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					
0/07/2010	\$					
8/27/2018	ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:						
Accounting	2018/1						
Period							
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the busine if there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account conducts the busine is the system's first filing. If not, enter the system's ID	ess of the cable system or on the last day of a counting perioa	em the accounting period should s	•			
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
	The Ohio Bell Telephone Company						
				6283120181			
				62831 2018/1			
	1010 N. St. Mary's Street, Room 13-59-B						
	San Antonio, TX 78215-2109						
	·	de elle de la company					
С	INSTRUCTIONS: In line 1, give any business or trade names used to it names already appear in space B. In line 2, give the mailing address of						
System	IDENTIFICATION OF CABLE SYSTEM:			<u> </u>			
	1						
	MAILING ADDRESS OF CABLE SYSTEM:						
	2 (Number, street, rural route, apartment, or suite number)						
	(City, town, state, zip code)						
D		and the first sever	nunity convod below and rel	ist on page 1h			
ן ט	Instructions: For complete space D instructions, see page 1b. Identify	only the list com	nunity served below and rei	ist on page 1b			
Area Served	with all communities.	T					
	CITY OR TOWN	STATE					
First Community							
Community	Below is a sample for reporting communities if you report multiple cha			T			
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#			
Sample	Alla	MD	A	1			
	Alliance	MD MD	B B	3			
	Gering	IVID	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 th 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.

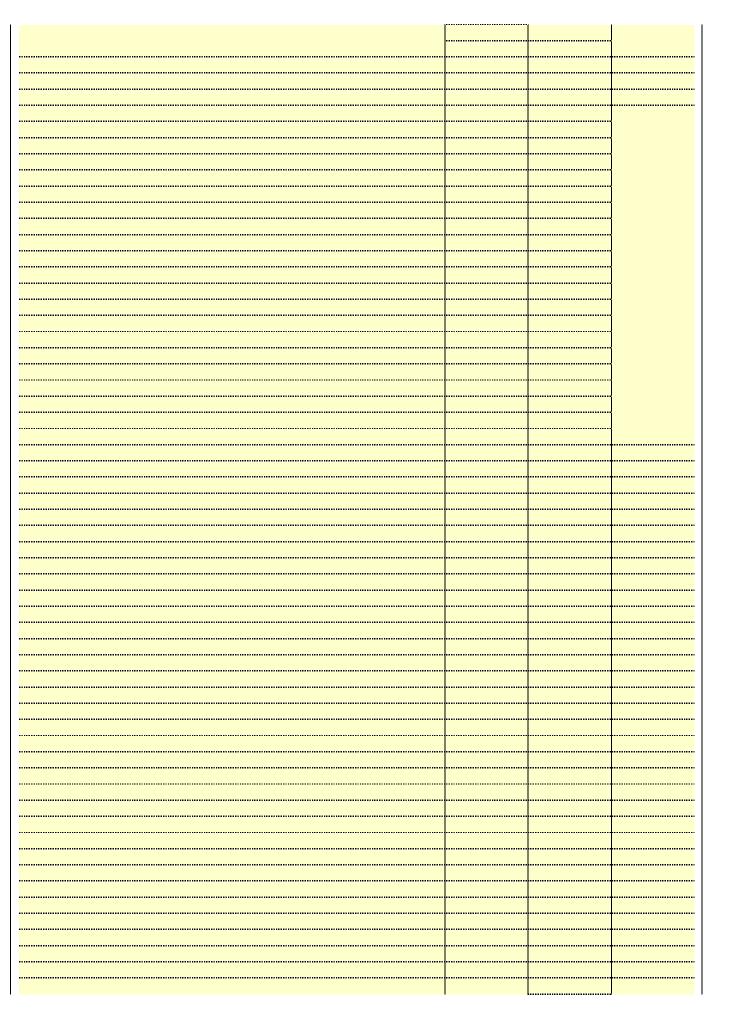
FORM SA3E. PAGE 1b.			ACCOUNT	ING PERIOD: 2018/1
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
The Ohio Bell Telephone Company			62831	
Instructions: List each separate community served by the cable system. A "community in FCC rules: "a separate and distinct community or municipal entity (including unincorp areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frs of system identification hereafter known as the "first community." Please use it as the first Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom below the identified city or town.	orated communitie of community that y of community on all	s within unincorp ou list will serve a I future filings.	orated as a form	D Area Served
If all communities receive the same complement of television broadcast stations (i.e., or all communities with the channel line-up "A" in the appropriate column below or leave th on a partially distant or partially permitted basis in the DSE Schedule, associate each redesignated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-commuchannel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns by	e column blank. If elevant community nity basis, associa I a subscriber grou	you report any st with a subscriber te each commun	ations group, ity with a	
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#]
Cleveland	ОН			First
Akron	ОН			Community
Alliance	ОН			
Barberton	OH			
Bath	OH			
Bay Village Beachwood	OH OH			See instructions for additional information
Bedford	OH			on alphabetization.
Bedford Heights	OH			
Bentleyville	OH			
Berea	ОН			
Brady Lake	ОН			
Brecksville	ОН			
Brimfield	OH			
Broadview Heights	OH			
Brook Park	OH			
Brooklyn	OH			
Brooklyn Heights	OH			
Brunswick Canal Fulton	OH OH			
Canton	ОН			
Chagrin Falls	OH			
Chardon Township	OH			
Chester Township	ОН			
Cleveland Heights	ОН			
Columbia (Lorain County)	OH			
Concord	OH			
Copley	OH			
Coventry	OH			
Cuyahoga Haineernerated County	OH OH			
Cuyahoga Unincorporated County East Cleveland	ОН			
Eastlake	OH			
Euclid	OH			
Fairlawn	ОН			
Fairport Harbor	OH			
Fairview Park	ОН			
Franklin	ОН			
Garfield Heights	OH			
Gates Mills	OH			
Glenwillow	OH			
Grand River	ОН]

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Green	OH		
Highland Heights Highland Hills Hills and Dales Hinckley Huron	OH		
Highland Hills	OH OH		
Hills and Dales	OH OH		
Hinckley	OH OH		
Huron	OH OH		
Independence Jackson Township Kent	OH		
Jackson Township	ОН		
	ОН		
Kirtland	ОН		
Kirtland Hills	ОН		
Lake	ОН		
Lakeline	ОН		
Lakemore Lakewood Lawrence	ОН		
Lakewood	ОН		
Lawrence	ОН		
Lexington Township	OH		
Linndale	OH		
Lexington Township Linndale Louisville	ОН ОН ОН		
Lyndhurst Maple Heights Massillon	OH OH OH		
Maple Heights	ОН		
Massillon			
	OH		
Mayfield Mayfield Heights Mentor	OH		
Mentor	OH		
Mentor On The Lake	OH		
Meyers Lake	ОН		
Middleburg Heights	ОН		
Mogadore	OH		
Moreland Hills	ОН		
Mentor Mentor On The Lake Meyers Lake Middleburg Heights Mogadore Moreland Hills Munroe Falls Munson Township New Franklin	ОН		
Munson Township	ОН		
New Franklin	ОН		
Newburgh Heights Nimishillen	ОН		
Nimishillen	ОН		
North Canton	ОН		
North Olmsted	ОН		
North Randall	ОН		
North Royalton	ОН		
Norton	ОН		
Oakwood	ОН		
Olmsted	ОН		
Olmsted Falls	OH		
Orange	ОН		
Painesville	ОН		
Parma	ОН		
Parma Heights	ОН		
Pepper Pike	ОН		
Perkins	ОН		
Perry	ОН		
Plain	ОН		
Ravenna	ОН		
Richmond Heights	ОН		
Rocky River	OH		
Rootstown	OH		
Russell Township	ОН		
Sandusky	ОН		
Sandusky Seven Hills	ОН		
Shaker Heights	ОН		
Shalersville	ОН		
	l	L	J

Add rows as necessary.

	011		
Silver Lake Solon	 OH		
Solon	 OH		
Solon South Euclid South Russell Springfield Township Stow	OH		
South Russell	ОН		
Sprinafield Township	 OH OH OH OH OH OH		
Stow	 		
3(UW	 ОП		
Streetsboro Strongsville Suffield	 OH		
Strongsville	OH		
Suffield	OH		
Tallmadge	 ОН		
Timhorlako	 ОН		
The second (Otenla Octobra)	 OH		
Tuscarawas (Stark County)	 UH		•••••
University Heights	OH		
Valley View	ОН		
Waite Hill	ОН		•
Walton Hills	 ОН		
	 OII		
warrensville Heights	 UH		
Washington Township	OH		
Suffield Tallmadge Timberlake Tuscarawas (Stark County) University Heights Valley View Waite Hill Walton Hills Warrensville Heights Washington Township Westlake	OH		
Wickliffe	ОН		
Willoughby	 OH OH OH OH OH OH		
Wickliffe Willoughby Willoughby Hills Willowick Woodmere	 011		
willoughby fills			
Willowick	OH		
Woodmere	ОН		
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		<u> </u>



Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

The Ohio Bell Telephone Company

SYSTEM ID#
62831

Ε

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLG	OCK 1		BLOCK 2					
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE			
Residential:								
Service to first set	101,110	\$ 19.00	HD Tech Fee	83,055	\$ 10.00			
 Service to additional set(s) 			Set-Top Box	101,616	\$0-\$15			
 FM radio (if separate rate) 			Broadcast TV Surcharge	101,110	\$4.99-\$5.99			
Motel, hotel								
Commercial	506	\$ 20.00						
Converter								
 Residential 					T			
 Non-residential 								
	I		- 7 1		T			

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	RATE	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel		Video on Demand	\$0-\$100
 Pay cable—add'l channel 	\$5-\$199	Commercial		Service Activation Fee	\$0-\$35
 Fire protection 		Pay cable		Credit Management Fee	\$0-\$449
Burglar protection		Pay cable-add'l channel		Dispatch on Demand	\$99 - \$149
Installation: Residential		Fire protection		Wireless Receiver	\$10-\$49
First set	\$0-\$199	Burglar protection		HD Premium Tier	\$7
 Additional set(s) 		Other services:		DVR Upgrade Fee	\$50
 FM radio (if separate rate) 		Reconnect	\$0-\$35	Vacation Hold	\$ 7.00
Converter		Disconnect			
		Outlet relocation	\$0-\$55		
		Move to new address			

The Ohio Bell Telephone Company 62831 PRIMARY TRANSMITTERS: TELEVISION 1	FORM SA3E. PAGE 3.					CVCTEMID	
In General: In space G, identify every television station (including translator stations and low power television stations) acried by your calbel 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 75.69(d)/2) and (4), 76.76 (10) (2) and (4), 76.76 (3) (2) and (4)), 30.40 (2) contain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any stidiant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space — But to space 1, fife station was carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: For further information concerning substitute basis. List the station here, and also in space 1, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis sations, see page (9) of the general instructions located or basis. For further information concerning substitute basis sations, see page (9) of the general instructions is station of broadcasting over-the-air in stations and stream associated with a station according to its over-the-air designation. For example, report multi-cast, For further information concerning substitute basis sations, see page (9) of the general instructions located in the page FA3 form. Column 1: Use station is outside the focal service area, (e.e. "distant"), enter "Yes". If not, enter "Yo". For an exaption of these terms, see page (v) of the general instructions located in the page FA3 form. Column 6: If you have entered "Yes" in column 4, you must complete column 5 stating the basis on which your called a write angient of these stations are page (v) of the general instructions located in the page FA3 form. Column						SYSTEM ID	Name
General: In space G, identify every television station (including translator stations and low power television stations) standed by your cable system during the accounting period, except (1) stations carried only on a part-time basis under CCC rules and regulations in effect on June 24, 1981, permitting the carried only on a part-time basis under CCC rules and regulations in effect on June 24, 1981, permitting the carried only on a part-time basis under CCC rules and regulations in the read paragraph. Solved (2) and (4), 76 (1963) (referring to 76 81 (e)(2) and (4)), and (2) certain stations carried on a substitute basis. Solved in the read paragraph. Solved (2) and (4), 76 (e)(2) and (4), or 76 53 (referring to 76 81 (e)(2) and (4)), and (2) certain stations carried on the pass of the stations carried only 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 seath multicast streams must be reported in column 1 (list each streams separately, for example. WEC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 2: Give the channel number the FCC has a sasigned to the television station for broadcasting over-the-air its community of license. For example, WEC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: High station in columnal and the station is a network station, an independent station, or a noncommercial educationally or "E-M" (for network), "M-M" (for network), "M-M" (for network multicast), "To for integrated multicast), "To for network multicast)," "Go ne	<u> </u>					6263	1
Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the effect. 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 CHANNEL OF (Yes or No) CARRIAGE (If Distant) NUMBER STATION NEBNX/WBNXHD 55/1055 I No Akron, OH WEAO 49 E No Akron, OH WEWS/WEWSHD 5/1005 N No Cleveland, OH WEWS/WEWSHD 5/1005 N No Cleveland, OH WYWYJWHD 8/1003 N No Cleveland, OH WKYC/WKYCHD 3/1003 N No Cleveland, OH WOIO/WOIOHD 19/1019 N No Shaker Heights, OH WOIO/WOIOHD 61/1061 I No Cleveland, OH WRLM 67 I No Canton, OH WUAB/WUABHD 43/1043 I No Cleveland, OH WUAB/WUABHD 43/1045 E No Cleveland, OH WUAB/WUZWIZHD 25/1025 E No Cleveland, OH WIJZ/WVIZHD 25/1025 E No Cleveland, OH	The Ohio Bell 1 PRIMARY TRANSMITTE IN General: In space (Corarried by your cable is Second of the Substitute program bases of the Substitute Basis of the Subs	Gers: TELEVISIO G, identify every system during the control of the control G, identify every system during the control G, identify every system during the control G, identify every system carried the control G, identify every G, identify G, ident	y television state accounting in June 24, 19, 4), or 76.63 (in the next prespect to any ations, or auth G—but do listitute basis. ace I, if the state in Substitute basis is gin. Do not represent the station acceptance of the FCC in the station. Whether the state in "N" (for no oncommercial page (v) of the the local servage (v) of the es" in column on during the station during the station of the station of the station of the station oncommercial page (v) of the es" in column on during the station during the station of the stat	g period, except 81, permitting the referring to 76.6 paragraph. y distant stations corizations: t it in space I (the station was carried tute basis station report origination cording to its own be reported in was assigned to annel 4 in Wash station is a network, "N-M" (I educational), coe general instructivice area, (i.e. "or general instruct 4, you must coaccounting period of 76.6 paragraphs."	t (1) stations carried carriage of certif (e)(2) and (4))]; is carried by your one Special Statem of the Special	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program ent and Program Log)—if the tute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify ation. For example, report multi- th stream separately; for example tion for broadcasting over-the-air in may be different from the channel expendent station, or a noncommercial cast), "I" (for independent), "I-M" commercial educational multicast). the paper SA3 form. es". If not, enter "No". For an ex- expaper SA3 form. stating the basis on which your ttering "LAC" if your cable system	1 Name G Primary Transmitters
Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the effect. 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 CHANNEL OF (Yes or No) CARRIAGE (If Distant) NUMBER STATION WBNX/WBNXHD 55/1055 I No Akron, OH WEAO 49 E No Akron, OH WEWS/WEWSHD 5/1005 N No Cleveland, OH WEWS/WEWSHD 5/1005 N No Cleveland, OH WYWWJWHD 8/1003 N No Cleveland, OH WKYC/WKYCHD 3/1003 N No Cleveland, OH WOIO/WOIOHD 19/1019 N No Shaker Heights, OH WQHS/WQHSHD 61/1061 I No Cleveland, OH WRLM 67 I No Canton, OH WUAB/WUABHD 43/1043 I No Cleveland, OH WUAB/WUZ/WVIZHD 25/1025 E No Cleveland, OH WUZ/WVIZHD 25/1025 E No Cleveland, OH	oudic ayaleiii caiiieu li				activated shannel		
1. CALL SIGN 2. B'CAST CHANNEL NUMBER STATION 2. BASIS OF CARRIAGE (If Distant) 3. TYPE (Yes or No) CARRIAGE (If Distant) 4. DISTANT? (Yes or No) CARRIAGE (If Distant) 4. DISTANT (Yes or No) Akron, OH See instructions for additional information alphabetization. 4. DISTANT (Yes or No) Akron, OH See instructions for additional information alphabetization. 4. DISTANT (Yes or No) Akron, OH See instructions for additional information alphabetization. 4. DISTANT (Yes or No) CIEveland, OH See instructions for additional information alphabetization. 4. DISTANT (Yes or No) CIEveland, OH See instructions for additional information alphabetization. 4. DISTANT (Yes or No) Shaker (Yes or No) See instructions for additional information alphabetization. 4. DISTANT (Yes or No) CIEveland, OH See instructions for additional information alphabetization. 4. DISTANT (Yes or No) See instructions for additional information alphabetization. 4. DISTANT (Yes or No) See instructions for additional information alphabetization. 4. DISTANT (Yes or No) See instructions for additional information alphabetization. 4. DISTANT (Yes or No) See instructions for additional information alphabetization. 4. DISTANT (Yes or No) See instructions for additional information alphabetization. 4. DISTANT (Yes or No) See instructions for additional information alphabetization. 4. DISTANT (Yes or No) See instructions for additional information alphabetization. 4. DISTANT (Yes or No) See instructions for additional information alphabetization. 4. DISTANT (Yes or No) See instructions for additional information alphabetization. 4. DISTANT (Yes or No) See instructions for additional information alphabetization. 4. DISTANT (Yes or No) See instructions for additional information alphabetization. 4. DISTANT (Yes or No) See instructions for additional information alphabetization. 4. DISTANT (Yes or No) See instructions for additional information alphabetization. 4. DISTANT (Yes or No) See instructions for additional information alphabetization. 4. DISTANT (Yes or No)	carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For	ion of a distant entered into o a primary trans simulcasts, also	multicast stre n or before Ju mitter or an a o enter "E". If	eam that is not some 30, 2009, be a sociation represented the	subject to a royalty etween a cable sy esenting the prima channel on any o	y payment because it is the subject stem or an association representing try transmitter, enter the designa- ther basis, enter "O." For a further	
SIGN	carried the distant state. For the retransmiss of a written agreement the cable system and a ction "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or Column 10 these for Col	ion of a distant entered into o a primary trans simulcasts, also ree categories e location of ea Canadian statio	multicast stre n or before Ju mitter or an a o enter "E". If , see page (v) ich station. Fo ons, if any, giv nnel line-ups,	eam that is not some 30, 2009, be association repreyou carried the of the general or U.S. stations, e the name of thuse a separate	subject to a royalty etween a cable sy esenting the prima channel on any o instructions locate list the community he community with space G for each	y payment because it is the subject stem or an association representing by transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. If y to which the station is licensed by the h which the station is identifed.	
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEMII	Namo
The Ohio Bell	Telephone C	ompany			6283	81
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON				
In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Pasis Pasis Substitute Pasis Substitute Pasis Substitute Pasis Pa	G, identify even during the system during the solutions in effect on the sist, as explained the stations: With a CC rules, regular here in space only on a subsuand also in spatformation concern. The station's call associated with each case with the sine ach case with the sin	y television standard accounting in June 24, 194, or 76.63 (rd d in the next prespect to any ations, or auth G—but do list titute basis. In the standard account in a station account in a station account in a station account in the local service (v) of the local service (period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: to the station was carried ute basis station eport origination cording to its own be reported in comparation in a sassigned to the station is a network ation is a network of the stational, on the stational of the stational of the stational stational of the stational o	(1) stations carried e carriage of certa 1(e)(2) and (4))]; as a carried by your context of the carried by the carried b	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your ering "LAC" if your cable system	Primary Transmitters: Television
Note: If you are utilizing	ig multiple char	nnel 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	
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ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 4.

	LEGAL NAME OF (OWNER OF CABI	E SYSTE	И:					SYSTEM ID#
Name	The Ohio Be	ell Telephor	ne Com	ipany					62831
H Primary Transmitters: Radio	all-band basis v Special Instruct receivable if (1) on the basis of For detailed info located in the po Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	t every radio s whose signals ctions Concer it is carried by monitoring, to prince to a control aper SA3 form dentify the call that whether to the radio stati this by placing Sive the station	tation ca were "ge rning All the syst be receive to the the l. sign of e he statio on's sign a check i's locatio	rried on a separate and discrenerally receivable" by your careally receivable" by your careally receivable. Under Community with the separate at the headend, with the separate that the headend, with the separate that the headend, with the separate that the separate that the headend with the separate that the separate	obl t the system	be system during opyright Office re he system's heastem's FM anter this point, see put by the cable system is licens	gulations, an idend, and (2) inna, during ce page (vi) of the system as a segued by the FCC	ng period FM sign it can be rtain sta e genera	d. al is generally e expected, ted intervals. Il instructions and discrete
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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FORM SA3E. PAGE 5.							ACCOUNTING	PERIOD: 2018/1
LEGAL NAME OF OWNER OF The Ohio Bell Telepho							SYSTEM ID# 62831	Name
SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEN	IT AND PROGRAM LOG					
In General: In space I, ident substitute basis during the acexplanation of the programm 1. SPECIAL STATEMENT • During the accounting per	ccounting pending that must represent the concertion of the concertion of the concertion of the countries of the concertion of the countries o	eriod, under spe at be included ir NING SUBST	ecific present and former FC in this log, see page (v) of the ITUTE CARRIAGE	C rules, regula e general instr	ations, or au uctions loca	uthorizations ated in the pa	. For a further aper SA3 form.	Substitute Carriage: Special Statement and
Note: If your answer is "No log in block 2.		rest of this pag	ge blank. If your answer is '	Yes," you mu	ıst complet	Yes the progra	IX No ım	Program Log
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 mor first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progra ace, please a of every nor distant stati gulations, o tion. Do no Lucy" or "NE n was broad sign of the s adcast static adian static atth and day we "5/7." es when the Example: a er "R" if the and regulatic ogramming	m on a separa attach additionanetwork televion and that your authorization to use general of the additional attack and a Basketball: a Basketb	al pages. ision program (substitute pur cable system substitutes. See page (vi) of the gencategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the tem carried the substitute purposed by a system from 6:01:	rogram) that, d for the progeral instructio "basketball". o." m. station is licer station is iden program. Use table system. 5 p.m. to 6:2 mming that ye enter the letter the letter the second and the program.	during the ramming on solocated List specificated by the tiffied). numerals, List the tir 8:30 p.m. so our system ter "P" if the	accounting f another sta in the paper fic program e FCC or, in with the mones accurate should be was require e listed pro	nth ely	
,		E PROGRAM			EN SUBST		7. REASON	
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		5. MONTH AND DAY	6.	TIMES TO	FOR DELETION	
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ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 6.

Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:
SYSTEM ID#
The Ohio Bell Telephone Company
62831

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Part-Time Carriage Log

PART-TIME CARRIAGE LOG

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

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

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

- Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10"
- State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.—3:15 a.m. app."
- You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m."
 12:00 p.m."

		DAT	ES AND HOURS	OF PART-TIME CARI	RIAGE			
CALL SIGN -	WHEN	CARRIAGE OC		CALL SIGN	WHEN	CARRIAGE O		
O'TEE O'O'T	DATE	FROM	DURS TO	SALE SIGIV	DATE	H FROM	HOURS TO	
			_				_	
							_	
			_				_	
				-				
				-				
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LEG	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Th	e Ohio Bell Telephone Company	62831	Name
Ins all a (as	OSS RECEIPTS tructions: The figure you give in this space determines the form you fle and the amount amounts (gross receipts) paid to your cable system by subscribers for the system's sec identified in space E) during the accounting period. For a further explanation of how to de (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	ondary transmission service	K Gross Receipts
IME	PORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross receipts)	
• Cor • Cor • If your fee • If you	YRIGHT ROYALTY FEE actions: Use the blocks in this space L to determine the royalty fee you owe: mplete block 1, showing your minimum fee. mplete block 2, showing whether your system carried any distant television stations. Our system did not carry any distant television stations, leave block 3 blank. Enter the a from block 1 on line 1 of block 4, and calculate the total royalty fee. Our system did carry any distant television stations, you must complete the applicable prompanying this form and attach the schedule to your statement of account.		L Copyright Royalty Fee
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should bock 3 below.	be entered on line 1 of	
▶ If p	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be elow.	entered on line 2 in block	
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	ould be entered on line	
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or mor least the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K		
	Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.		
	This is your minimum fee.	\$ 348,078.92	
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colui "Yes" in this block. • Did your cable system carry any distant television stations during the accounting per Yes—Complete the DSE schedule.	mn 4, you must check	
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$ -	
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	0.00	
	Line 3. Add lines 1 and 2 and enter here	\$ -	
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	\$ 348,078.92	Cable systems
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.		submitting additional deposits under
	Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	Section 111(d)(7) should contact
	Line 4. FILING FEE	\$ 725.00	additional fees. Division for the
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 348,803.92	appropriate form for submitting the additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. general instructions located in the paper SA3 form for more information.)	(See page (i) of the	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#									
Name	The Ohio Bell Telephone Company	62831									
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	21									
	system carried television broadcast stations										
	2. Enter the total number of activated channels										
		642									
	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	Name Diane Bellinger Telephone 210-351	-4805									
Information	Address 1010 N. St. Mary's Street, Room 13-59-B (Number, street, rural route, apartment, or suite number)										
	San Antonio, TX 78215										
	(City, town, state, zip)										
	Email dg7796@att.com Fax (optional) 210-246-8199										
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.										
O Certifcation	• I the undersigned hereby cortify that (Check one, but only one, of the house)										
Certification	I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)										
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or										
	[(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as in line 1 of space B and that the owner is not a corporation or partnership; or	identified									
	(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 in line 1 of space B.	cable system									
	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/ Mike McGuire										
	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 a "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibili										
	Typed or printed name: Mike McGuire										
	Title: Assistant Vice President – Billing Operations (Title of official position held in corporation or partnership)										
	Date: August 23, 2018										

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 th 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 telephor 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 search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
The Ohio Bell Telephone Company	62831	Name
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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system service of providing secondary transmissions of primary broadcast transmitters, the system scribers and amounts collected from subscribers receiving secondary transmissions pursual. For more information on when to exclude these amounts, see the note on page (vii) of the general paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions pursual.	tem for the basic shall not include sub- nt to section 119."	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment For an explanation of interest assessment, see page (viii) of the general instructions in the paper S		Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For furth contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.		
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Coplease list below the owner, address, first community served, accounting period, and ID number as filing.		
Owner Address		
First community served Accounting period ID number		

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on th 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: 2018/1

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

The term "distant signal equivalent" (DSE) generally refers to the numerica 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 accoun (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 C 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

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 particula 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 ε 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, ir 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 statior 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 Syndicatec 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 pursuan to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 198I, on a substitute and/o 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 ir
 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 SCHEDULE

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 The fifth and each additional DSE 0.330% of gross receipts

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

- · If any of the stations were partially distant:
- 1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.
 - 2. Identify the communities/areas represented by each subscriber group.
- 3. For each subscriber group, calculate the total number of DSEs of that group's complement of stations.

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

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

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

- Calculate a separate base rate fee for each subscriber group, using
 the rates given above;
 the total number of DSEs for that group's complement of stations;
 and
 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 o	f Subscriber Groups	
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
in	A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
3	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 DSFs	2 472		TOTAL GROSS RECEIPTS	\$600,000,00

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 \$6.384.00

		40,0000			
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: 2018/1

DSE SCHEDULE. PAG						
4	LEGAL NAME OF OWNER OF CABL				SY	STEM ID#
<u> </u>	The Ohio Bell Telephon	e Company				62831
	SUM OF DSEs OF CATEGOR	RY "O" STATIO	NS:			
	 Add the DSEs of each station 					
	Enter the sum here and in line	1 of part 5 of thi	s schedule.		0.00	
2	Instructions:					
2	In the column headed "Call S	Sign": list the ca	II signs of all distant stations	identified by t	the letter "O" in column 5	
Computation	of space G (page 3). In the column headed "DSE"	': for each inden	endent station, give the DSF	as "1 0"· for	each network or noncom-	
of DSEs for	mercial educational station, give			_ 00,		
Category "O"			CATEGORY "O" STATION	IS: DSEs		
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE

Add rows as						
necessary.						***************************************
Remember to copy						
all formula into new						
rows.						
	<u> </u>	<u> </u>				

M	LEGAL NAME OF C	OWNER OF CABLE SYSTEM:						SYSTEM ID#
Name	The Ohio Be	II Telephone Compa	iny					62831
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	at the call sign of all distate: For each station, give to correspond with the information: For each station, give to include the figure in columntal least to the third decirit for each independent station.	he number of hour mation given in spote total number of umn 2 by the figure mal point. This is the station, give the "ty lumn 4 by the figure man 4 by the figure man 4 by the figure man 4 by the figure mation.	s your cable syste ace J. Calculate of hours that the star- in column 3, and he "basis of carriage- pe-value" as "1.0." re in column 5, and	m carried the stanly one DSE for oftion broadcast or give the result in ge value" for the some cach network give the result it give the result it	ation during the accour each station. ver the air during the a decimals in column 4 station. ork or noncommercial e in column 6. Round to	ccounting period. This figure must educational station, no less than the	г
Capacity		C	ATEGORY LA	C STATIONS:	COMPLITAT	ION OF DSFs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEN	R 3. I JRS (ED BY (M	NUMBER OF HOURS STATION ON AIR	4. BASIS OI CARRIAC VALUE	F 5. TYF GE VAL	.UE	
					=	x		
			÷ ÷				=	
						x		
			÷				=	
						x		
			÷		=	x x	=	
	Add the DSEs	OF CATEGORY LAC S of each station. m here and in line 2 of p		ıle,	▶	0.	00	
Computation of DSEs for Substitute-Basis Stations	Was carried tions in effe Broadcast o space I). Column 2: I at your option. Column 3: I Column 4: I	e the call sign of each stands by your system in substant on October 19, 1976 (ne or more live, nonnetwork) or each station give the This figure should correst carter the number of days Divide the figure in column of the station's DSE	itution for a progra as shown by the le ork programs during number of live, no spond with the info s in the calendar ye on 2 by the figure in (For more informa)	m that your systen ter "P" in column g that optional carr nnetwork program rmation in space I ear: 365, except in n column 3, and gi tion on rounding, s	n was permitted 7 of space I); an iage (as shown by as carried in substance a leap year. we the result in case page (viii) of	to delete under FCC rd d v the word "Yes" in colur stitution for programs the olumn 4. Round to no the general instruction	ules and regular- nn 2 of hat were deleted less than the third	form).
			BSTITUTE-BA		1	ATION OF DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	
							÷	=
		÷					÷	
	l	÷					÷	
		÷		=			÷	=
	Add the DSEs	OF SUBSTITUTE-BAS of each station. m here and in line 3 of p		ıle,	⊁	0.0	00	
5 Total Number of DSEs	number of DSEs 1. Number of 2. Number of	R OF DSEs: Give the ames applicable to your system of DSEs from part 2 ● of DSEs from part 3 ● of DSEs from part 4 ● R OF DSEs		es in parts 2, 3, and	4 of this schedul	le and add them to prov	0.00 0.00 0.00	0.00

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2018/1

LEGAL NAME OF C							S	YSTEM ID#	Name
								62831	
Instructions: Bloc In block A:				7 of the DCF coh	adula blank a	- d	ant 0 (mana 46) at	: 4h-a	6
If your answer if schedule.				7 of the DSE sche	edule blank al	na complete pa	ап 8, (page 16) от	tne	O
If your answer if	"No," complete blo			ELEVISION M.	ARKETS				Computation of
Is the cable system						ection 76.5 of	FCC rules and re	gulations in	3.75 Fee
effect on June 24, Yes—Com		schedule—[OO NOT COM	PLETE THE REMA	AINDER OF F	PART 6 AND 7			
X No—Comp	olete blocks B and	C below.							
		BLO	CK B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	, , , , , , , , , , , , , , , , , , ,								
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carri 76.61(b)(c)]	ules and reguled pursuant	lations cited be to the FCC ma	elsis on which you delow pertain to thourket quota rules [7	ose in effect of 6.57, 76.59(b	n June 24, 198), 76.61(b)(c),	76.63(a) referring	ı tc	
	C Noncommeric D Grandfathered instructions for	cal educational d station (76. or DSE sched	al station [76.5 65) (see parag lule).	76.59(d)(1), 76.61(9(c), 76.61(d), 76. graph regarding su	63(a) referrin	g to 76.61(d)			
	•	viously carrie JHF station w	ed on a part-tin vithin grade-B	ne or substitute ba contour, [76.59(d)(•		erring to 76.61(e)	(5)	
Column 3:		e stations ide	ntified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on page	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
	<u> </u>								
								0.00	
		В	LOCK C: CO	MPUTATION OF	F 3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule			<u>-</u>		
Line 2: Enter the	sum of permitte	ed DSEs from	m block B ab	ove				-	
Line 3: Subtract (If zero, I				r of DSEs subject 7 of this schedu		rate.		0.00	
Line 4: Enter gro	oss receipts from	ı space K (p	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply I	ine 4 by 0.0375	and enter so	um here						permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	3				X		carriage? If yes, see part 9 instructions.
Line 7: Multiply I	ine 6 by line 5 aı	nd enter her	e and on line	2, block 3, spac	e L (page 7)			0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: The Ohio Bell Telephone Company 62831									4STEM ID# 62831	Name
		1	BLOCK	A: TELEVIS	SION MARKETS	S (CONTIN	UED)	1	1	
	I. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
										Computation of 3.75 Fee
<mark></mark>										
<mark></mark>									••••••	
						 				
<mark></mark>										
<mark></mark>										
<mark></mark>										
						 				
						 				
		···			I	T	1		I	1

	LEGAL NAME OF OWN	IER OF CABLE	E SYSTEM:						S	YSTEM ID#	Ŧ
Name	The Ohio Bell Telephone Company 628										ı
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981 Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1) Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981. A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections								e entered		
		PERMITT	ED DSE FOR STA	ATIONS CARRI	ΕD	ON A PART-TIME AN	ID SUBSTI	TUTE BASIS			_
	1. CALL	2. PRIC		COUNTING		4. BASIS OF		RESENT	6. P	ERMITTED	_
	SIGN	DSE	F	ERIOD		CARRIAGE	[OSE		DSE	
					••••						
					••••						
7 Computation of the	In block A: If your answer is	: Block A must be completed. nswer is "Yes," complete blocks B and C, below. nswer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.									
Syndicated			BLOC	K A: MAJOR	TI	ELEVISION MARK	ET				
Exclusivity Surcharge	• Is any portion of the	cable evetem v	vithin a ton 100 mai	or tolovision mar	·ko	t as defned by section 7	'6 5 of ECC	rules in effect l	uno 24	10912	
Surcharge	l <u> </u>	•		or television mai	ĸe			iules III ellect 3	une 24,	1901!	
	X Yes—Complete	DIOCKS D and	10.			No—Proceed to	part o				
	BLOCK B: Ca	arriage of VHI	F/Grade B Contou	r Stations	BLOCK C: Computation of Exempt DSEs						
	Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole or in part, over the cable system? Was any station listed in block B of part 7 carrinity served by the cable system prior to March to former FCC rule 76.159)							rior to March 3	arried in any commu-		
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.							ate permi	tted DSE			
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	iN	DSE	
			-	<u>.</u>			 				
			-								
				<u></u>							
				<mark></mark>							
				2.00			<u> </u>			0.00	
			TOTAL DSEs	0.00				TOTAL DS	Es	0.00	

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: The Ohio Bell Telephone Company	SYSTEM ID# 62831	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE	02031	
Section			-
1	Enter the amount of gross receipts from space K (page 7)	32,714,183.77	1
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? X Yes—Complete section 3 below.	<i>'</i> .	
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule. X No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the I is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	DSE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1) ▶ \$		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge.		
	Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	Gynalcated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
Section 4a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule. X No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the I 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)	OSE	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here	-	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

LEGAL NAM	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	The Ohio Bell Telephone Company	62831
Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1). B. Enter 0.00189 of gross receipts (the amount in section 1). C. Multiply line B by 3.000 and enter here. D. Enter 0.00089 of gross receipts (the amount in section 1). E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here. F. Multiply line D by line E and enter here. G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge.	
You m 6 was In blo If you If you blank What i	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of p checked "Yes," use the total number of DSEs from part 5. bock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. but answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. but answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B be better in the best better in the pour system carried it, some of your subscribers becated within that station's local service area and others were located outside that area. For the definition of a station's "local service area and others were located outside that area. For the definition of a station's "local service area and others were located outside that area. For the definition of a station's "local service area and others were located outside that area.	elow
	DLOCK ALCARDIAGE OF DARTIALLY DISTANT STATIONS	
• Did v		
	Yes—Complete part 9 of this schedule. X No—Complete the following sections.	
	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
Section 1	Enter the amount of gross receipts from space K (page 7)	.77_
Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)	0.00
Section 3	If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1). B. Enter 0.00701 of gross receipts (the amount in section 1). C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here. D. Multiply line B by line C and enter here. E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee.	·
	Instrue You m 6 was In blo If you blank What i were lo service Did y Section 1 Section 2	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2018/1

LEGAL N	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	N
The C	Phio Bell Telephone Company	62831	Name
Section	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
4	A. Enter 0.01064 of gross receipts (the amount in section 1) ▶\$		8
	B. Enter 0.00701 of gross receipts (the amount in section 1) \$	_	Computation of
	C. Multiply line B by 3.000 and enter here ▶ \$		Base Rate Fee
	D. Enter 0.00330 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here▶		
	F. Multiply line D by line E and enter here \$		
	G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee \$\$\$\$\$\$\$\$\$\$\$\$\$	0.00	
IMPOR	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca	et eignale chall	
	be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel		9
In Gen	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fees from subscribers located within the station's local service area, from your system's total gross receipts. To take acon, you must:		Computation of
	on, you must. Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to	the same	Base Rate Fee and
station DSEs a	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for : Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	the number of	Syndicated Exclusivity Surcharge
NOTE:	If any portion of your cable system is located within the top 100 television market and the station is not exempt in properties a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B be cable system is wholly located outside all major television markets, complete block A only.		for Partially Distant Stations, and
How to	Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
-	For each community served, determine the local service area of each wholly distant and each partially distant stat to that community.	ion you	Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were lo the station's local service area. A subscriber located outside the local service area of a station is distant to that stane token, the station is distant to the subscriber.)		
Step 3 subscri	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note the will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
groups		tem's subscriber	
	section: fy the communities/areas represented by each subscriber group.		
Give subscri	the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all bers in the group.	of the	
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in	n parts 2, 3,	
2) any	of this schedule; or, portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in b 6 of this schedule.	lock B,	
•	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general in paper SA3 form.	nstructions	
page.	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the plant in making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that or that group's complement of stations and total gross receipts from the subscribers in that group). You do not nee	at is, the total	

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

actual calculations on the form.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 62831 The Ohio Bell Telephone Company 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.

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP FIRST SUBSCRIBER GROUP COMMUNITY: AREA 0	LEGAL NAME OF OWNE				SYSTEM ID# 62831			Name	
SECOND SUBSCRIBER GROUP								62831	
CALL SIGN DSE	В				TE FEES FOR EAC			LID	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Dase Rate Fee Third Group Sase Rate Fee Third Group Sase Rate Fee Fourth Group Sase Rate Fee Fee Fee Fee Fourth Group Sase Rate Fee Fee Fee Fee Fee Fee Fee Fee Fee F	COMMUNITY/ ADEA	FIRST	SUBSURIBER GROU		COMMUNITY/ADE		OBSCRIBER GRO		9
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fee And Syndicated Syn	COMMUNITY AREA				COMMUNITY ARE	A			_
Base Rate Fee Exclusivity Distant Stations Total DSEs O.00 Total DSEs O.00 Total DSEs O.00 Base Rate Fee Second Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE D.000 Total DSES D.000 Total DSES D.000 DTOTAL	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Syndicated Exclusivity Surcharge for Partially Distant Stations Total DSEs									Base Rate Fee
Exclusivity Surcharge for Partially Distant Stations Total DSEs 0.00 Gross Receipts First Group \$ 32,714,183.77 Gross Receipts First Group \$ 32,714,183.77 Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 CALL SIGN DSE CALL									and
Surcharge for Partially Distant Stations Total DSEs									Syndicated
for a DSEs Gross Receipts First Group THIRD SUBSCRIBER GROUP CALL SIGN DSE						····- <mark>-</mark>			
Total DSEs THIRD SUBSCRIBER GROUP COMMUNITY AREA THIRD SUBSCRIBER GROUP COMMUNITY AREA TOTAL SIGN TOTAL DSE CALL SIGN TOTAL DSE									
Distant Stations Total DSEs Gross Receipts First Group \$ 32,714,183.77 Gross Receipts Second Group \$ 0.00 THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA							- 		
Total DSEs Total									
Gross Receipts First Group Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN									Stations
Gross Receipts First Group Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN									
Gross Receipts First Group Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN							H		
Gross Receipts First Group Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN									
Gross Receipts First Group Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN									
Gross Receipts First Group Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN									
Gross Receipts First Group Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN	Total DSEs	•	•	0.00	Total DSEs	•	•	0.00	
Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SI		roun	£ 32.71 <i>A</i>			and Craun			
THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CA	Gioss Receipts First G	поир	\$ 32,714	,103.77	Gross Receipts Sec	ona Group	a	0.00	
THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CA									
COMMUNITY/ AREA O CALL SIGN D SE CALL SIGN	Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN		THIRD	SUBSCRIBER GROU	ΙΡ		FOURTH	SUBSCRIBER GRO	UP	
Total DSEs	COMMUNITY/ AREA			0	COMMUNITY/ ARE				
Total DSEs									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	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 Fourth 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 Fourth 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 Fourth 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 Fourth 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 Fourth 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 Fourth 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 Fourth 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 Fourth 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 Fourth 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 Fourth 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 Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.				ļ					
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
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		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 Group \$ 0.00		0.00	Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
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 Fou	rth Group	\$	0.00	
			<u> </u>	3.30		Стоир	I *	0.00	
				riber group	as shown in the boxes	above.			
							\$	0.00	

CALL SIGN DSE CALL SIGN	LEGAL NAME OF OWNER OF CABLE SYSTEM: The Ohio Bell Telephone Company 62831							Name	
COMMUNITY/ AREA 0 COMMUNITY/ A	BL	OCK A: (COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base CALL SIGN DSE CALL SIGN		FIFTH	SUBSCRIBER GRO		il				9
CALL SIGN DSE CA	COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
Syn Exc Sur Pa Di Strict								of	
Syn Exc Sur Pa Di Str									Base Rate Fe
Total DSEs O.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0									and
									Syndicated
Pa Di Str. Total DSEs									Exclusivity
Pa Di Str. Total DSEs 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 SEVENTH SUBSCRIBER GROUP SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0			-	<u></u>					Surcharge
Display								<u></u>	for Partially
Total DSEs 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0				···				····	Distant
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA			-					•••••	Stations
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA									
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Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA									
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA								<u> </u>	
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA				<u></u>					
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA									
Base Rate Fee First Group \$ 0.00 SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	Total DSEs			0.00	Total DSEs			0.00	
SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	SEVENTH SUBSCRIBER GROUP					EIGHTH	I SUBSCRIBER GRO	UP	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	COMMUNITY/ AREA 0			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	Total DSEs 0.00			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fou	rth Group	\$	0.00		
									
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	

LEGAL NAME OF OWN The Ohio Bell Te				S	Name			
E				TE FEES FOR EAC				
COMMUNITY ASS.		SUBSCRIBER GRO		COMMANDET (A S S		SUBSCRIBER GRO		9
COMMUNITY/ AREA 0			COMMUNITY/ AREA			0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE CALL SIGN DSE			of
			<u></u>					Base Rate Fee
	<u>.</u>	-	<u> </u>					and
			<u></u>					Syndicated Exclusivity
								Surcharge
								for
			<u> </u>		<mark></mark>			Partially
								Distant Stations
	···		. 		····		•	Otations
	<mark></mark>		<u></u>					
			<u> </u>		<mark>.</mark>	- -		
Total DSEs			0.00	Total DSEs		11	0.00	
Total DSEs	_			Total DSEs				
Gross Receipts First (Group	\$ 32,714	,183.77	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP					
COMMUNITY/ AREA 0			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u> </u>		<u></u>			
	····		<u></u>		····			
			······································					
	<mark></mark>		<u> </u>		<u></u>			
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			-					
	<mark></mark>		<u></u>					
Total DSEs			Total DSEs			0.00		
Gross Receipts Third Group \$ 0.00		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 base rat	e fees for each subs	criber group	as shown in the boxes	s above.			
Enter here and in bloc			- ·			\$	0.00	

Nonpermitted 3.75 Stations

	62831					Company	phone C	The Ohio Bell Tele
				TE FEES FOR EACH				BL
9		SUBSCRIBER GROUP	SIXTH	00141411117// ABEA		SUBSCRIBER GROU	FIFTH	001414111111111111111111111111111111111
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and						ļ		
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Partially								
Distant						ļ		
Stations						<u> </u>		
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	3ase Rate Fee First Gr
	EIGHTH SUBSCRIBER GROUP					SEVENTH SUBSCRIBER GROUP		
	COMMUNITY/ AREA 0				0	COMMUNITY/ AREA 0		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	roup	Total DSEs Gross Receipts Third G

ACCOUNTING PERIOD: 2018/1

FORM SA3F_PAGE 20

	LEGAL MANE OF OWNER OF OARLE OVERTEN	FORM SA3E. PAGE 20.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: The Ohio Bell Telephone Company	SYSTEM ID# 62831					
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY	SURCHARGE FOR EACH SUBSCRIBER GROUP					
9 Computation	If your cable system is located within a top 100 television market and the station Syndicated Exclusivity Surcharge. Indicate which major television market any p by section 76.5 of FCC rules in effect on June 24, 1981:						
Computation of	☐ First 50 major television market ☐ Sec	ond 50 major television market					
Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	☐ First 50 major television market ☐ Second 50 major television market ☐ INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.						
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP					
	Line 1: Enter the VHF DSEs Line	1: Enter the VHF DSEs					
	Line 2: Enter the Exempt DSEs Line	2: Enter the Exempt DSEs					
	and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation IDICATED EXCLUSIVITY RCHARGE Second Group \$					
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP					
	Line 2: Enter the Exempt DSEs. Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation						

ACCOUNTING PERIOD: 2018/1

FORM SASE PAGE 20

	LEGAL NAME OF OWNER OF CARLE CVOTEM.	FORM SA3E. PAGE 20.				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: The Ohio Bell Telephone Company	SYSTEM ID# 62831				
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP				
9	If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television market by section 76.5 of FCC rules in effect on June 24, 1981:	e station is not exempt in Part 7, you mustalso compute a				
Computation of	☐ First 50 major television market	Second 50 major television market				
Base Rate Fee and Syndicated Exclusivity Surcharge	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commerce this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group fo Exempt DSEs in block C, part 7 of this schedule. If none enter	ial VHF Grade B contour stations listed in block A, part 9 of				
for Partially Distant Stations	For Partially Distant Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 or schedule. In making this computation, use gross receipts figures applicable to the particular group. You					
	FIFTH SUBSCRIBER GROUP	SIXTH SUBSCRIBER GROUP				
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs				
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs				
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation				
	SEVENTH SUBSCRIBER GROUP	EIGHTH SUBSCRIBER GROUP				
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs				
	Line 2: Enter the Exempt DSEs. Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 2: Enter the Exempt DSEs. Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation				
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group				
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page 7					