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

SA3E Long Form

Return completed workbook by email to:

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
08/27/2020	\$ ALLOCATION NUMBER

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 PERIOD COVERED BY THIS STATEMENT:				
Accounting Period	2020/1							
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.							
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM BellSouth Telecommunications, LLC							
	6318420201							
				63184	2020/1			
	2260 E Imperial Hwy Room 839 El Segundo, CA 90245							
С	INSTRUCTIONS: In line 1, give any business or trade names used to names already appear in space B. In line 2, give the mailing address of		. ,					
System	1 IDENTIFICATION OF CABLE SYSTEM:			<u> </u>				
	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. Identify	y only the frst com	munity served below and re	elist on pag	je 1b			
Area Served	with all communities.	0						
First	CITY OR TOWN Knoxville	STATE TN						
Community	Below is a sample for reporting communities if you report multiple ch CITY OR TOWN (SAMPLE)	annel line-ups in S STATE	Space G. CH LINE UP	SUB	GRP#			
Sample	Alda Alliance	MD MD	A B		1 2			
	Gering	MD	B		3			
form in order to pro numbers. By provi search reports pre	e: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to colle occess your statement of account. PII is any personal information that can be used to identif ding PII, you are agreeing to the routine use of it to establish and maintain a public record, oared for the public. The effect of not providing the PII requested is that it may delay proce of statements of account, and it may affect the legal sufficiency of the fling, a determination	y or trace an individual, which includes appeari ssing of your statement	such as name, address and telep ng in the Offce's public indexes an of account and its placement in t	ohone nd in				

FORM SA3E. PAGE 1b.							
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#				
BellSouth Telecommunications, LLC			63184				
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses							
below the identified city or town.							
If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any station 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 channel 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 be	a subscriber grou						
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	_			
Knoxville	TN	AA	1	First			
Alcoa	TN	AA	1	Community			
Anderson Unincorporated County	TN	AA	1				
Andersonville	TN	AA	1				
ATHENS	TN	AB	2				
Benton	TN	AB	2	See instructions for			
BLAINE	TN	AA	1	additional information on alphabetization.			
Blount Unincorporated County	TN	AA	1				
BRADLEY UNINCORPORATED COUNTY	TN	AB	2				
Campbell Unincorporated County	TN	AA	1				
CARYVILLE	TN	AA	1				
CHATTANOOGA	TN	AB	2				
CLEVELAND	TN	AB	2				
Clinton			1				
Coalfield COCKE UNINCORPORATED COUNTY		AA AA	3				
Cumberland Unincorporated County	TN TN		1 3				
	TN	AA AB	3 2				
Dayton EAST RIDGE	TN	AB	2				
Gatlinburg	TN	AB AA					
GRAINGER UNINCORPORATED COUNTY	TN		1				
Hamblen Unincorporated County	TN		1				
HAMILTON UNINCORPORATED COUNTY	TN	AB	2				
Harriman	TN	AA	3				
HARRISON	TN	AB	2				
JACKSBORO	TN	AA	-				
Jefferson City	TN	AA	1				
JEFFERSON UNINCORPORATED COUNTY	TN	AA	1				
KINGSTON	TN	AA	1				
Knox Unincorporated County	TN	AA	1				
La Follette	TN	AA	1				
LAKESITE	TN	AB	2				
Lenoir City	TN	AA	1				
Lookout Mountain	TN	AB	2				
Loudon	TN	AA	1				
Loudon Unincorporated County	TN	AA	1				
Louisville	TN	AA	1				
LUTTRELL	TN	AA	1				
Madisonville	TN	AA	1				

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FORT OGLETHORPEGAAB2Lookout MountainGAAB2ROSSVILLEGAAB2	CATOOSA UNINCORPORATED COUNTY	GA	AB	2	
Lookout MountainGAAB2ROSSVILLEGAAB2	Dade Unincorporated County	GA	AB	2	
ROSSVILLE GA AB 2	FORT OGLETHORPE	GA	AB	2	
	Lookout Mountain	GA	AB	2	
			***************************************	2	
				2	
		<u> </u>			
					1

Nama	LEGAL NAME OF OWNER OF CABL	E SYSTEM:						S	YSTEM ID	
Name	BellSouth Telecommun	ications, Ll	_C						6318	
	SECONDARY TRANSMISSION	SERVICE: S	UBSCF	RIBERS AND I	RATES					
E	In General: The information in s	space E should	d cover	all categories	of seconda	ary transmission	service of	the cable		
	system, that is, the retransmissi									
Secondary	about other services (including						those exis	ting on the		
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Bot						able syster	n broken		
scribers and		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								
Rates	each category by counting the r					•				
	separately for the particular service									
	Rate: Give the standard rate of	-						-		
	unit in which it is generally billed category, but do not include dise					ard rate variatio	ns within a	particular rate		
	Block 1: In the left-hand block					condary transmi	ssion serv	ice that cable		
	systems most commonly provid			-						
	that applies to your system. Not									
	categories, that person or entity				•					
	subscriber who pays extra for ca first set" and would be counted						nder Serv			
	Block 2: If your cable system						e different	from those		
	printed in block 1 (for example,					•	,	-		
	with the number of subscribers	and rates, in th	ne right-	-hand block. A	two- or thr	ee-word descrip	tion of the	service is		
	sufficient.	OCK 1					BLOC	К 2		
		NO. OF						NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE	
	Residential:						40.070	÷ 40.0		
	Service to first set Service to additional act(a)	· · · · · · · · · · · · · · · · · · ·					12,079 22,197	\$ 10.0		
	 Service to additional set(s) FM radio (if separate rate) 							22,197	\$0-\$1 \$8.99-\$9.9	
	Motel, hotel			Broadcast TV Surcharge 22,0		22,074	φ0.99-φ9.9			
	Commercial		123	\$ 20.00						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TR	ANSMI	SSIONS: RAT	ES					
F	In General: Space F calls for ra	ite (not subscri	iber) inf							
					•	• •				
•	not covered in space E, that is,			e not offered ir	combinat	ion with any sec	ondary tra	nsmission		
∎ Services	service for a single fee. There a	re two exception	ons: yo	e not offered ir u do not need	i combinat to give rate	ion with any sec information co	ondary tra	nsmission) services		
		re two exception or facilities fur	ons: yo nished	e not offered ir u do not need to nonsubscrit	o combinat to give rate pers. Rate	ion with any sec e information col information sho	ondary tra ncerning (1 uld include	nsmission) services both the		
Services Other Than Secondary	service for a single fee. There a furnished at cost or (2) services amount of the charge and the u enter only the letters "PP" in the	re two exception or facilities fur nit in which it is a rate column.	ons: yo nished s usuall	e not offered ir u do not need to nonsubscrit ly billed. If any	o combinat to give rate pers. Rate rates are c	ion with any sec information con information sho harged on a van	ondary tra ncerning (1 uld include iable per-p	nsmission) services both the program basis,		
Services Other Than Secondary Fransmissions:	service for a single fee. There a furnished at cost or (2) services amount of the charge and the u enter only the letters "PP" in the Block 1: Give the standard ra	re two exception or facilities fur nit in which it is rate column. te charged by	ons: you nished s usuall the cab	e not offered ir u do not need to nonsubscrit ly billed. If any ole system for e	o combinat to give rate pers. Rate rates are c each of the	ion with any sec information con information sho harged on a val applicable serv	ondary tra ncerning (1 uld include iable per-p ices listed.	nsmission) services both the program basis,		
Services Other Than Secondary	service for a single fee. There a furnished at cost or (2) services amount of the charge and the u enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha	re two exception or facilities fur nit in which it is rate column. te charged by t your cable sy	ons: you nished s usuall the cab vstem fu	e not offered ir u do not need to nonsubscrit ly billed. If any ole system for e urnished or offe	o combinat to give rate pers. Rate rates are c each of the ered during	ion with any sec information con information show tharged on a val applicable serv the accounting	ondary tra ncerning (1 uld include iable per-p ices listed. period tha	nsmission) services both the program basis, t were not		
Services Other Than Secondary Fransmissions:	service for a single fee. There a furnished at cost or (2) services amount of the charge and the u enter only the letters "PP" in the Block 1: Give the standard ra	re two exception or facilities fur nit in which it is rate column. te charged by t your cable sy separate charge	ons: you nished s usuall the cab vstem fu ge was	e not offered ir u do not need to nonsubscrit ly billed. If any ole system for e urnished or offe made or estat	o combinat to give rate pers. Rate rates are c each of the ered during	ion with any sec information con information show tharged on a val applicable serv the accounting	ondary tra ncerning (1 uld include iable per-p ices listed. period tha	nsmission) services both the program basis, t were not		
Services Other Than Secondary Fransmissions:	service for a single fee. There a furnished at cost or (2) services amount of the charge and the u enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a	re two exception or facilities fur nit in which it is rate column. te charged by t your cable sy separate charg ption and inclu	ons: you mished s usuall the cab vstem fu ge was ide the	e not offered ir u do not need to nonsubscrit ly billed. If any ole system for e urnished or offe made or estat	o combinat to give rate pers. Rate rates are c each of the ered during	ion with any sec information con information show tharged on a val applicable serv the accounting	ondary tra ncerning (1 uld include iable per-p ices listed. period tha	nsmission) services both the program basis, t were not te form of a		
Services Other Than Secondary Fransmissions:	service for a single fee. There a furnished at cost or (2) services amount of the charge and the u enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services tha listed in block 1 and for which a brief (two- or three-word) descri	re two exception or facilities fur nit in which it is rate column. te charged by t your cable sy separate charg ption and inclu	ons: you nished s usuall the cab ystem fu ge was de the <u>CK 1</u>	e not offered ir u do not need to nonsubscrit ly billed. If any ole system for e urnished or offe made or estat rate for each.	a combinat to give rate pers. Rate rates are o each of the ered during blished. Lis	ion with any sec information co information sho harged on a val applicable serv the accounting t these other se	ondary tra ncerning (1 uld include iable per-p ices listed. period tha rvices in th	nsmission) services both the program basis, t were not te form of a BLOCK 2	RATE	
Services Other Than Secondary Fransmissions:	service for a single fee. There a furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descri	re two exception or facilities fur nit in which it is rate column. te charged by t your cable sy separate charg ption and inclu	ons: you nished s usuall the cab vstem fu ge was de the CK 1 CATE	e not offered ir u do not need to nonsubscrit ly billed. If any ole system for e urnished or offe made or estat rate for each.	a combinat to give rate pers. Rate rates are of each of the ered during plished. Lis	ion with any sec information con information show tharged on a val applicable serv the accounting	ondary tra ncerning (1 uld include iable per-p ices listed. period tha rvices in th	nsmission) services both the program basis, t were not te form of a	RATE	
Services Other Than Secondary Fransmissions:	service for a single fee. There a furnished at cost or (2) services amount of the charge and the un- enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services tha listed in block 1 and for which a brief (two- or three-word) descri CATEGORY OF SERVICE Continuing Services :	re two exception or facilities fur nit in which it is rate column. te charged by t your cable sy separate charg ption and inclu	ons: you nished s usuall the cab /stem fu ge was de the CK 1 CATE Install	e not offered ir u do not need to nonsubscrit ly billed. If any ole system for e urnished or offe made or estat rate for each. GORY OF SEI lation: Non-re	a combinat to give rate pers. Rate rates are of each of the ered during plished. Lis	ion with any sec information co information sho harged on a val applicable serv the accounting t these other se	ondary tra ncerning (1 uld include iable per-p ices listed. period tha rvices in th CATEGC	nsmission) services both the program basis, t were not te form of a BLOCK 2		
Services Other Than Secondary Fransmissions:	service for a single fee. There a furnished at cost or (2) services amount of the charge and the un- enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services tha listed in block 1 and for which a brief (two- or three-word) descri CATEGORY OF SERVICE Continuing Services: • Pay cable	re two exception or facilities fur nit in which it is rate column. te charged by t your cable sy separate charg ption and inclu	ons: yoo nished s usuall the cab /stem fu ge was de the CK 1 CATE Install	e not offered ir u do not need to nonsubscrit ly billed. If any ole system for e urnished or offe made or estat rate for each.	a combinat to give rate pers. Rate rates are of each of the ered during plished. Lis	ion with any sec information co information sho harged on a val applicable serv the accounting t these other se	ondary tra ncerning (1 uld include iable per-p ices listed. period tha rvices in th CATEGC	nsmission) services both the program basis, t were not he form of a <u>BLOCK 2</u> ORY OF SERVICE	RATE \$0-\$15 \$0-\$3	
Services Other Than Secondary Fransmissions:	service for a single fee. There a furnished at cost or (2) services amount of the charge and the un- enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services tha listed in block 1 and for which a brief (two- or three-word) descri CATEGORY OF SERVICE Continuing Services :	re two exception or facilities fur nit in which it is rate column. te charged by t your cable sy separate charg ption and inclu BLO RATE	ons: you nished s usuall the cab /stem fu ge was de the CK 1 CATE Install • Mo • Co	e not offered ir u do not need to nonsubscrit ly billed. If any ole system for e urnished or offe made or estat rate for each. GORY OF SEI lation: Non-re otel, hotel	a combinat to give rate pers. Rate rates are of each of the ered during plished. Lis	ion with any sec information co information sho harged on a val applicable serv the accounting t these other se	ondary tra ncerning (1 Ild include iable per-p ices listed. period tha rvices in th CATEGO Video or Service	nsmission) services both the program basis, t were not he form of a BLOCK 2 DRY OF SERVICE	\$0-\$15	
Services Other Than Secondary Fransmissions:	service for a single fee. There a furnished at cost or (2) services amount of the charge and the un- enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descri CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel	re two exception or facilities fur nit in which it is rate column. te charged by t your cable sy separate charg ption and inclu BLO RATE	ons: you nished s usuall the cab ystem fu ge was de the CK 1 CATE Install • Mo • Co • Pa	e not offered ir u do not need to nonsubscrit ly billed. If any ble system for offer made or estat rate for each. GORY OF SEI lation: Non-re btel, hotel ommercial	a combinat to give rate ers. Rate rates are o each of the erred during lished. Lis	ion with any sec information co information sho harged on a val applicable serv the accounting t these other se	ondary tra neerning (1 JId include iable per-p ices listed. period tha rvices in th CATEGC Video or Service Credit M	nsmission) services both the program basis, it were not be form of a BLOCK 2 DRY OF SERVICE Demand Activation Fee	\$0-\$15 \$0-\$3	
Services Other Than Secondary Fransmissions:	service for a single fee. There a furnished at cost or (2) services amount of the charge and the u enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services tha listed in block 1 and for which a brief (two- or three-word) descri CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection	re two exception or facilities fur nit in which it is rate column. te charged by t your cable sy separate charg ption and inclu BLO RATE	ons: you nished s usuall the cab ystem fu ge was de the CK 1 CATEO Install • Mo • Co • Pa • Pa	e not offered ir u do not need to nonsubscrit ly billed. If any ole system for e urnished or offe made or estat rate for each. GORY OF SEI lation: Non-re otel, hotel ommercial ay cable	a combinat to give rate ers. Rate rates are o each of the erred during lished. Lis	ion with any sec information co information sho harged on a val applicable serv the accounting t these other se	ondary tra neerning (1 uld include iable per-p ices listed. period tha rvices in th CATEGC Video or Service Credit M Dispatch	nsmission) services both the program basis, it were not le form of a <u>BLOCK 2</u> ORY OF SERVICE Demand Activation Fee anagement Fee	\$0-\$15 \$0-\$3 \$0-\$44	
Services Other Than Secondary Fransmissions:	service for a single fee. There a furnished at cost or (2) services amount of the charge and the u enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services tha listed in block 1 and for which a brief (two- or three-word) descri CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection	re two exception or facilities fur nit in which it is rate column. te charged by t your cable sy separate charg ption and inclu BLO RATE	ons: you nished s usuall the cab ystem fu ge was de the CK 1 CATEO Install • Mo • Co • Pa • Pa • Fir	e not offered ir u do not need to nonsubscrit ly billed. If any ole system for e urnished or offe made or estat rate for each. GORY OF SEI lation: Non-re otel, hotel ommercial ay cable ay cable-add'l c	a combinat to give rate ers. Rate rates are o each of the ered during blished. Lis RVICE sidential	ion with any sec information co information sho harged on a val applicable serv the accounting t these other se	ondary tra neerning (1 uld include iable per-p ices listed. period tha rvices in th CATEGC Video or Service Credit M Dispatch Wireless	nsmission) services both the program basis, t were not le form of a <u>BLOCK 2</u> ORY OF SERVICE Demand Activation Fee anagement Fee on Demand	\$0-\$15 \$0-\$3 \$0-\$44 \$9	
Services Other Than Secondary Fransmissions:	service for a single fee. There a furnished at cost or (2) services amount of the charge and the u enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services tha listed in block 1 and for which a brief (two- or three-word) descri CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential	re two exception or facilities fur nit in which it is rate column. te charged by t your cable sy separate charged ption and inclu BLO RATE \$5-\$199	ons: you nished s usuall the cab ystem fu ge was de the CK 1 CATE Install • Mo • Ca • Pa • Pa • Fir • Bu Other	e not offered ir u do not need to nonsubscrit ly billed. If any ole system for e urnished or offe made or estat rate for each. GORY OF SER lation: Non-re otel, hotel ommercial ay cable ay cable-add'l of re protection urglar protection services:	a combinat to give rate ers. Rate rates are o each of the ered during blished. Lis RVICE sidential	ion with any sec e information cou information shou charged on a var applicable serv the accounting t these other se	ondary tra neerning (1 uld include iable per-p ices listed. period tha rvices in th CATEGC Video or Service Credit M Dispatch Wireless HD Pren DVR Up	nsmission) services both the program basis, it were not be form of a BLOCK 2 DRY OF SERVICE Demand Activation Fee anagement Fee on Demand Receiver nium Tier grade Fee	\$0-\$15 \$0-\$3 \$0-\$44 \$9 \$0 - \$4	
Services Other Than Secondary Fransmissions:	service for a single fee. There a furnished at cost or (2) services amount of the charge and the u enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services tha listed in block 1 and for which a brief (two- or three-word) descri CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Fire protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	re two exception or facilities fur nit in which it is rate column. te charged by t your cable sy separate charged ption and inclu BLO RATE \$5-\$199	ons: you nished s usuall the cab ystem fu ge was de the CK 1 CATE Install • Mo • Co • Pa • Pa • Pa • Bu Other • Re	e not offered ir u do not need to nonsubscrit ly billed. If any ole system for e urnished or offe made or estat rate for each. GORY OF SEI lation: Non-re otel, hotel ommercial ay cable ay cable-add'l of re protection urglar protection services: econnect	a combinat to give rate ers. Rate rates are o each of the ered during blished. Lis RVICE sidential	ion with any sec information co information sho harged on a val applicable serv the accounting t these other se	ondary tra neerning (1 uld include iable per-p ices listed. period tha rvices in th CATEGC Video or Service Credit M Dispatch Wireless HD Pren DVR Up Vacatior	nsmission) services both the program basis, t were not be form of a BLOCK 2 DRY OF SERVICE Demand Activation Fee anagement Fee on Demand Receiver hum Tier grade Fee hold	\$0-\$15 \$0-\$3 \$0-\$44 \$9 \$0 - \$ \$1 \$10 \$	
Services Other Than Secondary Fransmissions:	service for a single fee. There a furnished at cost or (2) services amount of the charge and the u enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services tha listed in block 1 and for which a brief (two- or three-word) descri CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	re two exception or facilities fur nit in which it is rate column. te charged by t your cable sy separate charged ption and inclu BLO RATE \$5-\$199	ons: you nished s usuall the cab /stem fu ge was de the CK 1 CATE Install • Mc • Ca • Pa • Pa • Fir • Bu Other • Re • Dis	e not offered ir u do not need to nonsubscrit ly billed. If any ole system for offer made or estat rate for each. GORY OF SEI lation: Non-re otel, hotel ommercial ay cable ay cable-add'l of re protection urglar protection services: econnect sconnect	a combinat to give rate ers. Rate rates are o each of the ered during blished. Lis RVICE sidential	ion with any sec information con information should harged on a var applicable serv the accounting t these other se RATE	ondary tra neerning (1 uld include iable per-p ices listed. period tha rvices in th CATEGC Video or Service Credit M Dispatch Wireless HD Pren DVR Up Vacatior Program	nsmission) services both the brorogram basis, it were not le form of a BLOCK 2 DRY OF SERVICE Demand Activation Fee anagement Fee on Demand Receiver nium Tier grade Fee Downgrade Fee	\$0-\$15 \$0-\$3 \$0-\$44 \$9 \$0 - \$ \$1 \$10 \$ \$ \$ \$	
Services Other Than Secondary Transmissions:	service for a single fee. There a furnished at cost or (2) services amount of the charge and the u enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services tha listed in block 1 and for which a brief (two- or three-word) descri CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Fire protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	re two exception or facilities fur nit in which it is rate column. te charged by t your cable sy separate charged ption and inclu BLO RATE \$5-\$199	ons: you nished s usuall the cab ystem fu ge was de the CK 1 CATEO Install • Mo • Co • Pa • Pa • Fir • Bu Other • Re • Ou	e not offered ir u do not need to nonsubscrit ly billed. If any ole system for e urnished or offe made or estat rate for each. GORY OF SEI lation: Non-re otel, hotel ommercial ay cable ay cable-add'l of re protection urglar protection services: econnect	a combinat to give rate pers. Rate rates are o each of the rred during lished. Lis RVICE sidential	ion with any sec e information cou information shou charged on a var applicable serv the accounting t these other se	ondary tra neerning (1 uld include iable per-p ices listed. period tha rvices in th CATEGC Video or Service Credit M Dispatch Wireless HD Pren DVR Up Vacatior Program	nsmission) services both the program basis, t were not be form of a BLOCK 2 DRY OF SERVICE Demand Activation Fee anagement Fee on Demand Receiver hum Tier grade Fee hold	\$0-\$15 \$0-\$3 \$0-\$44 \$9 \$0 - \$ \$1 \$10 \$10 \$	

G

Primary

Transmitters:

Television

SYSTEM ID#

63184

BellSouth Te	elecommunications, LLC
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PRIMARY TRANSMITTERS: TELEVISION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

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

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

• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis

 List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form

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

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you 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 subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

	1	CHANN	EL LINE-UP	AA	1	
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	
WAGV	28	I	No		Harlan, KY	
WATE/WATEHD	6/1006	N	No		Knoxville, TN	See instructions for
WBIR/WBIRHD	10/1010	N	No		Knoxville, TN	additional information on alphabetization.
WBXX/WBXXHD	20/1020	I	No		Crossville, TN	on alphabetization.
WETP/WETPHD	2/1002	Е	Yes	0	Sneedville, TN	
WKNX/WKNXHD	25/1025	I	No		Knoxville, TN	
WKOP/WKOPHD	15/1015	E	No		Knoxville, TN	
WPXK/WPXKHD	54/1054	I	No		Jellico, TN	
WTNZ/WTNZHD	43/1043	I	No		Knoxville, TN	
WVLR	48	I	No	-	Tazwell, TN	
WVLT/WVLTHD	8/1008	N	No		Knoxville, TN	
WVLTD2/WVLT2I	8/1008	I	No		Knoxville, TN	

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

G

Primary

Transmitters:

Television

SYSTEM ID#

63184

BellSouth Telecommunications, LLC

PRIMARY TRANSMITTERS: TELEVISION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

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

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

• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis

 List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form

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

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you 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 subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

		CHANN	EL LINE-UP	AB	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	-	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WDEF/WDEFHD	12/1012	N	No		Chattanooga, TN
WDSI	61	I	No		Chattanooga, TN
WELF	23	I	No		Dalton, GA
WFLI/WFLIHD	53/1053		No		Cleveland, TN
WNGH	18	Е	No		CHATSWORTH, GA
WRCB/WRCBHD	3/1003	N	No		Chattanooga, TN
WTCI/WTCIHD	45/1045	Е	No		Chattanooga, TN
WTVC/WTVCHD	9/1009	N	No		Chattanooga, TN
WTVCD2/WTVCH	9/1009	I	No		Chattanooga, TN

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

G

Primary

Transmitters:

Television

SYSTEM ID#

63184

BellSouth Telecommunications, LLC

PRIMARY TRANSMITTERS: TELEVISION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

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

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

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

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

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form

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

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you 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 subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	4. DISTANT? (Yes or No)		6. LOCATION OF STATION
		•		

FORM	SA3E. PAGE 7.					
	AL NAME OF OWNER OF CABLE SYSTEM:			EM ID#	Name	
Bel	ISouth Telecommunications, LLC			63184		
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.						
 Instru Con Con If you If you If you 	'RIGHT ROYALTY FEE ctions : Use the blocks in this space L to determine the royalty fee you owe: uplete block 1, showing your minimum fee. uplete block 2, showing whether your system carried any distant television stations. ur system did not carry any distant television stations, leave block 3 blank. Enter the an from block 1 on line 1 of block 4, and calculate the total royalty fee. ur system did carry any distant television stations, you must complete the applicable pa ompanying this form and attach the schedule to your statement of account.				L Copyright Royalty Fee	
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.	e entered o	on line 1 of			
	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be ϵ low.	entered on	line 2 in block			
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be ente	ered on line			
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.					
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.	\$	9,663,649	9.71		
	This is your minimum fee.	\$	102,82 1	1.23		
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 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 complete the DSE schedule. 	nn 4, you n od?	nust 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	\$	151	1.16		
	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	\$	151	1.16		
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	\$	102,821	1.23	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.	r		<mark>0.00</mark>	submitting additional deposits under	
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		(0.00	Section 111(d)(7) should contact the Licensing	
	Line 4. FILING FEE	\$	725	5.00	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	\$	103,546	6.23	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			

ACCOUNTING PERIO	DD: 2020/1			FORM SA3E. PAGE 8.					
Name	LEGAL NAME OF OWNER OF CABLE S			SYSTEM ID#					
	BellSouth Telecommunica	ations, LLC		63184					
M	-	(1) the number of channels on which the ca cable system's total number of activated ch	-	stations					
Channels	1. Enter the total number of channels on which the cable system carried television broadcast stations								
	system carried television bit								
	2. Enter the total number of a	ctivated channels							
	-	arried television broadcast stations		1,203					
	and nonbroadcast services								
N Individual to Be Contacted	INDIVIDUAL TO BE CONTA we can contact about this sta	CTED IF FURTHER INFORMATION IS NE tement of account.)	EDED: (Identify an individual						
for Further Information	Name Myriam Nassi	f	Telephone	310-964-1930					
	Address 2260 E Imperi (Number, street, rural	al Hwy Room 839 oute, apartment, or suite number)							
	El Segundo, C (City, town, state, zip)	CA 90245							
	Email mn11	2s@att.com	Fax (optional)						
_	CERTIFICATION (This stateme	ent of account must be certifed and signed	n accordance with Copyright Office regu	ulations.)					
O Certifcation	• I, the undersigned, hereby cer	tify that (Check one, <i>but only one</i> , of the boxe	s.)						
	(Owner other than corpora	tion or partnership) I am the owner of the c	able system as identifed in line 1 of space	B; or					
		n corporation or partnership) I am the duly a that the owner is not a corporation or partners		system as identified					
	(Officer or partner) I am a in line 1 of space B.	n officer (if a corporation) or a partner (if a par	tnership) of the legal entity identifed as ow	ner of the cable system					
		t of account and hereby declare under penalt to the best of my knowledge, information, and]		ed herein					
	x	/s/ Michael Santogrossi							
	(e.g., /s/	electronic signature on the line above using ar John Smith). Before entering the first forward a hen type /s/ and your name. Pressing the "F" l	slash of the /s/ signature, place your cursor i	•					
	Typed	or printed name: Michael Santogros	ssi						
	Title:	Vice President – Finance (Title of official position held in corporation or partr	ership)						
	Date:	August 26, 2020							
	1								
		d States Code authorizes the Copyright Offce t is any personal information that can be used to							

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 telephol 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 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 t completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of lav

FORM	SA3F	PAGE9.

SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol-	
lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	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?	Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENTS	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	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	-
xday	ys
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	<u>-</u>
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please 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 Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.	
Owner	
Address	
First community served	
Accounting period ID number	

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.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

• Independent: its type-value is	1.00
Network: its type-value is	0.25
Noncommercial educational: its type-value is	0.25

Note that local stations are not counted at all in computing DSEs.

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

What is a "Permitted" Station? A permitted station refers to a distant station whose carriage is not subject to the 3.75 percent rate but is subject to the base rate and, where applicable, the Syndicated Exclusivity Surcharge. A permitted station would include the following:

1) A station actually carried within any portion of a cable system prior to June 25, 1981, pursuant to the former FCC rules.

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

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

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

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

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

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

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

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

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

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

DSE SCHEDULE. PAGE 11.

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

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

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

The fifth and each additional DSE

0.701% of gross receipts 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.

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

Distant Stations Carried Identification of Subscriber Groups STATION DSE OUTSIDE LOCAL GROSS RECEIPTS In most cases under current ECC CITY A (independent) 1.0 SERVICE AREA OF FROM SUBSCRIBERS rules, all of Fairvale would be within the local service area of both stations B (independent) 1.0 Santa Rosa Stations A, B, C, D ,E \$310,000.00 A and C and all of Rapid City and Bo-C (part-time) 0.083 Rapid City Stations A and C 100,000.00 dega Bay would be within the local D (part-time) 0.139 Bodega Bay Stations A and C 70.000.00 service areas of stations B, D, and E. 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 Santa Rosa Stations A and C x .01064 35 mile zone \$6,384.00 First Subscriber Group Second Subscriber Group Third Subscriber Group (Santa Rosa) (Rapid City and Bodega Bay) (Fairvale) Fairvale Gross receipts \$310.000.00 Gross receipts \$170.000.00 Gross receipts \$120.000.00 DSEs 2.472 DSEs 1.083 DSEs Rapid City 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 Bodega \$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 Bay Base rate fee \$6.497.20 Base rate fee \$1.907.71 Base rate fee \$1.604.03 Stations B, D, Total Base Rate Fee: \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94 and E ١ In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7) 35 mile zone

DSE SCHEDULE. PAGE 11. (CONTINUED)

4	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID										
1	BellSouth Telecommun	ications, LLC	;			63184					
		UM OF DSEs OF CATEGORY "O" STATIONS:									
	 Add the DSEs of each station Enter the sum here and in line 	0.25									
		U.2J									
2	Instructions:	istructions: I the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5									
L	of space G (page 3).		Il Signs of all distant stations	s identified by							
	In the column headed "DSE"			E as "1.0"; for	each network or noncom-						
of DSEs for	mercial educational station, give	ve the DSE as ".2									
Category "O" Stations	CALL SIGN	CATEGORY "O" STATIONS: DSEs CALL SIGN DSE CALL SIGN DSE									
Stations	WETP/WETPHD	0.250	CALL SIGN	DGE	CALL SIGN	DSE					
		0.200									
Add rows as											
necessary.											
Remember to copy											
all formula into new											
rows.											
				I							

3

Computation of DSEs for

Stations

Carried Part

Time Due to

Lack of Activated

Channel

Capacity

2020/1				DSE	SCHEDULE. PAGE 12.
LEGAL NAME OF OWNER	OF CABLE SYSTEM:				SYSTEM ID#
BellSouth Telecor	mmunications, LLC				63184
Instructions: CAPA	CITY				
	all sign of all distant stations io	,			
	each station, give the number of				This
0 1	bond with the information giver		,		riad
	each station, give the total num			• • • •	
	e the figure in column 2 by the	u	•	column 4. This ligure	nusi
	st to the third decimal point. Th each independent station, give		•	nmoroial advantional a	tation
		the type-value as 1.0.			lation,
give the type-value a	ply the figure in column 4 by th	e figure in column 5, an	d give the result in column 6	Round to no less than	the
	This is the station's DSE. (For i	•	•		
SA3 form.	This is the station's DSE. (For I	nore information on rou	nuing, see page (viii) of the g	eneral instructions in t	le paper
5A5 10111.					
	CATEGOR	Y LAC STATIONS:	COMPUTATION OF D	SEs	
1. CALL SIGN	2. NUMBER OF HOURS CARRIED BY	3. NUMBER OF HOURS STATION	4. BASIS OF CARRIAGE VALUE	5. TYPE VALUE	6. DSE

			JATEGUR	LAC STATIONS		ION OF DSES				
	1. CALL SIGN	2. NUMBE OF HO CARRI SYSTE	URS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS C CARRIA VALUE			SE		
			÷		=	x	=			
			÷		=	x	=			
			÷		=	x	=			
			÷		=	x	=			
			÷		=	x	=			
			÷		=	x	=			
			÷		=	x	=			
			÷		=	x	=			
	Add the DSEs	OF CATEGORY LAC of each station. Im here and in line 2 of		chedule,		0.00				
4 Computation of DSEs for Substitute- Basis Stations	Was carried tions in efference Broadcast of space I). Column 2: I at your option. Column 3: I Column 4: I	 Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulartions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of 								
		SL	JBSTITUTE	BASIS STATIO	NS: COMPUT	ATION OF DSEs		·		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMB OF DA IN YEA	YS	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE		
			÷	=		-	•	=		
			÷	=		-	÷	=		
			÷	=		-	÷	=		
			÷	=		-	•	=		
			÷	=		-	÷	=		
			÷	=		-	÷	=		
	Add the DSEs	oF SUBSTITUTE-BAS of each station. Im here and in line 3 of				0.00]			
5		ER OF DSEs: Give the ar s applicable to your syste		e boxes in parts 2, 3, a	nd 4 of this sched	lle and add them to provide	e the total			
Total Number	1. Number o	f DSEs from part 2 ●				•	0.25			
of DSEs		f DSEs from part 3 ●				•	0.00			
		f DSEs from part 4 ●				►	0.00			
	TOTAL NUMBE	R OF DSEs				•		0.25		

DSE SCHEDULE. P.	AGE 13.							ACCOUNTIN	g Period: 2020/
	WNER OF CABLE S						S	¥STEM ID# 63184	Name
								03104	
nstructions: Bloc n block A:	k A must be comp	leted.							^
If your answer if ' schedule.	'Yes," leave the re	mainder of pa	art 6 and part 7	of the DSE sched	ule blank and	complete part	8, (page 16) of th	e	6
	'No," complete blo								
				FELEVISION M					Computation o 3.75 Fee
s the cable systen effect on June 24,		itside of all m	najor and smal	er markets as defir	ned under sec	tion 76.5 of FC	CC rules and regul	lations in	
		schedule—D	O NOT COMP	LETE THE REMAI	NDER OF PA	RT 6 AND 7.			
X No—Comp	lete blocks B and (C below.							
		BLO	CK B: CARF		MITTED DS	Es			
Column 1: CALL SIGN	under FCC rules a	and regulatio e DSE Scheo	ons prior to Jun dule. (Note: Th	part 2, 3, and 4 of t e 25, 1981. For fur e letter M below ret Act of 2010.)	ther explanati	on of permittee	d stations, see the	-	
Column 2: BASIS OF PERMITTED CARRIAGE	Enter the appropr (Note the FCC rul A Stations carrie 76.61(b)(c)] B Specialty static C Noncommerica	iate letter inc es and regul ed pursuant to on as defined al educationa station (76.6 DSE schedu	dicating the bas lations cited be o the FCC mar l in 76.5(kk) (70 Il station [76.59 55) (see paragr ule).	sis on which you ca low pertain to those ket quota rules [76 3.59(d)(1), 76.61(e) 0(c), 76.61(d), 76.63 aph regarding subs	e in effect on . .57, 76.59(b), 0(1), 76.63(a) 8(a) referring 1	June 24, 1981 76.61(b)(c), 7 referring to 76 to 76.61(d)]	6.63(a) referring to .61(e)(1)	0	
Column 3:	*(Note: For those this schedule to d	stations ider etermine the	ntified by the le DSE.)	parts 2, 3, and 4 of tter "F" in column 2	2, you must co	omplete the wo		1	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
WETP/WET	С	0.25							
	•								
	•••••••••••••••••••••••••••••••••••••••								
								0.25	
		E	BLOCK C: CC	MPUTATION OF	3.75 FEE				
ine 1: Enter the	total number of I	DSEs from	part 5 of this :	schedule					
ine 2: Enter the	sum of permitted	d DSEs fron	n block B abo	ve			11		
				of DSEs subject 7 of this schedule		ate.			
ine 4: Enter gro	ss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represe partially
ine 5: Multiply li	ne 4 by 0.0375 a	nd enter su	m here				x		permited/ partially nonpermitted
ine 6: Enter tota.	al number of DSE	s from line	3						carriage? If yes, see par 9 instructions
ine 7: Multiply li	ne 6 by line 5 an	d enter here	e and on line	2, block 3, space	L (page 7)			0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# BellSouth Telecommunications, LLC 63184									
BellSouth Te	lecommunicat	ions, LLC						63184	Nume
	T	BLOCK	A: TELEVIS	ON MARKET	S (CONTIN	IUED)	1	Γ	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
									Computation
									3.75 Fee
		.							

I

						DSE SCHEDULE. PAGE 14.			
Nama	LEGAL NAME OF OWN	IER OF CABLE SYSTE	M:			SYSTEM ID#			
Name	BellSouth Teleo	communications	, LLC			63184			
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	 Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1), 76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. 								
		PERMITTED DSE	FOR STATIONS CARRI	ED ON A PART-TIME AI	ND SUBSTITUTE BASIS				
	1. CALL	2. PRIOR	3. ACCOUNTING	4. BASIS OF	5. PRESENT	6. PERMITTED			
	SIGN	DSE	PERIOD	CARRIAGE	DSE	DSE			
7 Computation of the	Instructions: Block A must be completed. In block A: If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.								
Syndicated			BLOCK A: MAJOR	TELEVISION MARK	ΚET				
Exclusivity									
Surcharge	 Is any portion of the of 	able system within a t	op 100 major television ma	rket as defned by section	76.5 of FCC rules in effect	t June 24, 1981?			
	X Yes—Complete	blocks B and C		No—Proceed to	part 8				
					, part o				
			D. Comtour Otations	DI OCI					
	BLOCK B: Ca	arriage of VHF/Grade	B Contour Stations	BLOCK C: Computation of Exempt DSEs					
	Is any station listed in commercial VHF stati or in part, over the ca	on that places a grad		Was any station listed in block B of part 7 carried in any commu nity served by the cable system prior to March 31, 1972? (refer to former FCC rule 76.159)					
	Yes—List each st	tation below with its app	propriate permitted DSE	Yes—List each s	tation below with its approp	riate permitted DSE			
		nd proceed to part 8.			ind proceed to part 8.				
		ina proceda to part of							
	CALL SIGN	DSE CA	LL SIGN DSE	CALL SIGN	DSE CALL S	IGN DSE			
					H				
		101	AL DSEs 0.00		TOTAL	OSEs 0.00			

DSE SCHEDULE.	PAGE15
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LEGAL NA	ME OF OWNER OF CABLE SYSTEM: BellSouth Telecommunications, LLC	SYSTEM ID# 63184	Name
		03104	
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	9,663,649.71	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated
	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	Exclusivity Surcharge
• Is any	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here	_	
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here	_	
	F. Multiply line D by line E and enter here	_	
	G. Add lines A, C, and F. This is your surcharge.		
	Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here	_	
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

ACCOUNTING PERIOD	-	DSE SCHEDULE. PA						
Name		ve of owner of cable system: SYSTE SYSTE SYSTEMENT	-M ID# 63184					
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.						
Computation of the		A. Enter 0.00300 of gross receipts (the amount in section 1)						
Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1)						
Surcharge		C. Multiply line B by 3.000 and enter here						
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here						
		F. Multiply line D by line E and enter here						
		G. Add lines A, C, and F. This is your surcharge.						
		Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge.	<u></u> .					
•		ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part						
8		checked "Yes," use the total number of DSEs from part 5.						
		ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.						
Computation of	-	ir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ir answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below						
Base Rate Fee	• II you blank							
		is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers						
		ocated within that station's local service area and others were located outside that area. For the definition of a station's "local						
	service	e area," see page (v) of the general instructions.						
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS						
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?						
	[X Yes—Complete part 9 of this schedule. No—Complete the following sections.						
	Section	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE						
	1	Enter the amount of gross receipts from space K (page 7)						
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes,"						
		use the total number of DSEs from part 5.)						
	Section							
	3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.						
		A. Enter 0.01064 of gross receipts						
		(the amount in section 1)						
		B. Enter 0.00701 of gross receipts (the amount in section 1)						
		C. Subtract 1.000 from total DSEs						
		(the figure in section 2) and enter here						
		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	0.00					

LEGAL N	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Nomo
BellS	outh Telecommunications, LLC 63184	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		8
	A. Enter 0.01064 of gross receipts (the amount in section 1)►\$	Ŭ
	B. Enter 0.00701 of gross receipts	Computation
	(the amount in section 1) \$	of Base Rate Fee
	C. Multiply line B by 3.000 and enter here►	Buse Rule 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	
	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
Eirot. (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
DSEs a	and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.	Exclusivity Surcharge
Finally	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	for
	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 loo compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below.	Partially Distant
	er, if your cable system is wholly located outside all major television markets, complete block A only.	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 station you	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.	
In each	section:	
	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.	
• lf:		
, .	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.	
• Add t	he 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 a paper SA3 form.	
page. 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.	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	STEM I
Name	BellSouth Telecommunications, LLC	631
	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.	

BellSouth Telecom		E SYSTEM: tions, LLC					63184 SYSTEM	Name
В				TE FEES FOR EACH				
FIRST SUBSCRIBER GROUP COMMUNITY/ AREA 0				COMMUNITY/ AREA) SUBSCRIBER GRO	<u>ор</u> 0	9
								Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								Syndicated
		-						Exclusivit
								Surcharge
								for Partially
								Distant
		-						Stations
		-						
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First Gro	aun	\$ 7,306	6,468.59	Gross Receipts Seco	nd Group	\$ 2,5	300,355.79	
	oup	÷ 7,000	,400.00			<i>φ</i> 2 ,	500,000.75	
Base Rate Fee First Group \$ 0.00			Bass Bats Fas Sass					
	F	φ	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
	-	SUBSCRIBER GROU			-	SUBSCRIBER GRO		
OMMUNITY/ AREA	-			COMMUNITY/ AREA	FOURTH			
CALL SIGN	THIRD		JP		FOURTH		UP	
CALL SIGN	THIRD	SUBSCRIBER GROU	UP 0	COMMUNITY/ AREA	FOURTH	I SUBSCRIBER GRO	UP 0	
CALL SIGN	THIRD	SUBSCRIBER GROU	UP 0	COMMUNITY/ AREA	FOURTH	I SUBSCRIBER GRO	UP 0	
CALL SIGN	THIRD	SUBSCRIBER GROU	UP 0	COMMUNITY/ AREA	FOURTH	I SUBSCRIBER GRO	UP 0	
CALL SIGN	THIRD	SUBSCRIBER GROU	UP 0	COMMUNITY/ AREA	FOURTH	I SUBSCRIBER GRO	UP 0	
CALL SIGN	THIRD	SUBSCRIBER GROU	UP 0	COMMUNITY/ AREA	FOURTH	I SUBSCRIBER GRO	UP 0	
CALL SIGN	THIRD	SUBSCRIBER GROU	UP 0	COMMUNITY/ AREA	FOURTH	I SUBSCRIBER GRO	UP 0	
CALL SIGN	THIRD	SUBSCRIBER GROU	UP 0	COMMUNITY/ AREA	FOURTH	I SUBSCRIBER GRO	UP 0	
CALL SIGN	THIRD	SUBSCRIBER GROU	UP 0	COMMUNITY/ AREA	FOURTH	I SUBSCRIBER GRO	UP 0	
CALL SIGN	THIRD	SUBSCRIBER GROU	UP 0	COMMUNITY/ AREA	FOURTH	I SUBSCRIBER GRO	UP 0	
CALL SIGN	THIRD	SUBSCRIBER GROU	UP 0	COMMUNITY/ AREA	FOURTH	I SUBSCRIBER GRO	UP 0	
CALL SIGN	THIRD	SUBSCRIBER GROU	UP 0	COMMUNITY/ AREA	FOURTH	I SUBSCRIBER GRO	UP 0	
CALL SIGN VETP/WETPHD	THIRD	SUBSCRIBER GROU	UP 0	COMMUNITY/ AREA	FOURTH	I SUBSCRIBER GRO	UP 0	
CALL SIGN VETP/WETPHD	THIRD DSE 0.25	SUBSCRIBER GROU		COMMUNITY/ AREA	FOURTH	I SUBSCRIBER GRO	UP 0 DSE	
VETP/WETPHD	THIRD DSE 0.25	SUBSCRIBER GROU	UP 0 DSE 0 0.25	COMMUNITY/ AREA CALL SIGN	FOURTH	I SUBSCRIBER GROU	UP 0 DSE	
CALL SIGN VETP/WETPHD	THIRD DSE 0.25	SUBSCRIBER GROU	UP 0 DSE 0 0.25	COMMUNITY/ AREA CALL SIGN	FOURTH	I SUBSCRIBER GROU	UP 0 DSE	

CALL SIGN DSE Statistication Stati	LEGAL NAME OF OWNE BellSouth Telecon						S	YSTEM ID# 63184	Name
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Base Rate Column <				<u> </u>				•	Computation
and and and and and and and and Syndic Syndi Syndic Syndic	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Base Rate Fee First Group \$ 0.00 SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 CALL SIGN DSE COMUNITY/ AREA O CALL SIGN DSE CALL SIGN DSE COMUNITY COMUNITY CALL SIGN DSE COMUNITY COMUNITY CALL SIGN DSE <td>Total DSEs</td> <td></td> <td></td> <td>0.00</td> <td>Total DSEs</td> <td></td> <td></td> <td>0.00</td> <td></td>	Total DSEs			0.00	Total DSEs			0.00	
SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 CALL SIGN DSE COND DSE	Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
COMMUNITY/ AREA O COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE COMMUNITY/ AREA Image: Call SIGN DSE CALL SIGN DSE Call SIGN DSE CALL SIGN DSE Call SIGN Call SIGN Call SIGN Image: Call SIGN Call SIGN Image: Call SIGN Total DSEs 0.00	Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Image: Call Sign Image: Call Sign DSE CALL Sign DSE Image: Call Sign Image: Call Sign Image: Call Sign DSE Call Sign DSE Image: Call Sign Image: Call S		SEVENTH	SUBSCRIBER GRO	UP			SUBSCRIBER GROU	Р	
Image: Second	COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00							-		
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00							-		
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Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00							-		
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00									
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Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00		••							
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	Total DSEs	•		0.00	Total DSEs	•		0.00	
	Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	
	Base Rate Fee Third Group \$ 0.00				Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7) \$				criber group a	II as shown in the boxes	above.			

FORM SA3E. PAGE 19.

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER BellSouth Telecom			nonpol			SY	STEM ID# 63184	Name
BI				TE FEES FOR EACH				
FIRST SUBSCRIBER GROUP					SECOND	SUBSCRIBER GROUP		9
COMMUNITY/ AREA 0				COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Constituted
								Syndicated Exclusivity
		-				-		Surcharge
								for
								Partially
								Distant
								Stations
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$ 7,306,	468.59	Gross Receipts Second	d Group	\$ 2,30	0,355.79	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	IP		FOURTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
	· · · · · · · · · · · · · · · · · · ·					· · · · · · · · · · · · · · · · · · ·		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$ 56,	825.33	Gross Receipts Fourth	Group	\$	0.00	
]	
Base Rate Fee Third G	Base Rate Fee Third Group \$ 0.00				Group	\$	0.00	
						L		
Base Rate Fee: Add the Enter here and in block			iber group a	as shown in the boxes at	oove.	\$	0.00	

FORM SA3E. PAGE 19.

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER BellSouth Telecom			Tompo			SY	STEM ID# 63184	Name
BL				TE FEES FOR EACH				
FIFTH SUBSCRIBER GROUP					SIXTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA 0				COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for
						-		Partially
								Distant Stations
								olutions
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	מוומ	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
	, alb	·				·		
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
-	EVENTH	SUBSCRIBER GROU		EIGHTH SUBSCRIBER GROUP				
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
	 							
	[
Total DSEs			0.00	Total DSEs			0.00	
			0.00	Gross Receipts Fourth	Group	\$	0.00	
		-				· ·		
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			iber group	as shown in the boxes al	oove.	\$		

		FORM SA3E. PAGE 20.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
	BellSouth Telecommunications, LLC 631							
9	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:							
Computation of 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						
	computation - SYNDICATED EXCLUSIVITY SURCHARGE Third Group	Ŭ Î						

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA3E. PAGE 20 SYSTEM ID:								
Name	BellSouth Telecommunications, LLC									
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP									
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:									
Computation of	First 50 major television market	Second 50 major television market								
Base Rate Fee and Syndicated Exclusivity Surcharge for	 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. 									
Partially Distant Stations	Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts your actual calculations on this form.	e formula outlined in block D, section 3 or 4 of part 7 of this figures applicable to the particular group. You do not need to show								
	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								
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY								
	SURCHARGE First Group	SURCHARGE Second Group								
	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 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								
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group								
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for in the boxes above. Enter here and in block 4, line 2 of space L (page									