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

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
2-22-23	\$ ALLOCATION NUMBER

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	AC	COUNTING PERIOD COVERED BY THIS STATEMENT:				
Accounting Period		2022/2				
B	rate	Give the full legal name of the owner of the cable system. If the owner is a title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busines If there were different owners during the accounting period, only the owner ngle statement of account and royalty fee payment covering the entire account. Check here if this is the system's first filing. If not, enter the system's ID regarded to the conduction of the c	s of the cable system on the last day of the unting period.	m. e accounting period should su		7758
		MASSILLON CABLE TV INC				
					7758	32022/2
					7758	2022/2
		PO BOX 1000 MASSILLON OH 44648-1000				
С		TRUCTIONS: In line 1, give any business or trade names used to idnes already appear in space B. In line 2, give the mailing address of	,			
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	nunity served below and rel	ist on page	: 1b
Area Served	wit	all communities.	OTATE			
First			STATE OH			
Community	E P	elow is a sample for reporting communities if you report multiple cha		pace G.		
		CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	GRP#
Sample	Ald	a	MD	Α		1
Campio	Alli	ance	MD	В		2
	Gei	ing	MD	В		3

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 7758 **MASSILLON CABLE TV INC** Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The first community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN STATE CH LINE UP SUB GRP# **MASSILLON** STARK COUNTY OH **First** STARK COUNTY OH NAVARRE Community OH **CANAL FULTON** STARK COUNTY LAWRENCE TWP STARK COUNTY OH OH **BREWSTER** STARK COUNTY **PERRY TWP** STARK COUNTY OH See instructions for **BETHLEHEM TWP** STARK COUNTY ОН additional information on alphabetization. SUGAR CREEK TWP OH STARK COUNTY **CITY OF GREEN** OH SUMMIT COUNTY **BAUGHMAN TWP** OH WAYNE COUNTY **PAINT TWP WAYNE COUNTY** OH Add rows as necessary. **SUGAR CREEK TWP WAYNE COUNTY** OH ОН JACKSON TWP STARK COUNTY **TUSCARAWAS TWP** STARK COUNTY OH **NEW FRANKLIN SUMMIT COUNTY** OH **SALT CREEK TWP** OH HOLMES COUNTY OH **WAYNE TWP TUSCARAWAS COUNTY FRANKLIN TWP TUSCARAWAS COUNTY** OH **PIKE TWP** STARK COUNTY OH **PAINT TWP HOLMES COUNTY** OH

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

MASSILLON CABLE TV INC

SYSTEM ID#

7758

Ε

Secondary

= In G

Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1		BLOCK 2			
CATEGORY OF SERVICE	NO. OF	RATE	CATECORY OF SERVICE	NO. OF	RATE	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	KATE	
Residential:						
 Service to first set 	14,509	\$ 52.95				
 Service to additional set(s) 						
 FM radio (if separate rate) 						
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						
		*		†		

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

	BLOCK 2						
CATEGORY OF SERVICE		RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	Ξ	RATE
Continuing Services:			Installation: Non-residential				
Pay cable	\$	15.50	Motel, hotel		HD ESSENTIALS	\$	7.95
 Pay cable—add'l channel 	\$ 73.00 • Commercial			НВО	\$	22.15	
Fire protection		••••••	Pay cable		CINEMAX	\$	15.15
Burglar protection			Pay cable-add'l channel		SHOWTIME	\$	20.15
Installation: Residential		••••••	Fire protection		STARZ	\$	15.50
First set			Burglar protection				
Additional set(s)		••••••	Other services:				
• FM radio (if separate rate)			Reconnect				
Converter		••••••	Disconnect				
			Outlet relocation				
			Move to new address				

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **MASSILLON CABLE TV INC** 7758 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 2 B'CAST 3 TYPE 4 DISTANT? 5 BASIS OF 6 LOCATION OF STATION SIGN CHANNEL OF (Yes or No) **CARRIAGE** STATION **NUMBER** (If Distant) **WNEO** 45.1 Ε No **CLEVELAND-AKRON-YOUNGS FUSION CLEVELAND-AKRON-YOUNGS** 45.2 E-M No See instructions for additional information MHzWorldview #N/A #N/A No #N/A on alphabetization. **WBNX** N No 55.1 AKRON **Happy Channel** #N/A #N/A No #N/A Movies! 55.3 N-M No AKRON Heroes & Icons #N/A #N/A No #N/A **WVPX** 23.1 N No **AKRON QUBO** #N/A #N/A No #N/A Start TV N-M **AKRON** 55.5 No **WKYC** No **CLEVELAND** 3.1 Ν **Justice Network** #N/A #N/A No #N/A Cozi 3.3 N-M No **CLEVELAND WEWS CLEVELAND** 5.1 Ν No **Grit TV** 5.2 No N-M **CLEVELAND** LAFF TV 5.3 N-M No **CLEVELAND** WJW 8.1 N No **CLEVELAND** 8.2 N-M **CLEVELAND** Antenna TV No

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 7758 **MASSILLON CABLE TV INC** PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AB	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WVIZ	25.1	Е	No		CLEVELAND
Ohio Channel	25.2	E-M	No		CLEVELAND
PBS World	25.3	E-M	No		CLEVELAND
Create	25.4	E-M	No		CLEVELAND
PBS Kids	25.5	E-M	No		CLEVELAND
WOIO	19.1	N	No		SHAKER HEIGHTS
Me TV	19.2	N-M	No		SHAKER HEIGHTS
WUAB	43.1	N	No		LORAIN
Bounce	43.2	N-M	No		LORAIN
WDLI	17.1	ı	No		CANTON
_					
Quest	3.4	N-M			CLEVELAND
Decades	#N/A	#N/A			#N/A
Circle	43.3	N-M			LORAIN
WIVM	13.1	I	No		CANTON
ThisTV	13.2	I-M	No		CANTON
Light	13.3	I-M	No		CANTON
WRLM HD	47.1	I	No		CANTON

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream 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"	FORM SA3E. PAGE					eve	TEM ID#	
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Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the			nnel line-ups, ı	use a separate s	pace G for each o			
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 AC	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
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				1
				Name
ing the accounting ct on June 24, 198 and (4), or 76.63 (r ained in the next p	period, except (81, permitting the eferring to 76.61 paragraph.	1) stations carried e carriage of certai (e)(2) and (4))]; ar	only on a part-time basis under network programs [sections and (2) certain stations carried on a	G Primary Transmitters:
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T 3. TYPE NEL OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
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Vith respect to any distant stations egulations, or authorizations: pace G—but do list it in space I (the substitute basis. In space I, if the station was carried concerning substitute basis station according to its over cast streams must be reported in concerning substitute basis station with a station according to its over cast streams must be reported in concerning substitute basis station according to its over cast streams must be reported in concerning substitute basis station according to its over cast streams must be reported in concerning substitute basis period to the station. 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Indicate by entermine the said station representing the primary, also enter "E". If you carried the channel on any other of each station. For U.S. stations, list the community tations, if any, give the name of the community with rechannel line-ups, use a separate space G for each community with rechannel line-ups, use a separate space G for each community with rechannel line-ups, use a separate space G for each community with rechannel line-ups, use a separate space G for each community with rechannel line-ups, use a separate space G for each community with rechannel line-ups, use a separate space G for each community with rechannel line-ups.	PINC PISION Pevery television station (including translator stations and low power television stations) ing the accounting period, except (1) stations carried only on a part-time basis under ct on June 24, 1981, permitting the carriage of certain network programs [sections and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a lained in the next paragraph. With respect to any distant stations carried by your cable system on a substitute program adjulations, or authorizations: pace G—but do list it in space I (the Special Statement and Program Log)—if the substitute basis. In space I, if the station was carried both on a substitute basis and also on some other concerning substitute basis stations, see page (v) of the general instructions located call sign. Do not report origination program services such as HBO, ESPN, etc. Identify divith a station according to its over-the-air designation. For example, report multicast streams must be reported in column 1 (list each stream separately; for example number the FCC has assigned to the television station for broadcasting over-the-air in mple, WRC is Channel 4 in Washington, D.C. This may be different from the channel ed the station. But the station is a network station, an independent station, or a noncommercial ed the station. But the etter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" for noncommercial educational), or "E-M" (for noncommercial educational) or "E-M" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), see page (v) of the general instructions located in the paper SA3 form.

FORW SASE, FAGE 3.					OVOTER	4 ID#
MASSILLON CA		_			SYSTEM 7	7758 Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	ystem during the ons in effect on .61(e)(2) and (4 sis, as explained	ne accounting June 24, 198 1), or 76.63 (red in the next p	period, except (1, permitting the eferring to 76.61 paragraph.	1) stations carried e carriage of certai (e)(2) and (4))]; an	and low power television stations) only on a part-time basis under n network programs [sections id (2) certain stations carried on a	Primary Transmitters:
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Note: If you are unizer	g multiple chair	• •	•		паппот ппо-ир.	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.					0)/07514 ID#	T
LEGAL NAME OF OWN					SYSTEM ID#	Name
MASSILLON CA	ABLE IV IN	<i>-</i>			7758	
PRIMARY TRANSMITTE						
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the sta planation of local servi Column 5: If you ha cable system carried th carried the distant stati For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the FCC. For Mexican or C	system during the ons in effect or i.61(e)(2) and (4) sis, as explained stations: With recording the inspect only on a substand also in spatements of the inspect only on a substand also in spatements of the inspect only on a substand also in spatements of the inspect only on a substand also in spatements of the inspect only on a substand also in spatements of the inspect on the inspect on the inspect of the	ne accounting a June 24, 1984, or 76.63 (red in the next pespect to any tions, or author G—but do list itute basis. ce I, if the staterning substitute basis. ce I, if the staterning substitute sign. Do not red a station according to the FCC has station. Whether the Stater "N" (for nearly of the local serving (v) of the station on during the ame basis became the performance of the local serving of the station. The local serving of the station of the local serving of the station of the local serving of the station. The local serving of the station of the local serving of the station. For the local serving the station of the local serving the station of the local serving the station. For the local serving the station of the local serving the station. For the local serving the station of the local serving the local serving the station of the local serving the local se	period, except (B1, permitting the eferring to 76.61 paragraph. distant stations orizations: it in space I (the tion was carried ute basis station eport origination erding to its over be reported in compart of the tion was assigned to the tion of the tion was assigned to the tion of the tion o	1) stations carried a carriage of certain (e)(2) and (4))]; are carried by your case. Special Statement both on a substitute, see page (v) of program services are the air designation of the color of the carried both on a substitute, see page (v) of program services are the air designation of the carried both on a substitute, see page (v) of program services are the air designation of the television station of the television station of the television station of the television station. The color of the television station of the television of the te	s". If not, enter "No". For an expaper SA3 form. tating the basis on which your bring "LAC" if your cable system apacity. payment because it is the subject em or an association representing transmitter, enter the designater basis, enter "O." For a further I in the paper SA3 form. to which the station is identifed.	Primary Transmitters: Television
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		CHANN	EL LINE-UP	AF		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						1
LEGAL NAME OF OWNER OF MASSILLON CABI					SYSTEM ID# 7758	Name
PRIMARY TRANSMITTERS:	TELEVISION	1				
carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a	em during the in effect on (e)(2) and (4) as explained	e accounting June 24, 198), or 76.63 (re in the next p	period, except (71, permitting the eferring to 76.61) aragraph.	stations carried carriage of certair (e)(2) and (4))]; an	and low power television stations) only on a part-time basis under n network programs [sections d (2) certain stations carried on a	G Primary Transmitters:
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SIGN	B'CAST CHANNEL NUMBER	CHANN 3. TYPE OF STATION	4. DISTANT? (Yes or No)	AG 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEM ID# 7758	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	ystem during the ons in effect on 6.61(e)(2) and (4 sis, as explained	ne accounting June 24, 198 1), or 76.63 (red in the next p	period, except (31, permitting the eferring to 76.61 paragraph.	1) stations carried e carriage of certai (e)(2) and (4))]; ar	and low power television stations) only on a part-time basis under in network programs [sections ind (2) certain stations carried on a ible system on a substitute program	G Primary Transmitters: Television
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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.					0.407514 10.41	T
LEGAL NAME OF OWN					SYSTEM ID#	Name
MASSILLON CA	ABLE IV IN	<i>-</i>			7758	
PRIMARY TRANSMITTE						
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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	

PONWISASE, PAGE 3.					0)/07		
MASSILLON CA		_			SYST	7758	Name
PRIMARY TRANSMITTE	ERS: TELEVISIO	N					
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base	system during the country of the cou	ne accounting n June 24, 198 4), or 76.63 (re d in the next p	period, except (11, permitting the eferring to 76.61 aragraph.	1) stations carried e carriage of certai (e)(2) and (4))]; ar	and low power television stations) only on a part-time basis under n network programs [sections id (2) certain stations carried on a		Primary Transmitters:
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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.					0)/07514 ID//	Τ
LEGAL NAME OF OWN					SYSTEM ID#	Name
MASSILLON CA	ABLE IV IN	<i>-</i>			7758	
PRIMARY TRANSMITTE						
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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	

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B'CAST 3. T'CHANNEL O	YPE 4. DISTANT? (Yes or No)	5. BASIS OF	6. LOCATION OF STATION	
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FORWISASE, FAGE 3.					0)/0	FE14 ID#	
MASSILLON CA		_			SYS	7758	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N					
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	ystem during the ons in effect on 6.61(e)(2) and (4 sis, as explained	ne accounting I June 24, 198 4), or 76.63 (re d in the next p	period, except (1, permitting the eferring to 76.61 aragraph.	1) stations carried e carriage of certai (e)(2) and (4))]; ar	and low power television stations) only on a part-time basis under n network programs [sections id (2) certain stations carried on a		Primary Transmitters:
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Note: If you are utilizing	g multiple chan	•	•		nannei iine-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		

FORWISASE, FAGE 3.					0)/07		
MASSILLON CA		_			SYST	7758	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N					
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	ystem during the ons in effect on 6.61(e)(2) and (4 sis, as explained	ne accounting I June 24, 198 4), or 76.63 (re d in the next p	period, except (11, permitting the eferring to 76.61 aragraph.	1) stations carried e carriage of certai (e)(2) and (4))]; ar	and low power television stations) only on a part-time basis under n network programs [sections id (2) certain stations carried on a		Primary Transmitters:
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Note: If you are utilizin	g multiple chan	•	•		nannei iine-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		

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYS	FEM ID#	Name
MASSILLON CA	ABLE TV INC	;				7758	
PRIMARY TRANSMITTE	RS: TELEVISIO	N					
In General: In space C carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you the cable system carried th carried the distant stati For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the FCC. For Mexican or C	G, identify every ystem during the ons in effect on .61(e)(2) and (4 sis, as explained tations: With rectations: With rectations: With rectations: With rectations: With rectations: With rectations: With rectations a substitution on a substitution of a distant entered into on a primary transmissimulcasts, also ree categories, a location of eact candian station of a categories, a location of eact candian station of a categories, a location of eact candian station of a categories, a location of eact candian station station categories, a location of eact candian station categories, a location of eact categories, a location of ea	television state accounting June 24, 198 Jun	period, except (i.1, permitting the eferring to 76.61 aragraph. distant stations orizations: it in space I (the tion was carried atte basis stations ording to its overbe reported in color as assigned to the tion is a network twork), "N-M" (for educational), or general instruction area, (i.e. "digeneral instruction, you must compare a counting period and that is not support to the general instruction as a social in the second and that is not support and the control of the general instruction are social instruction. The second in	1) stations carried a carriage of certain (e)(2) and (4))]; and carried by your carried by your carried by your carried by statement both on a substitute, see page (v) of program services r-the-air designation olumn 1 (list each net elevision station gton, D.C. This makes the station, an indepornetwork multicas "E-M" (for noncontions located in the istant"), enter "Yes on located in the public column 5, station in the public column 5 are column 6 are col	". If not, enter "No". For an expaper SA3 form. ating the basis on which your ring "LAC" if your cable system apacity. Designation of the subject ern or an association representing transmitter, enter the designater basis, enter "O." For a further in the paper SA3 form. To which the station is licensed by the station is identifed.	I	Primary Transmitters: Television
Note: If you are utilizin	g muitiple chan	•	•		nannei iine-up.		
	1	CHANN	EL LINE-UP	AP			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

CABLE SYSTEM: TV INC				Name
ELEVISION				
during the accounting effect on June 24, 196 2) and (4), or 76.63 (rexplained in the next p	period, except (81, permitting the eferring to 76.61 paragraph.	1) stations carried e carriage of certai (e)(2) and (4))]; ar	only on a part-time basis under n network programs [sections nd (2) certain stations carried on a	G Primary Transmitters:
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CAST 3. TYPE ANNEL OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
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TYPE ANNEL OF	TV INC LEVISION ify every television station (including to during the accounting period, except (effect on June 24, 1981, permitting the 22) and (4), or 76.63 (referring to 76.61 explained in the next paragraph. Extitute with respect to any distant stations is regulations, or authorizations: In space G—but do list it in space I (the a substitute basis. In space I, if the station was carried on concerning substitute basis station with a station according to its over a substitute basis station with a station according to its over a state of the station. In case whether the FCC has assigned to the example, WRC is Channel 4 in Washi arried the station. In case whether the station is a networ age the letter "N" (for network), "N-M" (for "for noncommercial educational), or asse page (v) of the general instruction outside the local service area, (i.e. "due, see page (v) of the general instruction and the station during the accounting perion and the station during the accounting perion and into on or before June 30, 2009, bet my transmitter or an association repressits, also enter "E". If you carried the cegories, see page (v) of the general instruction of each station. For U.S. stations, if any, give the name of the ole channel line-ups, use a separate segories. CHANNEL LINE-UP AST ANNEL ANNEL ANNEL ANNEL ANNEL ANNEL ANNEL ANNEL ALDISTANT? (Yes or No)	LEVISION If y every television station (including translator stations adduring the accounting period, except (1) stations carried effect on June 24, 1981, permitting the carriage of certain 22 and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; are explained in the next paragraph. 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FORW SASE, FAGE 3.					OVOTER	4 ID#
MASSILLON CA		_			SYSTEM 7	7758 Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
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Note. If you are utilizing	g multiple chan	• •	•		паппет ше-ир.	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

				1
				Name
ing the accounting ct on June 24, 198 and (4), or 76.63 (r lained in the next p	period, except (81, permitting the eferring to 76.61 paragraph.	1) stations carried e carriage of certai (e)(2) and (4))]; ar	only on a part-time basis under network programs [sections and (2) certain stations carried on a	G Primary Transmitters:
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T 3. TYPE NEL OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
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With respect to any distant stations carried by your cable system on a substitute program adjulations, or authorizations: pace G—but do list it in space I (the Special Statement and Program Log)—if the substitute basis. In space I, if the station was carried both on a substitute basis and also on some other concerning substitute basis stations, see page (v) of the general instructions located call sign. Do not report origination program services such as HBO, ESPN, etc. Identify divith a station according to its over-the-air designation. For example, report multicast streams must be reported in column 1 (list each stream separately; for example number the FCC has assigned to the television station for broadcasting over-the-air in mple, WRC is Channel 4 in Washington, D.C. This may be different from the channel ed the station. But the station is a network station, an independent station, or a noncommercial ed the station. 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FORM SA3E. PAGE 3.					0)/0751415	,
LEGAL NAME OF OWN					SYSTEM ID#	Name
MASSILLON CA	ABLE IV INC	<i>.</i>			7758	
PRIMARY TRANSMITTE	ERS: TELEVISIO	N				
In General: In space of carried by your cable is FCC rules and regulating 76.59(d)(2) and (4), 76 substitute program bas Substitute Pasis Substitute Pasis Substitute Basis Subasis under specific FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If you heable system carried the cable system carried the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the first state of the system and state	G, identify every eystem during the cons in effect on 6.61(e)(2) and (4.5 is, as explained stations: With record only on a substand also in spanformation concurr. The station's call associated with the constant of a distant the entered into or a primary transmissimulcasts, also are categories, the constant of the co	r television state accounting June 24, 198 4), or 76.63 (rd in the next pespect to any tions, or authors, or autho	period, except (al., permitting the eferring to 76.61 paragraph. distant stations orizations: it in space I (the tion was carried ute basis station eport origination erding to its over be reported in compart of the tion is a network etwork), "N-M" (for educational), or expensed instruction is a network etwork), "N-M" (for educational), or expensed instruction is a network etwork), "N-M" (for educational), or expensed instruction is a network etwork), "N-M" (for educational), or expensed instruction is a network etwork), "N-M" (for educational), or expensed instruction is a network etwork), "N-M" (for educational), or expensed instruction is a network etwork), "N-M" (for educational), or expensed instruction in the second in the second in the second in the general in the name of the expensed in the name	1) stations carried a carriage of certain (e)(2) and (4))]; are carried by your case. Special Statement both on a substitution, see page (v) of program services are the air designation of the television station of the television of	r. If not, enter "No". For an expaper SA3 form. tating the basis on which your string "LAC" if your cable system apacity. payment because it is the subject em or an association representing transmitter, enter the designater basis, enter "O." For a further in the paper SA3 form. to which the station is licensed by the which the station is identifed.	Primary Transmitters: Television
		CHANN	EL LINE-UP	ΛT		-
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						T
LEGAL NAME OF OWNE					SYSTEM ID# 7758	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable sy FCC rules and regulation 76.59(d)(2) and (4), 76. substitute program bas	ystem during the ons in effect on 61(e)(2) and (4 is, as explaine	ne accounting I June 24, 198 4), or 76.63 (re d in the next p	period, except (31, permitting the eferring to 76.61 paragraph.	1) stations carried carriage of certai (e)(2) and (4))]; an	and low power television stations) only on a part-time basis under n network programs [sections d (2) certain stations carried on a	G Primary Transmitters:
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Note: If you are utilizing	j mulupie chan		•		nanner line-up.	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	CHANN 3. TYPE OF STATION	4. DISTANT? (Yes or No)	AU 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E, PAGE 3.					0)/0======	Г
MASSILLON CA					SYSTEM ID# 7758	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program						
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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	

FORWISASE, FAGE 3.					0)/0	FE14 ID#	
MASSILLON CA		_			SYS	7758	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N					
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	ystem during the ons in effect on 6.61(e)(2) and (4 sis, as explained	ne accounting June 24, 198 1), or 76.63 (re d in the next p	period, except (1, permitting the eferring to 76.61 aragraph.	1) stations carried e carriage of certai (e)(2) and (4))]; ar	and low power television stations) only on a part-time basis under n network programs [sections id (2) certain stations carried on a		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 st planation of local servi Column 5: If you ha cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For se explanation of these th Column 6: Give the FCC. For Mexican or C	C rules, regula here in space only on a substand also in spa formation concern. h station's call associated with2". Simulcast e channel numbers for example stem carried the in each case we entering the least), "E" (for no see terms, see pation is outside ce area, see paye entered "Ye ne distant statication on a part-tirion of a distant entered into or a primary transr simulcasts, also aree categories, e location of each canadian station canadian station canadian station of each canadian station canadian station and canadian station of each canadian station of each canadian station as a primary transr simulcasts, also canadian station of each canadian station as a primary transr simulcasts, also canadian station of each canadian station as a substant entered into or a primary transr simulcasts, also canadian station of each canadian station as a substant entered into or a primary transr simulcasts, also canadian station of each canadian station as a substant entered into or a primary transr simulcasts, also canadian station of each canadian station as a substant entered into or a primary transr simulcasts, also canadian station of each canadian station of each canadian station or a primary transr simulcasts, also canadian station or a primary transr simulcasts.	tions, or author G—but do list itute basis. ce I, if the staterning substitution in a station acceptation in the state of the station. The station is streams must be the FCC has be station. The station is streams must be station. The station is streams must be station. The station is streams must be station. The station is stream in column and station in column and station in during the station in the station is stream or before Jurnitter or an assisted in the station. For its see page (v) ch station. For its its stream in the station. For its its stream in the station is see page (v) ch station. For its its stream in the station is seen page (v) ch station. For its its stream in the station is seen page (v) ch station. For its station is station in the station in the station is station.	orizations: it in space I (the tion was carried ute basis station eport origination ording to its over the tion is a network than I washing at ion is a network twork), "N-M" (for educational), or egeneral instruction is a network to a general instruction is a network to a general instruction in the tion is a network twork), "N-M" (for educational), or egeneral instruction in the tion is a network two must complete in the sociation repression carried the confit of the general in the name of the	both on a substitus, see page (v) of program services er-the-air designation of the television station of the television of the	i.". If not, enter "No". For an expaper SA3 form. tating the basis on which your wring "LAC" if your cable system apacity. The payment because it is the subject erm or an association representing transmitter, enter the designater basis, enter "O." For a further in the paper SA3 form. The to which the station is licensed by the which the station is identifed.	I	Television
Note: If you are utilizin	g multiple chan		•		hannel 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		

ACCOUNTING PERIOD: 2022/2 FORM SA3E, PAGE 4. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name MASSILLON CABLE TV INC 7758 PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM LOCATION OF STATION CALL SIGN LOCATION OF STATION S/D AM or FM S/D WTIG **MASSILLON OH**

FORM SA3E. PAGE 5.							ACCOUNTING	PERIOD: 2022/2	
LEGAL NAME OF OWNER OF		EM:				S	SYSTEM ID#	Name	
MASSILLON CABLE T	VINC						7758	Numo	
SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEN	NT AND PROGRAM LOG	i				ı	
In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.									
1. SPECIAL STATEMENT								Carriage:	
During the accounting per broadcast by a distant star	iod, did you			s, any nonne	twork televi		X No	Special Statement and Program Log	
Note: If your answer is "No' log in block 2.	', leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ust complete			i rogram 20g	
period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love L Column 2: If the program Column 3: Give the call Column 4: Give the broathe case of Mexican or Can Column 5: Give the monfirst. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	itute prograce, please a of every no distant statisgulations, o tion. Do no ucy" or "NE n was broad sign of the sadian static ath and day re "5/7." es when the Example: a er "R" if the and regulation of the sadian static ath and day re "5/7."	am on a separa attach additional network televition and that your authorization at use general cast live, entertation broadcast live, entertation broadcast live, if any, the when your systems by substitute program carrillisted program ons in effect du	al pages. ision program (substitute pur cable system substitute pur cable system substitute pur cable system substitute pur cable system substitute programs. See page (vi) of the generategories like "movies", or 76ers vs. Bulls." refes." Otherwise enter "Nasting the substitute programs or community to which the community with which the stem carried the substitute pur carried the substitute pur carried by a system from 6:01:10 was substituted for programs.	rogram) that, at for the progeral instruction "basketball". o." m. station is licentation is identation is identation is identation. Use table system. 5 p.m. to 6:2 mming that year enter the let	during the ramming of ons located List specifinsed by the stiffied). List the times and particular the second	accounting another stati in the paper ic program FCC or, in with the mont les accurately hould be was required e listed pro	th /		
effect on October 19, 1976.				\\\\	EN SUBST	ITLITE			
s	UBSTITUT	E PROGRAM	1		IAGE OCC		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		TIMES — TO	DELETION		
	100 01 110	O/ IEE OIOI1	i. Givinoite Ecovinoit	71110 0711	1110111	10			
					 				
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ACCOUNTING PERIOD: 2022/2 FORM SA3E. PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name MASSILLON CABLE TV INC 7758

J

Part-Time Carriage Log

PART-TIME CARRIAGE LOG

In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for parttime carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages.

Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G.

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

- Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give
- State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.- 3:15 a.m. app."
- You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.– 12:00 p.m."

DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN** HOURS HOURS DATE ТО DATE **FROM** TO **FROM**

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

IVIA	IL NAME OF OWNER OF CABLE SYSTEM: SSILLON CABLE TV INC			513	**************************************	Namo
Instr all ar (as id	DSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount you mounts (gross receipts) paid to your cable system by subscribers for the system's second dentifed in space E) during the accounting period. For a further explanation of how to coe (vii) of the general instructions.	dary transr	missio	n service		K Gross Receipts
	Gross receipts from subscribers for secondary transmission service(s) during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.		nount of g	4,503,7 gross receipts		
InstructCommonIf you fee forIf you	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. Use system did not carry any distant television stations, leave block 3 blank. Enter the amfrom block 1 on line 1 of block 4, and calculate the total royalty fee. Use system did carry any distant television stations, you must complete the applicable par ompanying this form and attach the schedule to your statement of account.					L Copyright Royalty Fee
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be ${\bf k}$ 3 below.	entered or	n line 1	of		
▶ If pa 3 be	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be en low.	ntered on li	ine 2 ir	n block		
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shou block 4 below.	ld be enter	ed on	line		
1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more a 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				709.26	
	Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.			4,000,1		
	This is your minimum fee. 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.		, ,	ave in	919.47	
2 Block 3	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the is 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 Yes—Complete the DSE schedule. INDEDUCE YOUR STATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE	information n 4, you mu	ust che	ave in eck	919.47 	
2 Block 3	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 Yes—Complete the DSE schedule. X No—Leave block 3 below blank and column to the colu	information n 4, you mu	ust che	ave in eck	<u> </u>	
2 Block 3	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the is 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 Yes—Complete the DSE schedule. X No—Leave block 3 below blank and column the column that is the part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero Line 3. Add lines 1 and 2 and enter	information n 4, you mu d? omplete line	ust che	ave in eck	0.00	Cable systems
Block 3	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the is 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 Yes—Complete the DSE schedule. X No—Leave block 3 below blank and color Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero Line 3. Add lines 1 and 2 and enter here 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	information n 4, you mu d? omplete line	ust che	ave in eck	0.00	submitting additional deposits unde Section 111(d)(should contact
Block 3	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the is 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 Yes—Complete the DSE schedule. INDO—Leave block 3 below blank and color of the DSE schedule. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero Line 3. Add lines 1 and 2 and enter here Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9	information n 4, you mu d? omplete line	ust che	ave in eck	- 0.00 - 919.47 0.00	submitting additional deposits unde Section 111(d)(should contac the Licensing additional fees
Block 3 Block 4	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the is 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 Yes—Complete the DSE schedule. X No—Leave block 3 below blank and color than the part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero Line 3. Add lines 1 and 2 and enter here Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	s	ust che	ave in eck ock 4.	- 0.00 - 919.47 0.00	_

ACCOUNTING PERIOD: 2022/2 FORM SA3E. PAGE 8.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Numo	MASSILLON CABLE TV INC	7758							
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.								
	Enter the total number of channels on which the cable system carried television broadcast stations								
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services								
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 KATHERINE GESSNER Telephone 330-833-5509								
	Address 814 CABLE CT NW PO BOX 1000 (Number, street, rural route, apartment, or suite number)								
	MASSILLON OH 44648-1000 (City, town, state, zip)								
	Email Fax (optional)								
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)								
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)								
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or								
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or								
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.	1							
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]								
	X /S/ KATHERINE GESSNER								
	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 button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.	"F2"							
	Typed or printed name: KATHERINE GESSNER								
	Title: PRESIDENT (Title of official position held in corporation or partnership)								
	Date: February 22, 2023								

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	YSTEM ID#	Name				
MASSILLON CABLE TV INC	7758					
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the bas service of providing secondary transmissions of primary broadcast transmitters, the system shall not include scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 11:	ic e sub-	P Special Statement				
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 transmissimade by satellite carriers to satellite dish owners?	ions	Exclusion				
X NO						
YES. Enter the total here and list the satellite carrier(s) below						
Name Name						
Mailing Address Mailing Address						
INTEREST ASSESSMENTS						
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayr For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	ment.	Q				
Line 1 Enter the amount of late payment or underpayment		Interest Assessment				
X						
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-					
x	days					
Line 3 Multiply line 2 by the number of days late and enter the sum here	-					
x 0.0027	' 4					
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	_					
(interest cha	arge)					
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance p contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	lease					
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.						
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the ori filing.	ginal					
Owner Address						
First community served						
Accounting period						
ID number						

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

ACCOUNTING PERIOD: 2022/2

DSE SCHEDULE. PAGE 10.

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	0.25
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 (hereafter 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, non-commercial 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, 198l, 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.

COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE

Determine whether any of the stations you carried were partially distant—that 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

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

0.330% of gross receipts

· If any of the stations were partially distant:

The fifth and each additional DSE

- 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.

- 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:

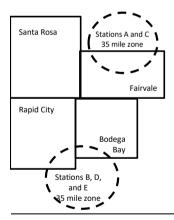
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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.



	Distant Stations Carried		Identification	of Subscriber Groups	
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
ı	A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
	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 C	100,000.00
	D (part-time)	0.139	Bodega Bay	Stations A and C	70,000.00
	E (network)	0.25	Fairvale	Stations B, D, and E	120,000.00
	TOTAL DSEs	2.472		TOTAL GROSS RECEIPTS	\$600.000.00

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 %6 384.00

		ψ0,00-1.00				
First Subscriber Group		Second Subscriber 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 .01064 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 .00701 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	

Total Base Rate Fee: \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94

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

ACCOUNTING PERIOD: 2022/2

DSE SCHEDULE. PAGE 11. (CONTINUED)

DSE SCHEDULE. PAGE	LEGAL NAME OF OWNER OF CABL	E SYSTEM:			S	YSTEM ID#
1	MASSILLON CABLE TV	INC				7758
	SUM OF DSEs OF CATEGOR		IS:			
	 Add the DSEs of each station 	١.				
	Enter the sum here and in line	1 of part 5 of this	schedule.		0.00	
	Instructions:					•
2	In the column headed "Call S	Sign ": list the cal	I signs of all distant stations	identified by the	letter "O" in column 5	
Computation	of space G (page 3). In the column headed "DSE"	• for each indepe	andent station, give the DSE	as "1 0": for eac	ch network or noncom	
of DSEs for	mercial educational station, giv			as 1.0 , 101 eac	SITTIETWORK OF HORICOIN-	
Category "O"			CATEGORY "O" STATION	NS: DSEs		
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Add rows as						
necessary. Remember to copy all						
formula into new						
rows.						
TOWS.						
				<mark></mark>		
				<mark></mark>		
				<mark></mark>		
				<mark></mark>		
				.		
				<u>. . </u>		
				<u>. . </u>		
				<u> </u>		
				<u>.</u>		

Name		OWNER OF CABLE SYSTEM: CABLE TV INC					<u> </u>	3YSTEM ID# 7758
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should of Column 3 Column 4 be carried out Column 5 give the type-v	st the call sign of all distant: For each station, give the correspond with the inform of the correspond with the inform of the correspond with the inform of the color of the	te number of ho nation given in set total number of mn 2 by the figural point. This is tation, give the figurumn 4 by th	urs your cable system pace J. Calculate only of hours that the station in the incolumn 3, and give the "basis of carriage the "type-value" as "1.0." Future in column 5, and given in column 5, and given in column 5, and g	carried the statio one DSE for each broadcast over the result in devalue" for the stator each network	n during the accounting perch station. the air during the account ecimals in column 4. This fi	ing period. gure must onal station, s than the	
Capacity	C) to form.		CATEGORY	LAC STATIONS:	COMPLITATI	ON OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	R JRS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	5. TYPE	6. DS	E
			÷		=	x	=	
			÷			x x	= =	
			÷		=	x	=	
							= =	
						x		
			÷	•	=	х	=	
	Add the DSEs	of CATEGORY LAC ST of each station. Im here and in line 2 of pa		dule,		0.00		
Computation of DSEs for Substitute-Basis Stations	tions in effe • Broadcast o space I). Column 2: at your option. Column 3: Column 4:	ict on October 19, 1976 (a ine or more live, nonnetwo For each station give the r This figure should corresp Enter the number of days Divide the figure in column This is the station's DSE (I	is shown by the rk programs durinumber of live, roond with the infinithe calendar in 2 by the figure For more inform	letter "P" in column 7 or ing that optional carriag nonnetwork programs of formation in space I. year: 365, except in a le in column 3, and give nation on rounding, see	of space I); and ge (as shown by the carried in substituted in substituted page (viii) of the page (viii) of the	grams) if that station: delete under FCC rules an ne word "Yes" in column 2 oution for programs that we mn 4. Round to no less the general instructions in the	f re deleted an the third	
			JBSTITUTE-	BASIS STATION			1	T
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBE OF DAYS IN YEAR	S	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		4		=		=		
		-		=		-		=
		4		=		4		=
		*		=		÷		
	Add the DSEs	OF SUBSTITUTE-BASIS of each station. Im here and in line 3 of pa		dule,		0.00		
5		ER OF DSEs: Give the amo		oxes in parts 2, 3, and 4	4 of this schedule	and add them to provide the	ne total	
Total Number	1. Number	of DSEs from part 2 ●				>	0.00	
of DSEs		of DSEs from part 3 ●				>	0.00	
	3. Number	of DSEs from part 4 ●				-	0.00	
	TOTAL NUMBER OF DSEs 0.00							0.00

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2022/2

LEGAL NAME OF O		SYSTEM:					S	YSTEM ID# 7758	Name
Instructions: Bloc In block A: • If your answer if ' schedule. • If your answer if '	•	mainder of pa	pelow.			complete part	3, (page 16) of the		6
				TELEVISION M.					Computation of 3.75 Fee
''	•	schedule—D	O NOT COMPI		NDER OF PA	RT 6 AND 7.	C ruies and regula	ations in	
Column 1:	List the sell simus								
Column 1: CALL SIGN	FCC rules and reinstructions for the Satellite Television	egulations prione DSE Scheoon Extension	or to June 25, 1 dule. (Note: The and Localism A	,	planation of p fers to an exe	permitted statio mpt multicast s	ns, see the	-	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommeric D Grandfathers for instructions for E Carried pursus *F A station pre	ales and reguled pursuant to on as defined all educationa distation (76.6 or DSE schediant to individuation wiously carried JHF station w	ations cited be to the FCC mark in 76.5(kk) (76 il station [76.59 is) (see paragrule). It was a waiver of FC d on a part-time ithin grade-B ce	e or substitute basi ontour, [76.59(d)(5	e in effect on a .57, 76.59(b), .57, 76.63(a), .63(a) referring stitution of gradis prior to June	June 24, 1981. 76.61(b)(c), 76 referring to 76. to 76.61(d)] indfathered sta	.63(a) referring to 61(e)(1) tions in the		
Column 3:		e stations ider	ntified by the le	parts 2, 3, and 4 of tter "F" in column 2			ksheet on page 14	4 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
								0.00	
		E	BLOCK C: CC	MPUTATION OF	F 3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this s	schedule					
Line 2: Enter the	sum of permitte	d DSEs fron	n block B abo	ve				-	
Line 3: Subtract (If zero, I	line 2 from line 1 eave lines 4–7 b			•		rate.		0.00	
Line 4: Enter gro	ess receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ine 4 by 0.0375 a	and enter su	m here				х		permited/ partially nonpermitted
Line 6: Enter tota	al number of DSI	Es from line	3						carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ine 6 by line 5 an	nd enter here	e and on line :	2, block 3, space	L (page 7)			0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: MASSILLON CABLE TV INC 7758										
		BLOCk	A: TELEVI	SION MARKETS	S (CONTINU	JED)				
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6	
									Computation o	
									3.75 Fee	
		l								
		l								
		<u> </u>								
		l								
		<u></u>								
		l								
			<u> </u>	+						

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name MASSILLON CABLE TV INC 7758 Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Computating Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. the DSE Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). Carriage B-Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S-Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B. column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 6. PERMITTED 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT SIGN DSE **PERIOD CARRIAGE** DSE DSE Instructions: Block A must be completed. 7 In block A: Computation 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 **Syndicated BLOCK A: MAJOR TELEVISION MARKET Exclusivity** Surcharge Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? X Yes—Complete blocks B and C . No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Is any station listed in block B of part 6 the primary stream of a Was any station listed in block B of part 7 carried in any commucommercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer to former FCC rule 76.159) or in part, over the cable system? Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE X No-Enter zero and proceed to part 8. X No—Enter zero and proceed to part 8. CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE 0.00 0.00 TOTAL DSEs TOTAL DSEs

B. Enter the total number of exempt DSEs from block C of part 7. 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. I any portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 4 below. SECTION 3: TOP SO TELEVISION MARKET Section Section 10d your cable system retransmit the signals of any partially distant television clations during the accounting period? Section 21 or less, multiply the gross necepits (the amount in section 1). B. Enter 0.00377 of gross recepits (the amount in section 1). C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here. E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block of in space (page 7) Syndicated Exclusivity Surcharge. E. Subtract 4.000 from total permitted DSEs (the figure on line C in section 2) and enter here. D. Multiply line B by 3000 and enter here. E. Subtract 4.000 from total DSEs (the figure on line C in section 2) and enter here. E. Subtract 4.000 from total DSEs (the figure on line C in section 2) and enter here. D. Enter 0.00377 of gross recepits (the amount in section 1). Section If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3b blank. A Enter 0.00379 of gross recepits (the amount in section 1). Section If the figure in section 2, line C is more than 4.000, compute your surcharge here and leaves section 3b blank. A Enter 0.00377 of gross recepits (the amount in section 1). Section If the figure in section 2 in the your surcharge here and leaves section 3b blank. A Enter 0.00378 of gross recepits (the amount in section 1). Section I is the figure in section 2 in the your surcharge here and leaves section 3b blank. D. Enter 0.00378 of gross recepits (the amount in section 1). Section I is the figure in section 2 in the your surcharge here and leaves decided abbank. Section I is a	LEGAL NA	ME OF OWNER OF CABLE SYSTEM: MASSILLON CABLE TV INC	SYSTEM ID# 7758	Name
The first the amount of posse receipts from space k (page 7) 3,000,700 26 A. Enter the total DSEs from block B of part 7 0.00 B. Enter the total DSEs from block C of part 7 0.00 C. Subtract line 8 from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8 0.00 Is any portion of the cable system entransenit the signals of any partially distant television stations during the accounting period? Section Did your cable system refransenit the signals of any partially distant television stations during the accounting period? Section Did your cable system refransenit the signals of any partially distant television stations during the accounting period? Section Did your cable system refransenit the signals of any partially distant television stations during the accounting period? Section Did your cable system refransenit the signals of any partially distant television stations during the accounting period? Section Did your cable system refransenit the signals of any partially distant television stations during the accounting period? Section Did your cable system refransenit the signals of any partially distant television stations during the accounting period? Section Did your cable system refransenit the signals of any partially distant television stations during the accounting period? Section Did your cable system refransenit the signals of signal period the section below. Section Did your cable system refransenit in section 1) Section Did your cable system retransenit the signals of signal period Did your cable system retransent the signals of signal period Did your cable system retransent the signals of any partially distant stations during the accounting period? Section Did your cable system retransent the signals of any partially distant stations during the accounting period? Section Did your cable system retransent the signals of any partially distant stations during the accounti		BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
A. Enter the total DSEs from block B of part 7. B. Enter the total mother of exempt DSEs from block C of part 7. S. Subtract line B from line A and enter here. Is any portion of the cable system within a top 50 television market as defined by the FCC? vie.—Complete section 3 below.		Enter the amount of gross receipts from space K (page 7)	4,503,709.26	7
B. Enter the total number of exempt DSEs from block C of part 7		A. Enter the total DSEs from block B of part 7	0.00	Computation of the
C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surchharge computation. If zero, proceed to part 8		B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated
Vea-Complete section 3 below. No-Complete section 4 below.			0.00	•
Section Did your cable system retransmit the signals of any partially distant television stations during the accounting period? William Complete part of this schedule. William No. Complete part of this schedule. No. Complete the applicable section below. Standard leave section of gross receipts (the amount in section 1). No. Complete the application schild part of the DSE is 10 to resist multiply line part of this schedule. No. Complete the application schild part of this schedule. No. Complete the application schild part of the part of this schedule. No. Complete the application of this	• Is an	· ·		
Yes—Complete pair 9 of this schedule. X No—Complete the applicable section below. If the figure in section 2, line C is 4.00 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts (the amount in section 1). \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		SECTION 3: TOP 50 TELEVISION MARKET		
is 1.0 or less, multiply the gross receipts ty, 0.0599 by the DSE. Enter the result on line A below. A. Enter 0.00590 of gross receipts (the amount in section 1)				
B. Enter 0.00377 of gross receipts (the amount in section 1)			SE	
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. 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 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 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge. SECTION 4: SECOND 50 TELEVISION MARKET Did your cable system retransmit the signals of any partially distant television stations during the accounting period? SECTION 4: SECOND 50 TELEVISION MARKET Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Section 4a If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00189 of gross receipts (the amount in section 1). B. Enter 0.00189 of gross receipts (the amount in section 1). C. Subtract 1.000 from total permitted DSEs (the 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)		A. Enter 0.00599 of gross receipts (the amount in section1)		
line C in section 2) and enter here		B. Enter 0.00377 of gross receipts (the amount in section 1)		
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Section 3b A. Enter 0.00599 of gross receipts (the amount in section 1)				
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D. Enter 0.00178 of gross receipts (the amount in section 1)		B. Enter 0.00377 of gross receipts (the amount in section 1)		
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Section 4a If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1) B. Enter 0.00189 of gross receipts (the amount in section 1) C.Subtract 1.000 from total permitted DSEs (the 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)				
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)				
C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.	SE	
and enter here		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7)				
Enter here and on line 2 of block 4 in space L (page 7)		D. Multiply line B by line C and enter here		
		,		

Name		IE OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
		MASSILLON CABLE TV INC	7758
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation of the		A. Enter 0.00300 of gross receipts (the amount in section 1)	
Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1)	
Surcharge		C. Multiply line B by 3.000 and enter here	
		D. Enter 0.00089 of gross receipts (the amount in section 1)	
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here	
		F. Multiply line D by line E and enter here	
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)	
		Syndicated Exclusivity Surcharge	<u></u> l.
8 Computation of Base Rate Fee	6 was of In blo In blo If you blank. What is were lo	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. ck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. r answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. r answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below	v
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did v	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
		Yes—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) ▶ _ \$ 4,503,709	.26_
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.).	0.00
	Section 3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.	
		A. Enter 0.01064 of gross receipts (the amount in section 1)	<u>. </u>
		B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ <u>\$ 31,571.00</u>	
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here	
		D. Multiply line B by line C and enter here	<u> </u>
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)	
		Base Rate Fee	-

DSE SCH	HEDULE. PAGE 17.	OUNTING PER	IOD: 2022/2
-	IAME OF OWNER OF CABLE SYSTEM: SYSTE SILLON CABLE TV INC	7758	Name
Section 4	If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.		•
7	A. Enter 0.01064 of gross receipts (the amount in section 1) **State		8
	B. Enter 0.00701 of gross receipts (the amount in section 1)		mputation of
	C. Multiply line B by 3.000 and enter here	Bas	se Rate Fee
	D. Enter 0.00330 of gross receipts (the amount in section 1) \$		
	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee \$ 0	0.00	
	RTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-up: G.		9
receipts	neral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclute from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage ion, you must:	e of this	mputation of se Rate Fee
Eirot: F	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same	20	and

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

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

How to Identify a Subscriber Group for Partially Distant Stations

Step 1: For each community served, determine the local service area of each wholly distant and each partially distant station you carried to that community.

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

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

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

In each section:

- Identify the communities/areas represented by each subscriber group.
- Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the subscribers in the group.
- If
- 1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and 4 of this schedule; or.
- 2) any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, part 6 of this schedule.
- $\bullet \ \mathsf{Add} \ \mathsf{the} \ \mathsf{DSEs} \ \mathsf{for} \ \mathsf{each} \ \mathsf{station}. \ \mathsf{This} \ \mathsf{gives} \ \mathsf{you} \ \mathsf{the} \ \mathsf{total} \ \mathsf{DSEs} \ \mathsf{for} \ \mathsf{the} \ \mathsf{particular} \ \mathsf{subscriber} \ \mathsf{group}. \\$
- Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions in the paper SA3 form.
- Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form.

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

U.S. Copyright Office

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 7758 **MASSILLON CABLE TV INC** Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

LEGAL NAME OF OWNER MASSILLON CABL						S	7758	Name
E	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
	FIRST	SUBSCRIBER GROUI	D		SECOND	SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA	MASSIL	LON		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 Gr	oup	\$ 4,503	709.26	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	THIRD	SUBSCRIBER GROU)		FOURTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					····			
					<u></u>			
Total DSEs			0.00	Total DSEs		11	0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
C. CCC T. COCIPIO TIIII G	. 	<u>*</u>	3.00	Sisse Rescipts Fourti	. С.очр	*		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the	e base rate	e fees for each subscrib	per group as	s shown in the boxes abo	ove.			
Enter here and in block			J			\$	0.00	

O 9 Computation DSE of Base Rate F and Syndicate Exclusivit Surcharge for Partially Distant Stations O.00 O.00 O.00 DSE	R GROUP JBSCRIBER GROU CALL SIGN		COMMUNITY/ AREA CALL SIGN		COMPUTATION (SUBSCRIBER GRO CALL SIGN		COMMUNITY/ AREA
Computation DSE of Base Rate F and Syndicate Exclusivit Surcharge for Partially Distant Stations 0.00 0.00 0.00				0			COMMUNITY/ AREA
Computation DSE of Base Rate F and Syndicate Exclusivit Surcharge for Partially Distant Stations 0.00 0.00 0.00	CALL SIGN	DSE			CALL SIGN	DSE	COMMUNITY/ AREA
DSE of Base Rate F and Syndicate Exclusivit Surcharge for Partially Distant Stations 0.00 0.00 0.00	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Base Rate F and Syndicate Exclusivit Surcharge for Partially Distant Stations 0.00 0.00 0.00					ALL SIGN DSE CALL SIGN		CALL SIGN
Syndicate Exclusivit Surcharge for Partially Distant Stations 0.00 0.00 0.00					H		CALL CICIT
Exclusivit Surcharge for Partially Distant Stations 0.00 0.00 0.00							
Exclusivit Surcharge for Partially Distant Stations 0.00 0.00 0.00				•••			
Surcharge for Partially Distant Stations 0.00 0.00 0.00							
for Partially Distant Stations 0.00 0.00 0.00							
O.00 0.00 0.00				••••			
0.00 0.00 0.00							
0.00 0.00 0.00							
0.00							
0.00		••••					
0.00							
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0.00				······································			
0.00							
0.00		•	Total DSEs	0.00		•	Total DSEs
0.00		nd Group	Gross Receipts Secor	0.00	\$	Group	Bross Receipts First G
0		id Oloup	Gross receipts occor	0.00	4	эгоар	orosa receipta i irat o
		nd Group	Base Rate Fee Secor	0.00	\$	Group	ase Rate Fee First G
	JBSCRIBER GROU	EIGHTH		UP	SUBSCRIBER GRO	SEVENTH	
DSE		COMMUNITY/ AREA	0			COMMUNITY/ AREA	
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
				<u></u>			
				<mark>.</mark>			
		<u></u>					
		<u></u>		<mark></mark>			
				<mark></mark>			
				 			
				<u></u>	-		
0.00		-	Total DSEs	0.00			otal DSEs
0.00		n Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G
0.00		n Group	Base Rate Fee Fourth	0.00	\$	Group	Base Rate Fee Third G

LEGAL NAME OF OWNE						S	7758	Name
	BLOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	H SUBSCRI	BER GROUP		
	NINTH	SUBSCRIBER GRO	UP		TENTH	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA	9 Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
	····							Exclusivity
						-		Surcharge for
	····		<u> </u>			-		Partially
								Distant
								Stations
						-		
			-			-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Second		\$	0.00	
	ELEVENTH	SUBSCRIBER GRO				SUBSCRIBER GROU	JP 0	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u> </u>					
						-		
	····					H		
			<u></u>			 		
	····					H		
			-					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				Н				
Base Rate Fee: Add the Enter here and in block	he base rat ek 3, line 1, s	e fees for each subsc pace L (page 7)	riber group a	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWNE						S	7758	Name
	BLOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	H SUBSCRI	BER GROUP		
	IRTEENTH	SUBSCRIBER GRO		11		SUBSCRIBER GROU	JP 0	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
	····		<u> </u>					Partially
								Distant
								Stations
			-			-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Seco		\$ SUBSCRIBER GROU	0.00	
	IFIEENIH	SUBSCRIBER GRO)P			
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
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 (Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				! !				
Base Rate Fee: Add the Enter here and in block			riber group a	as shown in the boxes a	above.	\$		

MASSILLON CAB						S	7758	Name
	BLOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	H SUBSCRI	BER GROUP		
	NTEENTH	SUBSCRIBER GROU		Ti .		SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0	9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
						-		Exclusivity Surcharge
						-		for
								Partially
								Distant
								Stations
		<u> </u>						
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	
N	INTEENTH	SUBSCRIBER GROU	JP		TWENTIETH	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 C	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add th	ne base rate	e fees for each subscr	iber group a	as shown in the boxes a	above.			
Enter here and in block						\$		

MASSILLON CAB						S	7758	Name
	BLOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	H SUBSCRI	BER GROUP		
TWEN	NTY-FIRST	SUBSCRIBER GRO	JP	TWEN	ITY-SECOND	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0	9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
	···		<u></u>			-		for
								Partially
								Distant
								Stations
						-		
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
TWEN	ITY-THIRD	SUBSCRIBER GRO	JP	TWEN	ITY-FOURTH	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 C	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
	_							
Base Rate Fee: Add the Enter here and in block			nber group a	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWNE MASSILLON CABI						S	7758	Name
E	BLOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCRI	BER GROUP		
TWEN	ITY-FIFTH	SUBSCRIBER GROU		11		SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0	9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
						H		
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	-oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
TWENTY-	SEVENTH	SUBSCRIBER GROU	IP	TWE	NTY-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	
	rour	•			th Crave	•		
Gross Receipts Third G	noup	3	0.00	Gross Receipts Four	uı Group	\$	0.00	
Base Rate Fee Third G	Froup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
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)				\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: MASSILLON CABLE TV INC 7758								
	BLOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	H SUBSCRI	BER GROUP		
	ITY-NINTH	SUBSCRIBER GROU				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	<i></i>		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
			<u></u>					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 G		\$	0.00	Base Rate Fee Seco		\$	0.00	
	RTY-FIRST	SUBSCRIBER GROU		II		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	····		<u></u>			-		
			···			-		
	····		<u></u>			-		
			···			-		
	····		<u></u>					
			···					
Total DSEs	•		0.00	Total DSEs	_		0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group a	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: MASSILLON CABLE TV INC 7758								
	BLOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	H SUBSCRI	BER GROUP		
	RTY-THIRD	SUBSCRIBER GRO		ii		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
			<u> </u>					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 G	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
THI	RTY-FIFTH	SUBSCRIBER GRO	UP	T	HIRTY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
Total DSEs		<u> </u>	0.00	Total DSEs			0.00	
Gross Receipts Third (Group	**************************************	0.00	Gross Receipts Four	th Group	\$	0.00	
	r							
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add to Enter here and in block			riber group a	as snown in the boxes a	above.	\$		

LEGAL NAME OF OWNER MASSILLON CABL						\$	7758	Name
В	LOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAC	H SUBSCR	BER GROUP		
	SEVENTH	SUBSCRIBER GRO		ii		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant
				-		-		Stations
				-				
							2.22	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
THIR	ΓY-NINTH	SUBSCRIBER GRO	UP		FORTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	4		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	th Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	th Group	\$	0.00	
	e base rate	e fees for each subsc		as shown in the boxes		\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: MASSILLON CABLE TV INC 7758								
				TE FEES FOR EAC				
	RTY-FIRST	SUBSCRIBER GRO		11		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
						-		Syndicated Exclusivity
								Surcharge
								for
						-		Partially
						-		Distant Stations
						-		Otations
Total DSEs		II	0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00				Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Seco		\$	0.00	
	RTY-THIRD	SUBSCRIBER GRO				SUBSCRIBER GROU	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
			···			-		
						-		
						-		
Total DSEs	-		0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add to			riber group a	s shown in the boxes a	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: MASSILLON CABLE TV INC 7758								
E	BLOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	H SUBSCRI	BER GROUP		
FOR	TY-FIFTH	SUBSCRIBER GROU		11		SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								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 Gr		\$	0.00	Base Rate Fee Seco		\$	0.00	
	SEVENTH	SUBSCRIBER GROU		II		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u> </u>							
	···							
	<u></u>					-		
					•••••			
	<u></u>							
Total DSEs			0.00	Total DSEs		Н	0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
,	•				•		1	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				H				
Base Rate Fee: Add the Enter here and in block			iber group a	as shown in the boxes a	bove.	\$		

LEGAL NAME OF OWNE						S	7758	Name
	BLOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	H SUBSCRI	BER GROUP		
FOR	TY-NINTH	SUBSCRIBER GROU				SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						 		and
								Syndicated
								Exclusivity
								Surcharge for
	···		·					Partially
								Distant
								Stations
	. 							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00				Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Seco		\$	0.00	
	TY-FIRST	SUBSCRIBER GROU		II		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>		<u></u>					
	···	 	···			-		
			<u> </u>			-		
	···		······································					
			0.00				0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				Ш				
Base Rate Fee: Add the Enter here and in block			iber group a	as shown in the boxes a	bove.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: MASSILLON CABLE TV INC 7758								
	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAC	H SUBSCRI	BER GROUP		
	TY-THIRD	SUBSCRIBER GRO		11		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
	···		···					Surcharge for
			••••••••••••					Partially
								Distant
								Stations
	<u></u>		····					
Total DSEs		-	0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00				Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
FI	FTY-FIFTH	SUBSCRIBER GRO	UP		FIFTY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		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 (Group	<u></u>	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group a	as shown in the boxes a	above.	\$		

-						<u> </u>		MASSILLON CABI
		BER GROUP	SUBSCRI	TE FEES FOR EACH	F BASE RA	COMPUTATION C	BLOCK A:	
•	JP	SUBSCRIBER GROU	TY-EIGHTH	FIF	UP	SUBSCRIBER GRO	-SEVENTH	FIFTY-
9	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computat of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate	DOE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DOE	CALL SIGN
and	·····		····					
Syndicate	••••		···					
Exclusivi	••••	-	···					
Surcharg	••••	-	···					
for	••••		···					
Partially		-						
Distant			••••					
Stations			••••					
	0.00			Total DSEs	0.00			Total DSEs
	0.00	Gross Receipts Second Group \$ 0.00				Gross Receipts First Group \$ 0.00		
	0.00	\$	nd Group	Base Rate Fee Secon	0.00	Base Rate Fee First Group \$ 0.00		
	JP	SUBSCRIBER GROU	SIXTIETH		UP	FIFTY-NINTH SUBSCRIBER GROUP		
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
		-						
	·····							
	····							
	····							
		H						
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	n Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G
				4.4				

LEGAL NAME OF OWNER OF CABLE SYSTEM: MASSILLON CABLE TV INC 7758								
	BLOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	H SUBSCRI	BER GROUP		
	CTY-FIRST	SUBSCRIBER GRO		11		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	<i></i>		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
	···		<u> </u>			-		Partially
								Distant
								Stations
						-		
			-			-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00				Gross Receipts Seco	and Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Seco		\$	0.00	
	TY-THIRD	SUBSCRIBER GRO				SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	···				•••••			
						-		
						-		
						-		
						-		
						-		
			-					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third 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	
				Н				
Base Rate Fee: Add the Enter here and in block			riber group a	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWNE						S	7758	Name
	BLOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	H SUBSCRI	BER GROUP		
SIX	KTY-FIFTH	SUBSCRIBER GROU		11		SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
	<u></u>							Exclusivity
								Surcharge for
	···				····			Partially
								Distant
								Stations
	. 							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00				Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Seco		\$	0.00	
	SEVENTH	SUBSCRIBER GROU		II		SUBSCRIBER GROU		
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	Group	\$	0.00	Gross Receipts Four	h Group	\$	0.00	
		_				_		
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			iber group a	as shown in the boxes a	bove.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: MASSILLON CABLE TV INC 7758								
E	BLOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	H SUBSCRI	BER GROUP		
SIX	TY-NINTH	SUBSCRIBER GRO		İİ		SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA	······		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
						-		Syndicated
				-		H		Exclusivity Surcharge
	······································			1		+		for
								Partially
								Distant
						-		Stations
	<u></u>							
	<u></u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
SEVEN	ITY-FIRST	SUBSCRIBER GRO	JP	SEVEN	ITY-SECOND	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	······································	<u> </u>		1		-		
		<u> </u>						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup		0.00	Gross Receipts Four	th Group	\$	0.00	
	•				·			
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group a	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: MASSILLON CABLE TV INC 7758								
	BLOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	H SUBSCRI	BER GROUP		
	ITY-THIRD	SUBSCRIBER GROU		TI .		SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						-		and Syndicated
								Exclusivity
	····					-		Surcharge
								for
								Partially
		1						Distant
						-		Stations
	····					H		
T			0.00	T			0.00	
Total DSEs			0.00	Total DSEs	1.0		0.00	
Gross Receipts First Group \$ 0.00				Gross Receipts Seco	and Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco		\$	0.00	
	NTY-FIFTH	SUBSCRIBER GROU		11		SUBSCRIBER GROU	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					•••••	-		
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group a	as snown in the boxes a	ibove.	\$		

MASSILLON CAB						S	7758	Name
	BLOCK A:	COMPUTATION O	BASE RA	ATE FEES FOR EAC	H SUBSCRI	BER GROUP		
	SEVENTH	SUBSCRIBER GROU	JP	SEVE	NTY-EIGHTH	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		1						and
				-		-		Syndicated Exclusivity
				-				Surcharge
								for
								Partially
								Distant
								Stations
				-				
							2.22	
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	
SEVEN	ITY-NINTH	SUBSCRIBER GROU	JP		EIGHTIETH	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		Щ	0.00	
Gross Receipts Third (Froup	s	0.00	Gross Receipts Four	th Group	\$	0.00	
C. 355 Roscipis Tillu C	J. 5up	•	<u> </u>	- Closs Roccipis i oui	Огоар	<u>*</u>	3.00	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				**				
Base Rate Fee: Add the Enter here and in block			iber group a	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWNE						S	7758	Name
	BLOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCRI	BER GROUP		
	HTY-FIRST	SUBSCRIBER GROU		11		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
						-		Surcharge for
						-		Partially
								Distant
								Stations
						-		
						-		
			-			-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
EIGH	ITY-THIRD	SUBSCRIBER GROU	JP	EIGH	ITY-FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
						-		
	····					-		
						H		
						-		
						Щ		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add th	ne base rat e	e fees for each subscr	iber aroup a	as shown in the boxes a	bove.			
Enter here and in block			U 1 -			\$		

MASSILLON CAB						S	7758	Name
	BLOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCRI	BER GROUP		
EIGH	HTY-FIFTH	SUBSCRIBER GROU		11		SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
						-		Exclusivity Surcharge
	····					-		for
								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	
EIGHTY-	-SEVENTH	SUBSCRIBER GROU	JP	EIG	HTY-EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-				-		
Total DSEs			0.00	Total DSEs			0.00	
	3	_			H- O-	_		
Gross Receipts Third C	∍roup	\$	0.00	Gross Receipts Four	in Group	\$	0.00	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add th	ne base rat e	e fees for each subscr	iber group a	as shown in the boxes a	bove.			
Enter here and in block						\$		

LEGAL NAME OF OWNE						S	7758	Name
	BLOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCRI	BER GROUP		
	TY-NINTH	SUBSCRIBER GROU				SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	······		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
						-		Exclusivity Surcharge
	···				••••	-		for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First 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	
NINE	TY-FIRST	SUBSCRIBER GROU	IP	NINE	TY-SECOND	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 C	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			ber group a	as shown in the boxes a	above.			
Enter here and in block	S, IIIIE I, S	pace L (page /)				Φ		

MASSILLON CAB						S	7758	Name
	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCRI	BER GROUP		
	TY-THIRD	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	<i></i>		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
				-				Exclusivity Surcharge
	····		···					for
			•••••••••	-				Partially
								Distant
								Stations
				-				
Total DSEs		-	0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
NINE	ETY-FIFTH	SUBSCRIBER GRO	UP	N	INETY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
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 0	Group	<u></u>	0.00	Gross Receipts Four	th Group	\$	0.00	
	•				•			
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group a	s shown in the boxes a	above.	\$		

LEGAL NAME OF OWNE MASSILLON CABI						S	7758	Name
E	BLOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	H SUBSCRI	BER GROUP		
	SEVENTH	SUBSCRIBER GROU		11		SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA	······		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
	<u></u>							for
								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	
NINE	TY-NINTH	SUBSCRIBER GROU	JP	ONE H	HUNDREDTH	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 G	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
C. See Resemble Tillia	oup	. •		- Sisses i toscipis i sui	C.Oup	*		
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.	\$		

LEGAL NAME OF OWNE						S	7758	Name
[BLOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCRI	BER GROUP		
	RED FIRST	SUBSCRIBER GROU	IP	ONE HUNDR	ED SECOND	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
				-	····	-		Syndicated Exclusivity
					····	-		Surcharge
								for
								Partially
		1						Distant
				-		-		Stations
				1	····	+		
Tatal DOFa			0.00	Total DSEs			0.00	
Total DSEs 0.00 Gross Receipts First Group \$ 0.00				Gross Receipts Seco	0.00			
Gross Receipts First G	Ιουρ	\$	0.00	Gloss Neceiplis Seco	ila Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Seco		\$	0.00	
	ED THIRD	SUBSCRIBER GROU		11		SUBSCRIBER GROU	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
				- I		-		
				-				
				1	····	+		
T 1 1 DOE			0.00	T + 1 POF			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
				Н				
Base Rate Fee: Add th Enter here and in block			ber group a	as shown in the boxes a	bove.	\$		

LEGAL NAME OF OWNE MASSILLON CABI						S	YSTEM ID# 7758	Name
E	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCRI	BER GROUP		
	RED FIFTH	SUBSCRIBER GROU		ONE HUNI	DRED SIXTH	SUBSCRIBER GROUP	Р	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
			<u></u>	-		-		and Syndicated
			<u></u>					Exclusivity
	<u> </u>			-			<u> </u>	Surcharge
								for
								Partially
								Distant
	<u> </u>		<u></u>					Stations
	<u></u>							
	<u> </u>		···				<u> </u>	
Total DSEs			0.00	Total DSEs	0.00			
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED	SEVENTH	SUBSCRIBER GROU	JP	ONE HUNDE	RED EIGHTH	SUBSCRIBER GROUP	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u> </u>		<u></u>					
				-	·····	-	-	
				-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group a	II as shown in the boxes a	bove.	\$		

LEGAL NAME OF OWNE						S	7758	Name
	BLOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCRI	BER GROUP		
	ED NINTH	SUBSCRIBER GROU	IP	ONE HUND	RED TENTH	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
						H		Syndicated Exclusivity
						-		Surcharge
								for
								Partially
		1						Distant
						-		Stations
						-		
T-4-1 DOE-			0.00	T-t-I DOE-			0.00	
Total DSEs	roun	•	0.00					
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	na Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Seco		\$	0.00	
	LEVENTH	SUBSCRIBER GROU				SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					••••	-		
						+		
						Щ		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
				!!				
Base Rate Fee: Add th Enter here and in block			ber group a	as shown in the boxes a	bove.	\$		

MASSILLON CAB						S	7758	Name
				ATE FEES FOR EAC				
	RTEENTH	SUBSCRIBER GROU		11		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for
	···							Partially Distant
								Stations
	···							
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		\$	0.00	Base Rate Fee Seco		\$	0.00	
	IFTEENTH	SUBSCRIBER GROU		11		SUBSCRIBER GROU	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group a	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWN							7758	Name
ONE HUNDRED SEV				ONE HUNDRED		BER GROUP SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant Stations
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO				SUBSCRIBER GRO	_	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		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	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			criber group a	s shown in the boxes	above.	\$		

MASSILLON CABI						S	7758	Name
E	BLOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCRI	BER GROUP		
ONE HUNDRED TWE	NTY-FIRST	SUBSCRIBER GROU	IP	ONE HUNDRED TWE	NTY-SECOND	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
T			0.00				0.00	
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	and Group	\$	0.00	
ONE HUNDRED TWE	NTY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED TWE	NTY-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
						-		
		<u> </u>						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	<u> </u>	0.00	Gross Receipts Four	th Group	\$	0.00	
C.000 Roccipio Hilla C	oup	•	3.00	O O O O O O O O O O O O O O O O O O O	Oroup	<u>*</u>	<u> </u>	
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			ber group a	as shown in the boxes a	bove.	\$		

LEGAL NAME OF OWNE						S	YSTEM ID# 7758	Name
I	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCRI	BER GROUP		
	NTY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED T	WENTY-SIXTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	······		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
	<u></u>							Surcharge for
				-				Partially
								Distant
								Stations
	<u> </u>							
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 TWENT	/-SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED TW	ENTY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
				-				
	<u></u>							
				-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group a	II as shown in the boxes a	above.	\$		

MASSILLON CAB						S	7758	Name
	BLOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCRI	BER GROUP		
		SUBSCRIBER GROUP		11		SUBSCRIBER GROUP		
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
	····					H		Surcharge
								for
								Partially
								Distant
						-		Stations
	····					H		
T + 1 P.05			0.00	T + + P.O.F.			0.00	
Total DSEs	Prouin.	•	0.00	Total DSEs Gross Receipts Seco	and Croup	•	0.00	
Gross Receipts First C	oroup .	\$	0.00	Gross Receipts Sect	ona Group	\$	0.00	
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	HIRTY-FIRST	SUBSCRIBER GROUP				SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			.					
						-		
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				Ш				
Base Rate Fee: Add t Enter here and in bloc			iber group a	as shown in the boxes a	above.	\$		

MASSILLON CABI						S	7758	Name
	BLOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCRI	BER GROUP		
ONE HUNDRED THI	RTY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED TH	IRTY-FOURTH	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
	···				····			
T-4-1 DOE-			0.00	T-1-1 DOE-			0.00	
Total DSEs	roun	•	0.00	Total DSEs	nd Croup	•	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	na Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
	IRTY-FIFTH	SUBSCRIBER GROUP		††		SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		<u> </u>						
	···							
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Proup	•	0.00	Gross Receipts Four	th Group	•	0.00	
TOTOSS NECCIPIS THIIU C	лоир	Ψ	0.00	Oross Necelplis Pour	и Огоир	Ψ	3.00	
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			ber group a	as shown in the boxes a	bove.	\$		

LEGAL NAME OF OWNE						S	7758	Name
	BLOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCRI	BER GROUP		
ONE HUNDRED THIRT	Y-SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED TH	HIRTY-EIGHTH	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
	<u>.</u>							and Syndicated
	····							Exclusivity
								Surcharge
								for
						 		Partially
			<u>.</u>					Distant
						-		Stations
	····					-		
T 1 1 DOE			0.00	T + + P.O.F.			0.00	
Total DSEs	roun	•	0.00	Total DSEs	and Croup	•	0.00	
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Seco	ona Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco		\$	0.00	
	IRTY-NINTH	SUBSCRIBER GROUP		II		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
	<u></u>							
	···							
	····							
			<u> </u>					
	<u></u>							
Total DSEs	_	Ш	0.00	Total DSEs		H	0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
	·							
Base Rate Fee: Add the Enter here and in block			iber group a	as shown in the boxes a	bove.	\$		

LEGAL NAME OF OWNE						S	7758	Name
	BLOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCRI	BER GROUP		
ONE HUNDRED FO	ORTY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED FO	RTY-SECOND	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
	····				····			
				-				
T			0.00				0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	na Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
	ORTY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED FO	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 (Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
				!!				
Base Rate Fee: Add the Enter here and in block			ber group a	s shown in the boxes a	bove.	\$		

LEGAL NAME OF OWNE						S	7758	Name
E	BLOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCRI	BER GROUP		
ONE HUNDRED FO	RTY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED	FORTY-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
						 -		
	 		ļ		····			
					••••			
Total DSEs	•		0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED FORTY	/-SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED FO	ORTY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		<u> </u>						
					••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add th	e hase rate	a face for each subscri	her group o	es shown in the hoves a	hove			
Enter here and in block			J. J. Oup C			\$		

MASSILLON CABL						S	7758	Name
B	BLOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCRI	BER GROUP		
ONE HUNDRED FOR	TY-NINTH	SUBSCRIBER GROU	IP	ONE HUNDRE	ED FIFTIETH	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
				-		-		Syndicated Exclusivity
					····			Surcharge
								for
								Partially
								Distant
								Stations
				-				
				- I				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED FIF	TY-FIRST	SUBSCRIBER GROU	P	ONE HUNDRED FIF	TY-SECOND	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	•••••••				••••	-		
	•			-		-		
				-				
Total DSEs	1		0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	
, :20	•				•			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			ber group a	as shown in the boxes a	bove.	\$		

LEGAL NAME OF OWNER MASSILLON CABL						S	7758	Name
E	BLOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCRI	BER GROUP		
ONE HUNDRED FIF	TY-THIRD	SUBSCRIBER GROU	IP	ONE HUNDRED FIF	TY-FOURTH	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
				-				and Syndicated
				-		-		Exclusivity
								Surcharge
								for
								Partially
				-				Distant Stations
						-		
				-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	roup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Seco		\$	0.00	
	· I Y-FIF I H	SUBSCRIBER GROU		11		SUBSCRIBER GROU	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u> </u>			
				-				
				-				
			.					
				-	<u> </u>			
Total DSEs	4		0.00	Total DSEs			0.00	
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
•	-			· ·	-			
Base Rate Fee Third G	iroup	\$	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.	\$		

CALL SIGN DSE CALL SIGN	LEGAL NAME OF OWNE MASSILLON CABL						S	7758	Name
CALL SIGN DSE CALL SIGN	E	BLOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	H SUBSCRI	BER GROUP		
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fee Third Group Ses Rate Fee Third Group Ses Rate Fee Third Group Ses Rate Fee Fourth Group Ses Rate Fee Fou	ONE HUNDRED FIFTY	-SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED F	IFTY-EIGHTH	SUBSCRIBER GROUP		0
CALL SIGN DSE CALL SIGN	COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
and Syndicat Exclusion Total DSEs ONE HUNDRED FIRTY NITH SUBSCRIBER GROUP ONE HUNDRED FIRTY NITH SUBSCRIBER GROUP ONE HUNDRED FIRTY NITH SUBSCRIBER GROUP ONE HUNDRED SIXTETH SUBSCRIBER GROUP Total DSEs O.00 Gross Receipts Find Group S O.00 ONE HUNDRED SIXTETH SUBSCRIBER GROUP Total DSEs O.00 Gross Receipts Find Group S O.00 Base Rate Fee Fourth Group S O.00 Base Rate Fee Tourth Group S O.00 Base Rate Fee Tourth Group S O.00 Base Rate Fee Tourth Group S O.00	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Syndical Exclusive Surviva Control of the Control o									Base Rate Fee
Exclusive Surchar for the control of									
Surchar Content of the content of th									Syndicated
		<u> </u>							
Partial Distant Station					-				
Distant Station Total DSEs Gross Receipts First Group S O.00 ONE HUNDRED FIFTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE				-					
Total DSEs Gross Receipts First Group Base Rate Fee First Group ONE HUNDRED FIFTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA OCMMUNITY/ AREA OCALL SIGN DSE CALL SIGN DSE					-	•••••	.=		Distant
Gross Receipts First Group Base Rate Fee First Group S O.00 Base Rate Fee Second Group S O.00 ONE HUNDRED FIFTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN									Stations
Gross Receipts First Group Base Rate Fee First Group S O.00 Base Rate Fee Second Group S O.00 ONE HUNDRED FIFTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN									
Gross Receipts First Group Base Rate Fee First Group S O.00 Base Rate Fee Second Group S O.00 ONE HUNDRED FIFTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN									
Gross Receipts First Group Base Rate Fee First Group S O.00 Base Rate Fee Second Group S O.00 ONE HUNDRED FIFTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN					-		-		
Gross Receipts First Group Base Rate Fee First Group S O.00 Base Rate Fee Second Group S O.00 ONE HUNDRED FIFTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN					-				
Gross Receipts First Group Base Rate Fee First Group S O.00 Base Rate Fee Second Group S O.00 ONE HUNDRED FIFTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN									
Base Rate Fee First Group S	Total DSEs			0.00	Total DSEs			0.00	
ONE HUNDRED FIFTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE	Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 CALL SIGN DSE CALL	Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	ONE HUNDRED FI	FTY-NINTH	SUBSCRIBER GROUP		ONE HUNDR	RED SIXTIETH	SUBSCRIBER GROUP		
Total DSEs Gross Receipts Third Group Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00	COMMUNITY/ AREA			0	COMMUNITY/ AREA				
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.		<u></u>					-		
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.		<u></u>			-	····	-		
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.							-		
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.					-				
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.		<u></u>			-		H		
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
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.	Total DSEs			0.00	Total DSEs			0.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	h Group	\$	0.00	
Enter here and in block 3, line 1, space L (page 7)	Base Rate Fee: Add th Enter here and in block	e base rate 3, line 1, sp	e fees for each subscripace L (page 7)	ber group a	s shown in the boxes ab	pove.	\$		

LEGAL NAME OF OWNE MASSILLON CAB						\$	3YSTEM ID# 7758	Name
I				ATE FEES FOR EAC		IBER GROUP SUBSCRIBER GRO	LID	
COMMUNITY/ AREA	MASSI	SUBSCRIBER GRO)UP	COMMUNITY/ ARE	9			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	Computation of			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate F
								and
								Syndicated
	<u></u>							Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Bross Receipts First G	roup	\$ 4,50	3,709.26	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	DUP		FOURT	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	Dec	II CALL SICN	Dec	CALL SIGN	DSE	CALL SIGN	DOE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	•••							
	<u></u>							
		H						
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	IF.	· · · · · · · · · · · · · · · · · · ·			In	·		
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
so Rate Foo: Add th	o hace ret	a foos for each out	criber group s	as shown in the boxes	ahove			
ase Rate Fee: Add tr nter here and in block			ciibei gioup a	as shown in the boxes	abuve.	\$	0.00	

TOTALI DSES CALL SIGN							7758	Name	
CALL SIGN DSE CALL SIGN DSE and Syndicate Exclusivit Surcharging for Partially Distant Stations Total DSEs CALL SIGN DSE CALL SIGN DSE Base Rate Fee Second Group \$ 0.00 EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Total DSEs		OCK A: C	OMPUTATION O	F BASE RA	ATE FEES FOR EAC	H SUBSCRI	BER GROUP		
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MASSILLON CAB						5	7758	Name
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Radio

Accepted

C	Cable Worksheet	Total amount of remittance	Number of SAs rec'd	Initials
		Date of remittance	- Check EFT	FILING FEES
Cable ID #				Amount Initials
Examined by	Reviewed by	Date examination completed	Allocation number	
Space A Accounting Period				
	☐ January 1 - June 30, 2017		July 1 - December 31, 2017	
	Letter sent		Information received	
	Accepted		Phone call/Date/Contact	
Space B Owner				
	Letter sent		Information received	
	Accepted		Phone call/Date/Contact	
Space D Area Served				
	Letter sent		Information received	
	Accepted		Phone call/Date/Contact	
Space E Secondary Transission				
Service Subscribers:	Letter sent		Information received	
and Rates	Accepted		Phone call/Date/Contact	
Space G Primary Transmitters:				
Television	Letter sent		Information received	
	Accepted		Phone call/Date/Contact	
Space H Primary Transmitters:				

Phone call/Date/Contact

		Space I Substitute Carriage
Letter sent	☐ Information received	1
Accepted	☐ Phone call/Date/Contact	
		Space J Part-time Carriage Log
✓ Letter sent	☐ Information received	(SA3 only)
Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	☐ Information received	1
Letter sent	Phone call/Date/Contact	1
		Space L Copyright Filing and Royalty Fees
Royalty Fee should be	Refund request to fiscal	
Letter sent	☐ Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	☐ Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	☐ Information received	
Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	☐ Information received	
Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	☐ Info/add'l fee received	
Accepted	Phone call/Date/Contact	