SUBSCRIBER GROU	Р	•		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
CALL SIGN	DGL	CALL SIGN	DGL	CALL SIGN	DGL	CALL SIGN	DGL	Base Rate Fee		
								and		
								Syndicated		
					•			Exclusivity		
						+				
								Surcharge		
								for Partially		
					•			Distant		
							·····	Stations		
							·····	Stations		
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00			
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00			
			D				D			
	EVENTH	SUBSCRIBER GROU	P 0		I Y-EIGHTH	SUBSCRIBER GROU	P 0			
COMMUNITY/ AREA			v	COMMUNITY/ AREA						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
					•					
					•					
						+				
					•					
					·					
					·		····			
					.		••••			
					•		····			
					•					
					.					
					.					
						•				
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00			
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00			
				и						
			ber group a	as shown in the boxes ab	ove.					
Enter here and in block 3	3, line 1, sp	bace L (page 7)				\$				

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# RCN TELECOM SERVICES OF PHILADELPHIA INC 061497										
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP				
EIGHT	Y-NINTH	SUBSCRIBER GROU	P		NINTIETH	I SUBSCRIBER GROU	P	~		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
CALL SIGN	DGL	CALL SIGN	DOL	CALL SIGN	DGL	CALL SIGN	DGL	Base Rate Fee		
						•		and		
								Syndicated		
								Exclusivity		
						•		Surcharge		
						•	•••••	for		
								Partially		
						•		Distant		
							····	Stations		
							····	Stations		
							····			
	·····				••• • ••••••	+				
							·····			
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00			
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secor	nd Group	\$	0.00			
		SUBSCRIBER GROU	D	NINET		SUBSCRIBER GROU	D			
COMMUNITY/ AREA		SUBSCRIBER GROU	P 0	COMMUNITY/ AREA	Y-SECONL	SUBSCRIBER GROU	P 0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
						<u> </u>				
						<u> </u>				
						<u>.</u>				
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00			
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00			
				11						
Base Rate Fee: Add the			ber group a	as shown in the boxes al	bove.					
Enter here and in block :	3, line 1, sp	bace L (page 7)				\$				

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# RCN TELECOM SERVICES OF PHILADELPHIA INC 061497										
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	BER GROUP				
NINET	Y-THIRD	SUBSCRIBER GROU	P	NINE	TY-FOURTH	I SUBSCRIBER GROU	P	~		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
CALL SIGN	DGL	CALL SIGN	DOL	CALL SIGN	DGL	CALL SIGN	DGL	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 Secor	nd Group	\$	0.00			
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secor	nd Group	\$	0.00			
NINE	TY_FIFTH	SUBSCRIBER GROU	P	NIIN		I SUBSCRIBER GROU	P			
COMMUNITY/ AREA			0	COMMUNITY/ AREA		SUBSCRIBER GROU	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
						•				
						+				
	ļ									
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00			
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00			
Bass Data Frank Add II		for a state such as	h or ar		have					
Base Rate Fee: Add the Enter here and in block 3			bei group a	as shown in the doxes a	DOVE.	\$				

LEGAL NAME OF OWNER RCN TELECOM SE			IA INC			S	YSTEM ID# 061497	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
NINETY-S	SEVENTH	SUBSCRIBER GROU	Р	NINE	TY-EIGHTH	SUBSCRIBER GROU	Р	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
CALL SIGN	DGL	CALL SIGN	DGL	CALL SIGN	DGL	CALL SIGN	DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
							····	
								Surcharge
							····	for
							····	Partially
								Distant
								Stations
							····	
							····	
							<mark></mark>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
NINET	Y-NINTH	SUBSCRIBER GROU	Р	ONE HU	INDREDTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						+	<mark></mark>	
					•			
						+		
						+	···	
					•			
					•			
Total DSEs			0.00	Total DSEs			0.00	
					Crown	*		
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	
			ber group a	as shown in the boxes ab	ove.			
Enter here and in block 3	3, iine 1, si	bace L (page /)				\$		

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNE			IIA INC			S	O61497	Name
	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDF	RED FIRST	SUBSCRIBER GROU	JP	ONE HUNDR	RED SECOND	SUBSCRIBER GROU	IP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
						•		Exclusivity
	•••					•		Surcharge for
	•••							Partially
								Distant
								Stations
						•		
	•••					•		
	•••							
Total DSEs		H	0.00	Total DSEs	ł	11	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDR	ED THIRD	SUBSCRIBER GROU	JP	ONE HUNDF	RED FOURTH	I SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						•		
						•••		
	•••							
	•••							
Total DSEs			0.00	Total DSEs	·		0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
							i	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
	_							
Base Rate Fee: Add the Enter here and in block			iber group a	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# RCN TELECOM SERVICES OF PHILADELPHIA INC 061497								
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	BER GROUP		
ONE HUNDRI	ED FIFTH	SUBSCRIBER GROU	P	ONE HUND	RED SIXTH	I SUBSCRIBER GROU	JP	^
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	201		201		201			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 Secor	nd Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secor	nd Group	\$	0.00	
ONE HUNDRED S	SEVENTH	SUBSCRIBER GROU	P	ONE HUNDR	ED EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						•		
						•		
						·		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	roup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the			ber group a	as shown in the boxes al	bove.			
Enter here and in block 3	ວ, iine 1, sp	bace L (page /)				\$		

LEGAL NAME OF OWNER RCN TELECOM SE			A INC			S	061497	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
ONE HUNDRE	D NINTH	SUBSCRIBER GROU	Р	ONE HUND	RED TENTH	I SUBSCRIBER GROL	JP	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	DOL	CALL SIGN	DOL	CALL SIGN	DOL		DOL	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 Secor	nd Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secor	nd Group	\$	0.00	
ONE HUNDRED EL	EVENTH	SUBSCRIBER GROU	Р	ONE HUNDRED	D TWELVTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						•		
						+	••••	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			ber group a	as shown in the boxes al	bove.	\$		

LEGAL NAME OF OWNER RCN TELECOM SE			IA INC			S	YSTEM ID# 061497	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED THIF	TEENTH	SUBSCRIBER GROU	Р	ONE HUNDRED FOU	JRTEENTH	SUBSCRIBER GROUP	>	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	DOL		DOL	UALL DIGIN	DOL	CALL DIGIN	DOL	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	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED FIF	TEENTH	SUBSCRIBER GROU	Р	ONE HUNDRED S	IXTEENTH	SUBSCRIBER GROUP	þ	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					•			
						+		
					<mark>.</mark>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	<u>\$</u>	0.00	Gross Receipts Fourth	Group	<u>\$</u>	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Peee Pete Fee Aller	hace	food for and the second	h a r	a abours in the low of				
Enter here and in block 3			ber group a	as shown in the boxes ab	ove.	\$		

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNE RCN TELECOM SE			IA INC	_		5	641497 O61497	Name
I	BLOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EAC	HSUBSCR	BER GROUP		
	ENTEENTH	SUBSCRIBER GROUP		11		I SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computatior
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
							·····	Syndicated
								Exclusivity Surcharge
								for
						1		Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED N	INTEENTH	SUBSCRIBER GROU	Р	ONE HUNDRED	TWENTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						+		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
	-	L			•	L.		
Base Rate Fee: Add th			ber group a	as shown in the boxes a	above.			
Enter here and in block	3, line 1, s	pace L (page 7)				\$		

Nonpermitted 3.75 Stations

LEGAL NAME OF OWN			IIA INC			S	061497	Name
	BLOCK A:		BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED TW	ENTY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED TWE	ENTY-SECOND	SUBSCRIBER GROUP		•
COMMUNITY/ AREA			0	COMMUNITY/ AREA	۹		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
			.					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First (-	\$	0.00	Base Rate Fee Seco		\$	0.00	
	ENTY-THIRD	SUBSCRIBER GROUP	0			I SUBSCRIBER GROUP	0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	•			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						+		
Total DSEs	_		0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	rtn Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			iber group a	as shown in the boxes	above.	\$		

Nonpermitted 3.75 Stations

RCN TELECOM SERVICES OF PHILADELPHIA INC	061497	Name
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP		
ONE HUNDRED TWENTY-FIFTH SUBSCRIBER GROUP ONE HUNDRED TWENTY-SIXTH SUBSCRIBER GROUP		•
COMMUNITY/ AREA 0 COMMUNITY/ AREA	0	9 Computation
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN	DSE	of
		Base Rate Fee
		and
		Syndicated
		Exclusivity
		Surcharge for
		Partially
		Distant
		Stations
Total DSEs 0.00 Total DSEs	0.00	
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$	0.00	
Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$	0.00	
ONE HUNDRED TWENTY-SEVENTH SUBSCRIBER GROUP ONE HUNDRED TWENTY-EIGHTH SUBSCRIBER GROUP		
COMMUNITY/ AREA 0 COMMUNITY/ AREA	0	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN	DSE	
Total DSEs Total DSEs	0.00	
Gross Receipts Third Group	0.00	
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$	0.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)		

LEGAL NAME OF OWNER RCN TELECOM SE			IA INC			S	061497	Name
B	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED TWEN	ITY-NINTH	SUBSCRIBER GROUP		ONE HUNDRED	THIRTIETH	SUBSCRIBER GROUP		•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate 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	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED THIE	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	
					.		<mark></mark>	
Total DSEs	11		0.00	Total DSEs			0.00	
Gross Receipts Third G	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
					-			
Base Rate Fee Third G	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			ber group a	as shown in the boxes abo	ove.	\$		
	· 1							

Nonpermitted 3.75 Stations

LEGAL NAME OF OWN			IIA INC			S	6497 O61497	Name
	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
	IRTY-THIRD	SUBSCRIBER GROUP		11		I SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated Exclusivity
			·				·····	Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
			·					
						ļļ		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED TH	IRTY-FIFTH	SUBSCRIBER GROU	JP	ONE HUNDRED T	HIRTY-SIXTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
				и				
Base Rate Fee: Add t Enter here and in bloc			iber group a	as shown in the boxes	above.	\$		
1								

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNE RCN TELECOM SE						5	641497 O61497	Name
E	BLOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCR	BER GROUP		
ONE HUNDRED THIRTY	-SEVENTH	SUBSCRIBER GROUP				I SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	3 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
							<mark></mark>	and
								Syndicated Exclusivity
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
						+		
							·····	
	<u> </u>	Ц	0.00]]	0.00	
Total DSEs			0.00	Total DSEs				
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED THIR	TY-NINTH	SUBSCRIBER GROU	Ρ	ONE HUNDRE	D FORTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							·····	
							·····	
							·····	
Total DSEs			0.00	Total DSEs		11	0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
]					
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			iber group a	as shown in the boxes a	above.	\$		
	.,, 9					•		

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER RCN TELECOM SE						S	VSTEM ID# 061497	Name
			BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED FOR	RTY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED FOR	RTY-SECOND	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
O/ LE OIOIN	DOL	ONLE OIGH	DOL	O/LEE OIOIN	DOL	O/ LE OIOIN	DOL	Base Rate Fee
								and
								Syndicated
						-		Exclusivity
								Surcharge
								for Dentially
								Partially Distant
								Stations
								••••••
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secor	nd Group	\$	0.00	
ONE HUNDRED FOR	RTY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED FOR	RTY-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
					••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third 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	
Base Rate Fee: Add the Enter here and in block			ber group a	as snown in the boxes al	DOVE.	\$		

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNEF RCN TELECOM SE						S	061497	Name
В	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	I SUBSCRI	BER GROUP		
ONE HUNDRED FOR	RTY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED F	ORTY-SIXTH	SUBSCRIBER GROUP		•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
						-		Syndicated
								Exclusivity
								Surcharge
								for
								Partially
							•••••	Distant Stations
								otations
							•••••	
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 Second	nd Group	\$	0.00	
ONE HUNDRED FORTY	-SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED FC	RTY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-			••••	
						+	····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fourth Group \$		0.00			
Base Rate Fee: Add the Enter here and in block			ber group a	as shown in the boxes a	bove.	\$		

LEGAL NAME OF OWNER RCN TELECOM SE			IA INC			S	YSTEM ID# 061497	Name
В	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED FORT	Y-NINTH	SUBSCRIBER GROU	Р	ONE HUNDRED	D FIFTIETH	SUBSCRIBER GROU	Р	•
COMMUNITY/ AREA 0			COMMUNITY/ AREA 0				9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	DOL		DOL		DOL		DOL	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	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED FIF	TY-FIRST	SUBSCRIBER GROU	Р	ONE HUNDRED FIFT	Y-SECOND	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					•	+		
					. .		<mark></mark>	
Total DSEs 0.00			Total DSEs			0.00		
Gross Receipts Third Gr	oup	<u>\$</u>	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fourth	Group	\$	0.00	
Page Pate Fact Add th	hace	food for each	bor cross-	a abour is the base	01/0			
Enter here and in block 3			bei group a	as shown in the boxes ab	UVE.	\$		

LEGAL NAME OF OWNER RCN TELECOM SE			IA INC			S	YSTEM ID# 061497	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED FIFT	Y-THIRD	SUBSCRIBER GROU	Р	ONE HUNDRED FIFT	Y-FOURTH	SUBSCRIBER GROU	Р	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0	9		
CALL SIGN			DSE		Dee		DSE	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	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED FIF	TY-FIFTH	SUBSCRIBER GROU	Р	ONE HUNDRED FI	FTY-SIXTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					.			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth Group \$		0.00		
				11				
			ber group a	as shown in the boxes ab	ove.			
Enter here and in block 3	3, line 1, sp	bace L (page 7)				\$		

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER RCN TELECOM SE						٤	6YSTEM ID# 061497	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED FIFTY-	SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED FIF	TY-EIGHTH	SUBSCRIBER GROUP		•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate 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	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
		SUBSCRIBER GROU	D			SUBSCRIBER GROU	ID	
COMMUNITY/ AREA			0	COMMUNITY/ AREA		SOBSCRIBER GROU	0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
							·····	
							·····	
					•		·····	
					•		·····	
					•		·····	
					•		·····	
					•		·····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipte Third C	000	¢	0.00	Gross Receipts Fourth	Group	¢	0.00	
Gross Receipts Third G	oup	\$	0.00	Gross Receipts Fourth	Group	<u>\$</u>	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			ber group a	as shown in the boxes ab	ove.	\$		
	. , -							

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA3E. PAGE 2 SYSTEM ID SYSTEM ID							
Name	RCN TELECOM SERVICES OF PHILADELPHIA INC	06149							
	BLOCK B: COMPUTATION OF SYNDICATED E>	XCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP							
9		et and the station is not exempt in Part 7, you must also compute a ion market any portion of your cable system is located in as defined							
Computation of	First 50 major television market	Second 50 major television market							
ase Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	 INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. 								
	FIRST SUBSCRIBER GROUP	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	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	subject to the surcharge							
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY 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 Econyr Doct :	Line 2: Einer the Exempt DOES. 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	computation							
	SURCHARGE Third Group	SURCHARGE Fourth Group \$							
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge in the boxes above. Enter here and in block 4, line 2 of space L								