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.

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED AMOUNT						
	\$					
8-31-20	ALLOCATION NUMBER					

SA3E Long Form

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:											
Accounting	2020/1											
Period												
Bowner	- Civo the fall logar hand of the owner of t											
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM											
	CHAMPLAIN BROADBAND, LLC											
	D/B/A BURLINGTON TELECOM											
				06262420201								
				062624 2020/1								
	200 CHURCH ST., STE 200											
	BURLINGTON, VT 05401											
	INSTRUCTIONS: In line 1, give any business or trade names used to	identify the busin	ess and operation of the sy	stem unless these								
С	names already appear in space B. In line 2, give the mailing address of	of the system, if d	ifferent from the address gi	ven in space B.								
System	1 IDENTIFICATION OF CABLE SYSTEM:											
	MAILING ADDRESS OF CABLE SYSTEM:											
	2 (Number, street, rural route, apartment, or suite number)											
	(City, town, state, zip code)											
D	Instructions: For complete space D instructions, see page 1b. Identif	y only the frst con	nmunity served below and r	relist on page 1b								
Area	with all communities.											
Served	CITY OR TOWN	STATE										
First	BURLINGTON	VT										
Community	Below is a sample for reporting communities if you report multiple ch	nannel line-ups in	Space G.									
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#								
Sample	Alda	MD	A -	1								
	Alliance	MD	В	2								
	Gering	MD	В	3								

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 062624 CHAMPLAIN BROADBAND, LLC Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form **Area** of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN STATE CH LINE UP SUB GRP# **BURLINGTON VT** Α 1 **First** Community See instructions for additional information on alphabetization. Add rows as necessary. Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CHAMPLAIN BROADBAND, LLC

SYSTEM ID#

062624

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.

BLO	OCK 1	BLOCK 2					
	NO. OF				NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS		RATE	CATEGORY OF SERVICE	SUBSCRIBERS		RATE
Residential:							
 Service to first set 	1,443	\$	47.00	PREMIUM	54	\$	142.00
 Service to additional set(s) 				INTERNATIONAL	8	\$	10.00
 FM radio (if separate rate) 				НВО	145	\$	15.00
Motel, hotel				CINEMAX	56	\$	13.00
Commercial	251	\$	47.00	SHOWTIME	75	\$	13.00
Converter				STARZ	67	\$	13.00
Residential				STARZ ENCORE	56	\$	9.00
Non-residential							
		†····				1	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

BLOCK 1					BLOCK 2			
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE		RATE	CATEGORY OF SERVICE	RATE		
Continuing Services:		Installation: Non-residential						
• Pay cable	\$9-1	• Motel, hotel	\$	75.00	BULK RATE BASIC	\$	726.00	
 Pay cable—add'l channel 		Commercial	\$	75.00				
Fire protection		• Pay cable		\$9-15				
Burglar protection		• Pay cable-add'l channel						
Installation: Residential		Fire protection						
First set	\$ 65.0	• Burglar protection						
Additional set(s)		Other services:						
 FM radio (if separate rate) 		• Reconnect	\$	25.00				
Converter		Disconnect						
		Outlet relocation	\$	50.00				
			Move to new address					

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062624 CHAMPLAIN BROADBAND, LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AB 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) **CARRIAGE STATION NUMBER** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062624 CHAMPLAIN BROADBAND, LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 4. DISTANT? 1. CALL 2. B'CAST 3. TYPE 5. BASIS OF 6. LOCATION OF STATION SIGN **CHANNEL CARRIAGE** OF (Yes or No) **NUMBER STATION** (If Distant) **WCAX** 3 **BURLINGTON, VT** Ν No WVNY 4 Ν No **BURLINGTON, VT** See instructions for 5 additional information **WPTZ** N No PLATTSBURGH, NY on alphabetization. WPTZ-2 325 N PLATTSBURGH, NY No **WNNE** 8 Ν No PLATTSBURGH, NY 6 WETK Ε No **BURLINGTON, VT** WETK-2 306 Ε No **BURLINGTON, VT** WETK-3 Ε 307 No **BURLINGTON, VT** Ε WETK-4 308 No **BURLINGTON, VT WFFF** 9 I No **BURLINGTON, VT** WFFF-2 62 ı **BURLINGTON, VT** No WFFF-3 103 **BURLINGTON, VT** No **WCFE** 10 ı No PLATTSBURGH, NY WCFE-2 311 ı No PLATTSBURGH, NY **CBFT** 11 ı Yes 0 MONTREAL, CA CFCF I 0 MONTREAL, CA 12 Yes **CBMT** 13 0 MONTREAL, CA Yes **BURLINGTON, VT** WETK-5 310 Ε No

ACCOUNTING PERIOD: 2020/1 FORM SA3E. PAGE 4.

Name	CHAMPLAIN							SYSTEM ID# 062624	
H Primary Transmitters: Radio	all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected,								
	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: 2020/1

LEGAL NAME OF OWNER OF CABLE SYST			(SYSTEM ID# 062624	Namo
·		DAM LOC		502024	
In General: In space I, identify every not substitute basis during the accounting per explanation of the programming that must form.	nnetwork television program bro eriod, under specific present and	adcast by a distant stati	ılations, or authorizations	. For a further	Substitute
SPECIAL STATEMENT CONCER During the accounting period, did you broadcast by a distant station?			etwork television progra		Carriage: Special Statement and Program Log
Note: If your answer is "No", leave the log in block 2.	rest of this page blank. If your	answer is "Yes," you m			
2. LOG OF SUBSTITUTE PROGRA In General: List each substitute progra clear. If you need more space, please a Column 1: Give the title of every not period, was broadcast by a distant stat under certain FCC rules, regulations, of SA3 form for futher information. Do not titles, for example, "I Love Lucy" or "NE Column 2: If the program was broad Column 3: Give the call sign of the s Column 4: Give the broadcast statio the case of Mexican or Canadian static Column 5: Give the month and day first. Example: for May 7 give "5/7." Column 6: State the times when the to the nearest five minutes. Example: a stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the to delete under FCC rules and regulating gram was substituted for programming effect on October 19, 1976.	attach additional pages. Innetwork television program (sion and that your cable system or authorizations. See page (vi) at use general categories like "BA Basketball: 76ers vs. Bulls. dcast live, enter "Yes." Otherwistation broadcasting the substitute ons, if any, the community with when your system carried the esubstitute program was carried a program carried by a system listed program was substituted ons in effect during the accourting the accounting the account the accounting the account the accounting the account the accounting the acco	ubstitute program) that substituted for the progof the general instruction novies", or "basketball" are enter "No." atte program. which the station is lice which the station is ideal abstitute program. Used by your cable system from 6:01:15 p.m. to 6:20 for programming that sting period; enter the less	ensed by the FCC or, in entified). e numerals, with the model. List the times accurate 28:30 p.m. should be your system was require etter "P" if the listed pro	ation r nth ely	
SUBSTITUT	E PROGRAM		EN SUBSTITUTE IAGE OCCURRED	7. REASON	
	3. STATION'S CALL SIGN 4. STATION'S L	5. MONTH	6. TIMES FROM — TO	FOR DELETION	
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ACCOUNTING PERIOD: 2020/1 FORM SA3E. PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CHAMPLAIN BROADBAND, LLC 062624 **PART-TIME CARRIAGE LOG** In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for parttime carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in **Part-Time** column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. · Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give • State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.– 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN** HOURS HOURS **FROM** TO DATE **FROM** TO DATE

LEGA	L NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	Name				
CH	AMPLAIN BROADBAND, LLC			062624	Name				
Inst all a (as	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identifed in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions.								
IMP	Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	_\$	}	771,349.41					
IMP	ORTANT: You must complete a statement in space P concerning gross receipts.	(An	mount of gr	oss receipts)					
InstruConConIf you feetIf you	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: aplete block 1, showing your minimum fee. aplete block 2, showing whether your system carried any distant television stations. For any distant television stations, leave block 3 blank. Enter the arrom block 1 on line 1 of block 4, and calculate the total royalty fee. For 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				
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b ${\sf k}$ 3 below.	e entered	on line '	1 of					
▶ If pa	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be clow.	entered or	n line 2 i	n block					
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be ent	tered on	line					
	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.	e is 1.064	percent	of the					
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064	\$	<u> </u>	771,349.41					
	Enter the result here.								
	This is your minimum fee.	\$		8,207.16					
	 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 colun "Yes" in this block. Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule. No—Leave block 3 below blank and one of the color of the color	nn 4, you r od?	must che	eck					
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	_\$	3	19,021.48					
	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	\$		19,021.48					
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	_\$	}	19,021.48	Cable systems				
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.	· _		0.00	submitting additional deposits under				
	Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	_		0.00	Section 111(d)(7) should contact the Licensing				
	Line 4. FILING FEE	_\$	}	725.00	additional fees. Division for the appropriate				
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here								
	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	9	additional fees.				

ACCOUNTING PERIOD: 2020/1 FORM SA3E. PAGE 8.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CHAMPLAIN BROADBAND, LLC	SYSTEM ID# 062624
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.	
Chaimoid	1. Enter the total number of channels on which the cable system carried television broadcast stations	
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
Be Contacted for Further Information	Name /s/Michael Callahan Telephone 802-540-0007	
	Address 200 CHURCH ST., STE 200 (Number, street, rural route, apartment, or suite number)	
	BURLINGTON, VT 05401 (City, town, state, zip)	
	Email mcallahan@burlingtontelecom.com Fax (optional) 802-652-4220	
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)	
O Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or	
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.	∍m
	• 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/ Michael Loucy	
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.	؛ "F2"
	Typed or printed name: Michael Loucy	
	Title: GENERAL MANAGER (Title of official position held in corporation or partnership)	
	Date: August 31, 2020	

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name						
CHAMPLAIN BROADBAND, LLC	062624	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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable service of providing secondary transmissions of primary broadcast transmitters, the system scribers and amounts collected from subscribers receiving secondary transmissions purs	system for the basic em shall not include sub-	P Special Statement						
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.								
During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?								
X NO YES. Enter the total here and list the satellite carrier(s) below								
Name Mailing Address Mailing Address Mailing Address								
INTEREST ASSESSMENTS								
You must complete this worksheet for those royalty payments submitted as a result of a late pay For an explanation of interest assessment, see page (viii) of the general instructions in the paper		Q						
Line 1 Enter the amount of late payment or underpayment		Interest Assessment						
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- -							
Line 3 Multiply line 2 by the number of days late and enter the sum here	xdaysx 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 fu contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	urther assistance please							
** 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 oplease list below the owner, address, first community served, accounting period, and ID number filing.								
Owner								
Address								
First community served								
Accounting period Accounting period								
ID number								

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

DSE SCHEDULE. PAGE 11.

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

Determine whether any of the stations you carried were partially 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.

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.

- 5. Calculate a separate base rate fee for each subscriber group, using (1) the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) the amount of gross receipts attributable to that group.
- 6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.
- 7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

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

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

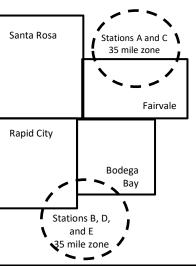
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

EXAMPLE:

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

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



	Distant Stations Carried		Identification	of Subscriber Groups			
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS		
ı	A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS		
	B (independent)	1.0	Santa Rosa	Stations A, B, C, D ,E	\$310,000.00		
	C (part-time)	0.083	Rapid City	Stations A and C	100,000.00		
	D (part-time)	0.139	Bodega Bay	Stations A and C	70,000.00		
	E (network)	0.25	Fairvale	Stations B, D, and E	120,000.00		
	TOTAL DSEs	2.472		TOTAL GROSS RECEIPTS	\$600,000,00		

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 \$6 384 00

	\$6,384.00								
	First Subscriber Group		Second Subscriber Group		Third Subscriber Group				
	(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)				
J	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: 2020/1

DSE SCHEDULE. PAGE 11. (CONTINUED)

	(••					/A====			
1	LEGAL NAME OF OWNER OF CABLE SYSTEM: CHAMPLAIN BROADBAND, LLC 062								
	·								
	SUM OF DSEs OF CATEGOR		IS:						
	• Add the DSEs of each station.								
	Enter the sum here and in line	1 of part 5 of this	s schedule.	,	3.00				
	In atmostic and			L					
	Instructions: In the column headed "Call S	Sian": list the ca	Il signs of all distant stations	s identified by t	he letter "O" in column 5				
	of space G (page 3).	Jigii . Hot the oa	iii sigris or all distant statione	nacrimica by the					
Computation	In the column headed "DSE"	: for each indep	endent station, give the DSE	E as "1.0": for €	each network or noncom-				
	mercial educational station, giv			•					
Category "O"			CATEGORY "O" STATION	NS: DSEs					
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
	CBFT	1.000							
	CBMT	1.000							
									
	CFCF	1.000							
Add rows as									
necessary.									
Remember to copy all									
formula into new									
rows.									
		I I		ı					

Name		BROADBAND, LLC					S	062624
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2: figure should co Column 3: Column 4: be carried out a Column 5: give the type-va Column 6:	the call sign of all distant for each station, give the orrespond with the information of each station, give the Divide the figure in column for each independent status as ".25."	ne number of hours y mation given in space ne total number of hours in 2 by the figure in nal point. This is the station, give the "type dumn 4 by the figure in the station.	rour cable systeme J. Calculate on ours that the static column 3, and g "basis of carriage -value" as "1.0."	n carried the station by one DSE for eact on broadcast over ive the result in decention to the state of the s	on during the accounting ch station. the air during the accounce in the air during the accounting the accounti	inting period. In figure must ational station, The sess than the	
Capacity		C	ATEGORY LAC	STATIONS: (COMPUTATIO	N OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	R 3. NL JRS OF D BY ST	JMBER FHOURS TATION NAIR	4. BASIS OF CARRIAGE VALUE	5. TYPE	6. DS	SE
			÷	=		X	=	
			÷ ÷	=		x	=	
			÷	=		<u>x</u>	=	
			÷			x	<u> </u>	
			÷	=		x	=	
	Add the DSEs of	OF CATEGORY LAC Soft each station. In here and in line 2 of page 2.		,		0.00	=	
Computation of DSEs for Substitute-Basis Stations	Column 1: Give • Was carried I tions in effec • Broadcast on space I). Column 2: Fo at your option. T Column 3: El Column 4: D	et on October 19, 1976 (and the or more live, nonnetwood or each station give the his figure should correst the number of days ivide the figure in column	itution for a program as shown by the letter ork programs during to number of live, none spond with the inform in the calendar year in 2 by the figure in c	that your systemer "P" in column 7 hat optional carriatetwork programs ation in space I. : 365, except in a column 3, and giv	was permitted to of space I); and age (as shown by the carried in substitute leap year.	grams) if that station: delete under FCC rules ne word "Yes" in column 2 ution for programs that v umn 4. Round to no less e general instructions in	of vere deleted than the third	·m).
		SU	BSTITUTE-BAS	IS STATIONS	S: COMPUTAT	ΓΙΟΝ OF DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷				÷		=
		÷				÷		=
		÷	=			÷		=
		÷				÷		
	Add the DSEs of	OF SUBSTITUTE-BASI f each station. n here and in line 3 of pa		,	▶	0.00		
5 Total Number of DSEs	number of DSEs 1. Number of 2. Number of	R OF DSEs: Give the amapplicable to your system DSEs from part 2 ● DSEs from part 3 ● DSEs from part 4 ●		in parts 2, 3, and	4 of this schedule a	and add them to provide t	3.00 0.00 0.00	
	TOTAL NUMBER	R OF DSEs						3.00

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2020/1

CHAMPLAIN E							S	YSTEM ID# 062624	Name
schedule.	"Yes," leave the re	mainder of pa	•	7 of the DSE sched	dule blank and	complete par	t 8, (page 16) of th	ne	6
• If your answer if	"No," complete blo			TELEVISION MA	ΔRKETS				Computation of
effect on June 24, Yes—Com	1981?	utside of all m	ajor and smal	ler markets as defi	ned under sed		CC rules and regu	lations in	3.75 Fee
		BLOC	CK B: CARR	RIAGE OF PERM	MITTED DS	Es			
Column 1: CALL SIGN	under FCC rules	and regulatione DSE Sched	ns prior to Jur Iule. (Note: Th	part 2, 3, and 4 of the 25, 1981. For fur the letter M below re Act of 2010.)	rther explanati	on of permitte	d stations, see the)	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommeric D Grandfathered instructions fo E Carried pursua *F A station previous	les and regulated pursuant to on as defined all educationald station (76.6 or DSE scheduant to individuationsly carried	ations cited be to the FCC man in 76.5(kk) (7) I station [76.595) (see paragule). al waiver of Fod on a part-time thin grade-B control of the control of th	ne or substitute bas contour, [76.59(d)(5	se in effect on 5.57, 76.59(b), (c)(1), 76.63(a) (3(a) referring stitution of gradius prior to Jun	June 24, 1981 76.61(b)(c), 7 referring to 76 to 76.61(d)] andfathered st	6.63(a) referring to 6.61(e)(1) ations in the		
Column 3:		e stations ider	ntified by the le	parts 2, 3, and 4 o etter "F" in column 2			orksheet on page 1	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	
СВМТ	D	1.00							
CBFT	D	1.00							
CFCF	D	1.00							
				l					
								3.00	
		В	LOCK C: CC	OMPUTATION OF	3.75 FEE				
Line 1: Enter the	total number of	DSEs from p	part 5 of this	schedule				3.00	
Line 2: Enter the	sum of permitte	d DSEs from	n block B abo	ove				3.00	
				of DSEs subject 7 of this schedule		ate.	nn.	0.00	
Line 4: Enter gro	ess receipts from	space K (pa	ige 7)				x 0.03	375	Do any of the DSEs represent
Line 5: Multiply li	ne 4 by 0.0375 a	ınd enter sur	n here					-	partially permited/ partially
Line 6: Enter tota	al number of DSE	Es from line (3				X	<u>-</u>	nonpermitted carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ne 6 by line 5 an	d enter here	and on line	2, block 3, space	L (page 7)			0.00	o mondonona.

	OWNER OF CABLE					7STEM ID# 062624	N
1. CALL SIGN	2. PERMITTED BASIS	A: TELEVIS 1. CALL SIGN	2. PERMITTED BASIS	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
SIGN	DAGIO	SIGN	BASIS	SIGN	DAGIO		Computation of
							3.75 Fee

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2020/1

. = =		
	AME OF OWNER OF CABLE SYSTEM: NPLAIN BROADBAND, LLC 06262	Nama
Section	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.	
4		8
	A. Enter 0.01064 of gross receipts	0
	(the amount in section 1) ► \$	
	B. Enter 0.00701 of gross receipts	Computation
	(the amount in section 1) > _	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) ▶ \$	
	(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	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-	
	Space G.	9
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude	Computation
	s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of clusion, you must:	of
		Base Rate Fee and
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of	Syndicated
	and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.	Exclusivity
Finally	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	Surcharge for
must a	If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you so compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. er, if your cable system is wholly located outside all major television markets, complete block A only.	Partially Distant Stations, and
How to	Identify a Subscriber Group for Partially Distant Stations	for Partially
	: For each community served, determine the local service area of each wholly distant and each partially distant station you	Permitted Stations
-	to that community.	
outside	: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by ne token, the station is distant to the subscriber.)	
-	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each	
	ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable will have only one subscriber group when the distant stations it carried have local service areas that coincide.	
-	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's ber groups.	
	section:	
• Identi	fy the communities/areas represented by each subscriber group.	
	the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the bers in the group.	
• If:		
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, 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 block B, 6 of this schedule.	
•	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 instructions paper SA3 form.	
 Compage. DSEs f 	bute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total or that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show stual calculations on the form.	

LEGAL NAME OF OWNE						S'	YSTEM ID# 062624	Name
E	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
	FIRST	SUBSCRIBER GROU	Р		SECOND	SUBSCRIBER GROU	Р	•
COMMUNITY/ AREA	BURLIN	IGTON		COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
CALL SIGIV	DOL	OALL SIGN	DOL	CALL SIGIV	DOL	OALL SIGN	DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
								_
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 771	,349.41	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	P		FOURTH	I SUBSCRIBER GROU	P	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SICAL	DSE	L CALL SIGN	T DOE	CALL SIGN	DSE	CALL SIGN	l per	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>				·····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
,	•	_			·			
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group a	s shown in the boxes abo	ove.	\$	0.00	
	.,	, ···· · (F-·· 3 · · /				<u> </u>		

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNE						S	062624	Name
E	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	BER GROUP		
	FIRST	SUBSCRIBER GROU	Р		SECOND	SUBSCRIBER GROU	JP	^
COMMUNITY/ AREA	BURLIN	IGTON		COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 771	,349.41	Gross Receipts Secor	nd Group	\$	0.00	
· ·	•				·			
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	Р		FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
					-			
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
				Ц				
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes a	bove.	¢	0.00	
Linter here and in block	. J, III IE 1, S	ppace L (page 1)				Ψ	0.00	

GE FOR EACH SUBSCRIBER GROUP mpt in Part 7, you must also compute a ur cable system is located in as defined television market contour stations listed in block A, part 9 of contour stations that were classified as upute the surcharge. cock D, section 3 or 4 of part 7 of this e particular group. You do not need to show SECOND SUBSCRIBER GROUP VHF DSES Exempt DSEs for criber group of the surcharge cion
mpt in Part 7, you must also compute a ur cable system is located in as defined television market contour stations listed in block A, part 9 of contour stations that were classified as upute the surcharge. cock D, section 3 or 4 of part 7 of this e particular group. You do not need to show ECOND SUBSCRIBER GROUP WHF DSEs ine 2 from line 1 r here. This is the ber of DSEs for criber group the surcharge cion
television market contour stations listed in block A, part 9 of contour stations that were classified as upute the surcharge. cock D, section 3 or 4 of part 7 of this e particular group. You do not need to show SECOND SUBSCRIBER GROUP VHF DSEs Exempt DSEs ine 2 from line 1 r here. This is the liber of DSEs for criber group of the surcharge cion CCLUSIVITY Group
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contour stations listed in block A, part 9 of contour stations that were classified as spute the surcharge. lock D, section 3 or 4 of part 7 of this e particular group. You do not need to show SECOND SUBSCRIBER GROUP VHF DSEs Exempt DSEs ine 2 from line 1 r here. This is the liber of DSEs for criber group the surcharge cition CCLUSIVITY GROUP SUBSCRIBER GROUP VHF DSEs
contour stations that were classified as spute the surcharge. lock D, section 3 or 4 of part 7 of this e particular group. You do not need to show section SUBSCRIBER GROUP WHF DSEs
apute the surcharge. lock D, section 3 or 4 of part 7 of this e particular group. You do not need to show SECOND SUBSCRIBER GROUP VHF DSEs Exempt DSEs ine 2 from line 1 r here. This is the liber of DSEs for criber group of the surcharge cion CCLUSIVITY Group
apute the surcharge. lock D, section 3 or 4 of part 7 of this e particular group. You do not need to show SECOND SUBSCRIBER GROUP VHF DSEs Exempt DSEs ine 2 from line 1 r here. This is the liber of DSEs for criber group of the surcharge cion CCLUSIVITY Group
SECOND SUBSCRIBER GROUP VHF DSEs Exempt DSEs ine 2 from line 1 r here. This is the ober of DSEs for criber group the surcharge cion
ECOND SUBSCRIBER GROUP VHF DSEs Exempt DSEs ine 2 from line 1 r here. This is the liber of DSEs for criber group to the surcharge lion CCLUSIVITY Group
Exempt DSEs ine 2 from line 1 r here. This is the liber of DSEs for criber group to the surcharge lion
ine 2 from line 1 r here. This is the liber of DSEs for criber group to the surcharge cion
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criber group the surcharge cion
the surcharge tion
CCLUSIVITY FOURTH SUBSCRIBER GROUP VHF DSEs
STOUP \$ FOURTH SUBSCRIBER GROUP VHF DSEs
OURTH SUBSCRIBER GROUP VHF DSEs
OURTH SUBSCRIBER GROUP VHF DSEs
VHF DSEs
Exempt DSEs
ine 2 from line 1
criber group
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CCLUSIVITY
oup
r here. This is the liber of DSEs for criber group to the surcharge cion