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

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
	\$				
2/25/2021	ALLOCATION NUMBER				

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:								
Accounting Period	2020/2								
B	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. 10312 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM CABLE ONE, INC. d/b/a SPARKLIGHT								
				10312202	202				
				10312 2020)/2				
	210 E. EARLL DRIVE PHOENIX, AZ 85012								
С	INSTRUCTIONS: In line 1, give any business or trade names used to in names already appear in space B. In line 2, give the mailing address of	,							
System	1 IDENTIFICATION OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT		-	<u> </u>					
	MAILING ADDRESS OF CABLE SYSTEM: 102 N. 5TH STREET (Number, street, rural route, apartment, or suite number) VINCENNES, IN 47591 (City, town, state, zip code)								
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comn	nunity served below and rel	st on page 1b					
Area	with all communities.	T							
Served	CITY OR TOWN	STATE			-				
First Community	MCLEANSBORO	IL							
	Below is a sample for reporting communities if you report multiple cha	nnel line-ups in S STATE	pace G. CH LINE UP	SUB GRP#					
	Alda	MD	A	30B GRF#					
Sample	Alliance	MD	В	2					
	Gering	MD	В	3					

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

FORM SA3E. PAGE 1b. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 10312 CABLE ONE, INC. d/b/a SPARKLIGHT Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Δrea of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CH LINE UP CITY OR TOWN STATE SUB GRP# **MCLEANSBORO** IL First **ALBION** IL Community **GRAYVILLE** IL **FAIRFIELD** IL IL **WAYNE CITY** MT. CARMEL IL See instructions for IL UNINC. WHITE COUNTY additional information on alphabetization. IL **CARMI CROSSVILLE** IL **NORRIS CITY** IL **NEW HARMONY** IL Add rows as necessary. **UNINC. POSEY COUNTY** IL **UNINC. VANDERBURGH COUNTY** IL **VALLER** IL IL **SESSER UNINC. WAYNE COUNTY** IL IL **ENFIELD**

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	1	i '	

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC. d/b/a SPARKLIGHT

SYSTEM ID#
10312

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1			$\ $	BLOCK 2				
	NO. OF			П		NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS		RATE	Ш	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:				П					
Service to first set	2,871	\$	40.00						
Service to additional set(s)									
FM radio (if separate rate)									
Motel, hotel	221	\$	53.25						
Commercial		T							
Converter		T							
Residential		Ī							
Non-residential		1							
				4 1					

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

brief (two- or three-word) description and include the rate for each.

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

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

BLOCK 2 BLOCK 1 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Continuing Services: Installation: Non-residential 48.00 · Pav cable 7.00-15.00 · Motel. hotel EXPANDED BASIC \$ 16.00 • Pay cable—add'l channel Commercial **DIGITAL FAM PLUS** \$ Fire protection Pay cable STARZ SUPER PAK \$ 19.00 Burglar protection • Pay cable-add'l channel SHOWTIME UNLTD \$ 19.00 Installation: Residential Fire protection нво 19.00 \$ 100.00 CINEMAX 19.00 First set Burglar protection Additional set(s) Other services: • FM radio (if separate rate) 30.00 Reconnect Converter Disconnect Outlet relocation 30.00 · Move to new address \$ 30.00

ACCOUNTING PERIOD: 2020/2 FORM SA3E, PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CABLE ONE, INC. d/b/a SPARKLIGHT 10312 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AA		
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	
KFVS-2	11	I-M	No		CAPE GIRARDEAU, MO	
KBSI	36	I-M	No		CAPE GIRARDEAU, MO	See instructions for
WDKA	25	I-M	No		PADUCAH, KY	additional information
WPSD-TV	19	N	No		PADUCAH, KY	on alphabetization.
WSIL	34	N	No		HARRISBURG, IL	
WSIU	8	E	No		CARBONDALE, IL	
WTCT	30	I	No		MERION, IL	

FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC. d/b/a SPARKLIGHT	10312	Name
PRIMARY TRANSMITTERS: TELEVISION		
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sec 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 car substitute program basis, as explained in the next paragraph. Substitute Pasis Stations: With respect to any distant stations carried by your cable system on a substitut pasis 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 basis. For further information concerning substitute basis stations, see page (v) of the general instructions I in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etcapach multicast stream associated with a station according to its over-the-air designation. For example, report neast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for exwetation and such as a stream separately; for exwetation and such as a stream separately. Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-tists community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the 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 nonceducational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), for i	s under stions rried on a te program the ne other located c. Identify multi- xample the-air in channel commercial "I-M" lticast). an ex- your system e subject resenting esigna-	G Primary Transmitters: Television
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 lice	ensed 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.		

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	CHANNEL LINE-UP AB								
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION				
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE					
	NUMBER	STATION		(If Distant)					
		0.7111011		(1. 2.0.0.1.1)					
	<u>.</u>								
	·								
	·								
	 	1							

FORM SA3E. PAGE 3.	ACCOUNT	ING PERIOD: 2020/2
LEGAL NAME OF OWNER OF CABLE SYSTEM:	YSTEM ID#	Name
CABLE ONE, INC. d/b/a SPARKLIGHT	10312	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power television station carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections	,	G
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Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute probasis under specific FCC rules, regulations, or authorizations:	gram	Television

 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.

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

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

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

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

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

1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	
	NUMBER	STATION		(If Distant)	

FORM SA3E. PAGE 3.	ACCOUNTI	NG PERIOD: 2020/2
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Mana.
CABLE ONE, INC. d/b/a SPARKLIGHT	10312	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power television so carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis 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 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	under ons ed on a	G Primary Transmitters: Television
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Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel

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-

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Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network) "N.M" (for network multicast) "I" (for independent) "I.M"

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

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Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the 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	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION
SIGN	CHANNEL		(Yes or No)	CARRIAGE	
	NUMBER	STATION		(If Distant)	
		•			

ACCOUNTING PERIOD: 2020/2 FORM SA3E, PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CABLE ONE, INC. d/b/a SPARKLIGHT 10312 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

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

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

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

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

		CHANN	EL LINE-UP	AE	
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	
	NUMBER	STATION		(If Distant)	
		İ			

AC FORM SA3E. PAGE 3.	COUNTING PERIOD: 2020/2
LEGAL NAME OF OWNER OF CABLE SYSTEM:	
CABLE ONE, INC. d/b/a SPARKLIGHT	0312 Name
PRIMARY TRANSMITTERS: TELEVISION	
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections	G
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in the paper SA3 form. **Column 1:** List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example

basis. For further information concerning substitute basis stations, see page (v) of the general instructions located

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

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

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

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

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

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

1. CALL SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	6. LOCATION OF STATION
	NUMBER	STATION		(If Distant)	
	ļ				

FORM SA3E. PAGE 3.	ACCOUNTII	NG PERIOD: 2020/2
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
CABLE ONE, INC. d/b/a SPARKLIGHT	10312	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power television scarried by your cable system during the accounting period, except (1) stations carried only on a part-time basis FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sect	under	G
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 carr 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	ied on a	Primary Transmitters: Television
basis under specifc FCC rules, regulations, or authorizations:	, program	relevision
• 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.	1e	
 List the station here, and also in space I, if the station was carried both on a substitute basis and also on some basis. For further information concerning substitute basis stations, see page (v) of the general instructions to in the paper SA3 form. 		
Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc.	. Identify	

each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in

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

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

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

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

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

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

CHANNEL LINE-UP AG							
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
	NOWBER	STATION		(II Distant)			

	ACCOUNTI	ING PERIOD: 2020/2
FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
CABLE ONE, INC. d/b/a SPARKLIGHT	10312	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power television stations are carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis upper television in effect on June 24, 1981, permitting the carriage of certain network programs [section can be called the carriage of certai	ınder	G
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 carrie 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		Primary Transmitters: Television
basis under specifc FCC rules, regulations, or authorizations:		

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

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

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

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

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

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

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

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is 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	(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
			(ii Dietain)	

	ACCOUNTING	PERIOD: 2020/2
FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nama
CABLE ONE, INC. d/b/a SPARKLIGHT	10312	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power televis carried by your cable system during the accounting period, except (1) stations carried only on a part-time by	pasis under [′]	G
FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs 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	-	Primary

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

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

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

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

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

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

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

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

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

	CHANNEL LINE-UP				
1. CALL SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	6. LOCATION OF STATION
	NUMBER	STATION		(If Distant)	

Transmitters: Television

FORM SA3E. PAGE 3.	ACCOUNTII	NG PERIOD: 2020/2
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name -
CABLE ONE, INC. d/b/a SPARKLIGHT	10312	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power television scarried by your cable system during the accounting period, except (1) stations carried only on a part-time basis FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sect	under	G
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 carr 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	ried on a	Primary Transmitters:
basis under specific FCC rules, regulations, or authorizations:	e program	Television
• 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.	he	
• List the station here, and also in space I, if the station was carried both on a substitute basis and also on som basis. For further information concerning substitute basis stations, see page (v) of the general instructions to 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	

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

each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example

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

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

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

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

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

		CHANN	EL LINE-UP	AJ	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
	NOWIDER	OTATION		(II Distail)	

ACCOUNTING PERIOD: 2020/2 FORM SA3E, PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CABLE ONE, INC. d/b/a SPARKLIGHT 10312 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the

station was carried only on a substitute basis.

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

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

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

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

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

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

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

1. CALL SIGN	2. B'CAST CHANNEL NUMBER		(Yes or No)	CARRIAGE	6. LOCATION OF STATION
	NUMBER	STATION		(If Distant)	

ACCOUNTING PERIOD: 2020/2 FORM SA3E, PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CABLE ONE, INC. d/b/a SPARKLIGHT 10312 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other

in the paper SA3 form. **Column 1:** List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

basis. For further information concerning substitute basis stations, see page (v) of the general instructions located

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

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

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

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

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

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

1. CALL SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	6. LOCATION OF STATION
	NUMBER	STATION		(If Distant)	

FORM SA3E. PAGE 3. LEGAL NAME OF OWN	ED OF CARLE OV	OTEM.			SYSTEM ID#	
CABLE ONE, IN					10312	Namo
					10312	
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
•			, ,		and low power television stations)	G
		-		,	only on a part-time basis under	J
•				•	n network programs [sections nd (2) certain stations carried on a	Primary
substitute program bas	(/(/	,,	U	(e)(z) and (4))], an	id (2) certain stations carried on a	Transmitters
	•		• .	carried by your ca	ble system on a substitute program	Television
basis under specifc FC	C rules, regula	tions, or auth	orizations:		,	
· Do not list the station	here in space	G—but do list	it in space I (the	e Special Stateme	nt and Program Log)—if the	
station was carried of	•					
					ite basis and also on some other	
		erning substit	ute basis station	is, see page (v) of	the general instructions located	
in the paper SA3 for		sian Do not r	enort origination	nrogram services	such as HBO, ESPN, etc. Identify	
					on. For example, report multi-	
			•	•	stream separately; for example	
WETA-simulcast).			•	`	•	
Column 2: Give the	channel numb	er the FCC h	as assigned to t	he television statio	n for broadcasting over-the-air in	
,	•	•	innel 4 in Washi	ngton, D.C. This n	nay be different from the channel	
on which your cable sys				de atatiana ana inalam	andont station on a nancommunical	
				•	endent station, or a noncommercial st), "I" (for independent), "I-M"	
					nmercial educational multicast).	
For the meaning of the	,		,.	,	•	
					s". If not, enter "No". For an ex-	
planation of local service	· ·	0 ()	,		•	
•			•	•	tating the basis on which your	
•		•	٠.	•	ering "LAC" if your cable system	
carried the distant stati	•				apacity. payment because it is the subject	
					em or an association representing	
-				•	rtransmitter, enter the designa-	
•			•		er basis, enter "O." For a further	
					in the paper SA3 form.	
				•	to which the station is licensed by the	
		, , ,		•	which the station is identifed.	
Note: If you are utilizing	g multiple chan	inei iine-ups, i	ise a separate s	space G for each c	nannei iine-up.	
		CHANN	EL LINE-UP	AM		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		

CHANNEL LINE-UP AM								
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE				
	NUMBER	STATION		(If Distant)				
				, ,				
	. <mark>.</mark>							
		ļ						

	ACCOUNTII	NG PERIOD: 2020/2
FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	N
CABLE ONE, INC. d/b/a SPARKLIGHT	10312	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power television stations carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis upported by the carriage of certain network programs [section of the carriage o	ınder	G
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	ed on a	Primary
substitute program basis, as explained in the next paragraph.		Transmitters:
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute	program	Television
basis under specifc FCC rules, regulations, or authorizations:		
• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.	;	
• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some		
basis. For further information concerning substitute basis stations, see page (v) of the general instructions loc	ated	
in the paper SA3 form.		
Column 1: List each station's call sign. Do not report origination program services such as HRO. ESPN, etc.	Identify	

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

each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example

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

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

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

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

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

	CHANNEL LINE-UP AN							
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
	NUMBER	STATION		(II Distant)				

FORM CASE DAGE 2	ACCOUNTIN	NG PERIOD: 2020/2
FORM SA3E. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
CABLE ONE, INC. d/b/a SPARKLIGHT	10312	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power television carried by your cable system during the accounting period, except (1) stations carried only on a part-time base. FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [see	sis under [']	G
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 c 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.	arried on a	Primary Transmitters: Television
basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—i station was carried only on a substitute basis.	. •	rolevioleli
 List the station here, and also in space I, if the station was carried both on a substitute basis and also on so basis. For further information concerning substitute basis stations, see page (v) of the general instructions in the paper SA3 form. 	s located	
Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, e	etc. Identify	

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

each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example

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

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

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

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

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

1. CALL					6. LOCATION OF STATION
SIGN	CHANNEL		(Yes or No)	CARRIAGE	
	NUMBER	STATION		(If Distant)	

	ACCOUNT	NG PERIOD: 2020/2
FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	N
CABLE ONE, INC. d/b/a SPARKLIGHT	10312	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power television stations carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis upport of crudes and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section of the control of the carriage of certain network programs [section of the carriage of certain network programs [section of the carriage	nder	G
Trues and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section	ns	

76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AP	
					6. LOCATION OF STATION
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)	
				,	

Primary Transmitters: Television

	ACCOUNTI	NG PERIOD: 2020/2
FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	N
CABLE ONE, INC. d/b/a SPARKLIGHT	10312	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power television static carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis und FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections	er [′]	G
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 of 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.	on a	Primary Transmitters: Television
basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the		

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

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

station was carried only on a substitute basis.

in the paper SA3 form.

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

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

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

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

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

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

	CHANNEL LINE-UP AQ							
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
	NUMBER	STATION		(II Distant)				

FORM SA3E. PAGE 3.	ACCOUNTI	NG PERIOD: 2020/2
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
CABLE ONE, INC. d/b/a SPARKLIGHT	10312	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power television station (arried by your cable system during the accounting period, except (1) stations carried only on a part-time basis up FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section contents are represented by the carriage of certain network programs [section contents are represented by the carriage of certain network programs [section contents are represented by the carriage of certain network programs [section contents are represented by the carriage of certain network programs [section contents are represented by the carriage of certain network programs [section contents are represented by the carriage of certain network programs [section contents are represented by the carriage of certain network programs [section contents are represented by the carriage of certain network programs [section contents are represented by the carriage of certain network programs [section contents are represented by the carriage of certain network programs [section contents are represented by the carriage of certain network programs [section contents are represented by the carriage of certain network programs [section contents are represented by the carriage of certain network programs [section contents are represented by the carriage of certain network programs [section contents are represented by the carriage of certain network programs [section contents are represented by the carriage of certain network programs [section contents are represented by the carriage of certain network programs [section contents are represented by the carriage of certain network programs are represented by the carriage of certain network programs [section contents are represented by the carriage of certain network programs are represented by the carriage of certain network programs [section contents are represented by the contents are represented by the carriage of certain network	nder	G
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 carrie substitute program basis, as explained in the next paragraph.	d on a	Primary Transmitters:
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute basis under specific FCC rules, regulations, or authorizations:	program	Television
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 have and also in substitute basis.		

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

basis. For further information concerning substitute basis stations, see page (v) of the general instructions located

in the paper SA3 form.

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

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

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

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

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

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

		CHANN	EL LINE-UP	AR	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
	-			,	

ACCOUNTING PERIOD: 2020/2 FORM SA3E, PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CABLE ONE, INC. d/b/a SPARKLIGHT 10312 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other

in the paper SA3 form. **Column 1:** List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

basis. For further information concerning substitute basis stations, see page (v) of the general instructions located

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

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

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

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

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

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

	CHANNEL LINE-UP AS								
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION				
	NOWBER	STATION		(II Distant)					

FORM SA3E, PAGE 3.	ACCOUNTI	ING PERIOD: 2020/2
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
CABLE ONE, INC. d/b/a SPARKLIGHT	10312	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power television stations carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis un FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections are recommended].	nder [′]	G
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 substitute program basis, as explained in the next paragraph.	d on a	Primary Transmitters:
 Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute plasis 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. 		Television
• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some of basis. For further information concerning substitute basis stations, see page (y) of the general instructions local		

WETA-simulcast).

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

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

in the paper SA3 form.

on which your cable system carried the station.

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

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

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

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

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

CHANNEL LINE-UP AT									
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION				
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE					
	NUMBER	STATION		(If Distant)					

ACCOUNTING PERIOD: 2020/2 FORM SA3E, PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CABLE ONE, INC. d/b/a SPARKLIGHT 10312 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

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

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

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

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

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

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

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

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

	CHANNEL LINE-UP AU								
1. CALL	2. B'CAST			5. BASIS OF	6. LOCATION OF STATION				
SIGN	CHANNEL		(Yes or No)	CARRIAGE					
	NUMBER	STATION		(If Distant)					

	ACCOUNTI	ING PERIOD: 2020/2
FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC. d/b/a SPARKLIGHT	10312	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power television staticarried by your cable system during the accounting period, except (1) stations carried only on a part-time basis un FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section	der	G
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		Primary
substitute program basis, as explained in the next paragraph.		Transmitters:
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute p	rogram	Television
basis under specifc FCC rules, regulations, or authorizations:		
• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the		
station was carried only on a substitute basis.		

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 page multipact stream according to its ever the sign designation. For example, report multipacts are consisted with a station according to its ever the sign designation.

· List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other

each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

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

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

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

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

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

				AV	
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	
	NUMBER	STATION		(If Distant)	
				,	

	ACCOUNT	ING PERIOD: 2020/2
FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nama
CABLE ONE, INC. d/b/a SPARKLIGHT	10312	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power television stations carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis up FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections are recommended].	nder [′]	G
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 substitute program basis, as explained in the next paragraph.	d on a	Primary Transmitters:
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute plasis under specific FCC rules, regulations, or authorizations:		Television
• 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.		

in the paper SA3 form. **Column 1:** List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

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

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

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

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

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

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

		AW			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	
	NUMBER	STATION		(If Distant)	

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 4.

Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC. d/b/a SPARKLIGHT

SYSTEM ID#

10312

Н

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period.

Primary Transmitters: Radio Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form.

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
5. 122 51514	51 1 111	5,5		5. 122 51514	, 51 1 141	5,5	

FORM SA3E. PAGE 5. ACCOUNTING PERIOD: 2									
LEGAL NAME OF OWNER OF (CABLE SYST	EM:			S	YSTEM ID#	Marra		
CABLE ONE, INC. d/b/a	a SPARKL	IGHT				10312	Name		
SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	IT AND PROGRAM LOG				ı		
In General: In space I, identiful substitute basis during the ac explanation of the programmi	counting per	riod, under spec	cific present and former FC0	rules, regula	tions, or authorizations. F	or a further	I Substitute		
1. SPECIAL STATEMENT				<u> </u>	1 1	-	Carriage:		
• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?									
Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.									
2. LOG OF SUBSTITUTE	PROGRA	MS							
In General: List each subst	itute progra	m on a separat		vherever pos	sible, if their meaning is				
clear. If you need more space				41 4	dente of the control of				
period, was broadcast by a			sion program (substitute p ur cable system substituted			on			
under certain FCC rules, reg	gulations, or	r authorizations	s. See page (vi) of the gen	eral instruction	ns located in the paper	511			
SA3 form for futher informat	tion. Do not	use general c	ategories like "movies", or	"basketball".	List specific program				
titles, for example, "I Love L			/bers vs. Bulls." ·"Yes." Otherwise enter "N	ο "					
Column 3: Give the call s	sign of the s	tation broadca	sting the substitute progra	n.					
			e community to which the						
the case of Mexican or Can Column 5: Give the mon			community with which the s em carried the substitute p			h			
first. Example: for May 7 giv	e "5/7."	, ,	·						
Column 6: State the time to the nearest five minutes.			gram was carried by your o			•			
stated as "6:00–6:30 p.m."	⊏хапіріе. а	program came	ed by a system nom o.o r. i	5 p.iii. to 6.2	o.so p.m. snould be				
Column 7: Enter the lette			was substituted for progra						
to delete under FCC rules a gram was substituted for pro									
effect on October 19, 1976.	ogramming	ınat your syste	iii was permilited to delete	under i CC i	ules and regulations in				
				П		Ī			
S	UBSTITUT	E PROGRAM			EN SUBSTITUTE IAGE OCCURRED	7. REASON			
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION			
	100 01 110	OTTLE CICIT	i. Civilion 2007 mon	7 II V B 7 C	111000				
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ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 6. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 10312 CABLE ONE, INC. d/b/a SPARKLIGHT PART-TIME CARRIAGE LOG J In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for parttime carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in Part-Time column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. · Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10." • State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the

television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.– 3:15 a.m. app."

• You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.–

 You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m."

WHEN CARRIAGE OCCURRED HOURS DATE FROM TO CALL SIGN WHEN CARRIAGE OF THE FROM H DATE FROM H	CCURRED DURS TO
HOURS H	
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	AL NAME OF OWNER OF CABLE SYSTEM: BLE ONE, INC. d/b/a SPARKLIGHT	SYSTEM ID# 10312	Namo					
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. (Amount of gross receipts)								
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below. If part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block 3 below.								
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shoul block 4 below.	ld be entered 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. This is your minimum fee.	\$ 8,361.21						
Block 2 Block 3	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the ir space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule. No—Leave block 3 below blank and column to the colum	n 4, you must check						
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	0.00						
	Line 3. Add lines 1 and 2 and enter here	\$ -						
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	\$ 8,361.21 0.00	Cable systems submitting additional deposits under Section 111(d)(7) should contact					
	Line 4. FILING FEE	\$ 725.00	the Licensing additional fees.					
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 9,086.21	Division for the appropriate form for submitting the additional fees.					

ACCOUNTING PERIOD: 2020/2

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CABLE ONE, INC. d/b/a SPARKLIGHT	10312
	CHANNELS	
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations	
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
Channels	Enter the total number of channels on which the cable	
	system carried television broadcast stations	19
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations and nonbroadcast services	283
	and nonbroducest services	
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual	
	we can contact about this statement of account.)	
Individual to Be Contacted		
for Further	Name EMERSON YEARWOOD Telephone 602-36	64-6195
Information		
	Address 210 E. EARLL DRIVE	
	(Number, street, rural route, apartment, or suite number)	
	PHOENIX, AZ 85012 (City, town, state, zip)	
	Email EMERSON.YEARWOOD@CABLEONE.BIZ Fax (optional) 602-364-6013	
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)	
0	This statement of account must be certified and signed in accordance with copyright office regulations.)	
Certifcation	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as	s identified
	in line 1 of space B and that the owner is not a corporation or partnership; or	
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of the	cable system
	in line 1 of space B.	
	• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein	
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	
	/s/RAYMOND STOCK	
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement.	
	(e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box a button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility set	
	Typed or printed name: RAYMOND STORCK	
	Title: VICE PRESIDENT	
	(Title of official position held in corporation or partnership)	
	Date: February 25, 2021	

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nome
CABLE ONE, INC. d/b/a SPARKLIGHT	10312	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright A lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable service of providing secondary transmissions of primary broadcast transmitters, the system scribers and amounts collected from subscribers receiving secondary transmissions pursuance for more information on when to exclude these amounts, see the note on page (vii) of the general paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions. X NO	system for the basic m shall not include sub- uant to section 119."	Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payr For an explanation of interest assessment, see page (viii) of the general instructions in the paper		Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	×	
	x days	
Line 3 Multiply line 2 by the number of days late and enter the sum here		
	x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	_	
эрасс L, (раде 1)	(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For full contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	rther assistance please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are filing this worksheet covering a statement of account already submitted to the C please list below the owner, address, first community served, accounting period, and ID number a filing.		
Owner Address		
First community served		
Accounting period		
ID number		

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

ACCOUNTING PERIOD: 2020/2

DSE SCHEDULE. PAGE 10.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

- 1) A station actually carried within any portion of a cable system prior to June 25, 1981, pursuant to the former FCC rules.
- 2) A station first carried after June 24, 1981, which could have been carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.
- 3) A station of the same type substituted for a carried network, non-commercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 767.63 (a) [referring to 76.61 (b),(d)]) in effect on June 24, 1981.
- 4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.
- 5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

NOTE: If your cable system carried a station that you believe qualifies as a pernitted 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.

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

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

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

Each of the second, third, and fourth DSEs 0.701% of gross receipts The fifth and each additional DSE 0.330% of gross receipts

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

Base rate fee

- 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.

\$1,907.71

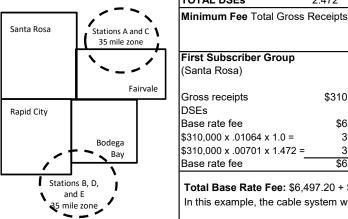
Base rate fee

\$1,604.03

EXAMPLE:

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

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



Distant Stations Carried		Identification		
STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
3 (independent)	1.0	Santa Rosa	Stations A, B, C, D ,E	\$310,000.00
C (part-time)	0.083	Rapid City	Stations A and C	100,000.00
D (part-time)	0.139	Bodega Bay	Stations A and C	70,000.00
E (network)	0.25	Fairvale	Stations B, D, and E	120,000.00
TOTAL DSEs	2.472		TOTAL GROSS RECEIPTS	\$600,000.00
	Distant Stations Carried STATION A (independent) B (independent) C (part-time) D (part-time) E (network) TOTAL DSEs	STATION DSE A (independent) 1.0 3 (independent) 1.0 C (part-time) 0.083 D (part-time) 0.139 E (network) 0.25	STATION DSE CITY A (independent) 1.0 B (independent) 1.0 Santa Rosa C (part-time) 0.083 Rapid City D (part-time) 0.139 Bodega Bay E (network) 0.25 Fairvale	STATION DSE CITY OUTSIDE LOCAL A (independent) 1.0 SERVICE AREA OF B (independent) 1.0 Santa Rosa Stations A, B, C, D, E C (part-time) 0.083 Rapid City Stations A and C D (part-time) 0.139 Bodega Bay Stations A and C E (network) 0.25 Fairvale Stations B, D, and E

\$600,000.00

x .01064

\$6,384.00 First Subscriber Group Second Subscriber Group Third Subscriber Group (Santa Rosa) (Rapid City and Bodega Bay) (Fairvale) Gross receipts \$310,000.00 Gross receipts \$170,000.00 Gross receipts \$120,000.00 **DSFs IDSFs** 2.472 IDSFs 1.083 1.389 \$1,604.03 Base rate fee \$6.497.20 Base rate fee \$1.907.71 Base rate fee \$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 3,198.80 327.23 \$310,000 x .00701 x 1.472 = $170,000 \times .00701 \times .083 =$ 98.91 $120,000 \times .00701 \times .389 =$

Total Base Rate Fee: \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94 In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

Base rate fee

\$6,497.20

ACCOUNTING PERIOD: 2020/2

DSE SCHEDULE. PAGE	LEGAL NAME OF OWNER OF CABLE	= SVSTEM:			6,	YSTEM ID#		
1			т		3	10312		
	SUM OF DSEs OF CATEGOR • Add the DSEs of each station							
	Enter the sum here and in line	0.00						
2	Instructions:							
_	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3).							
Computation	In the column headed "DSE"			as "1.0"; for e	ach network or noncom-			
of DSEs for	mercial educational station, giv	e the DSE as ".2						
Category "O"	CATEGORY "O" STATIONS: DSEs							
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Add rows as								
necessary.								
Remember to copy all								
formula into new								
rows.								

Name		WNER OF CABLE SYSTEM: , INC. d/b/a SPARKLI	IGHT				(SYSTEM ID# 10312				
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form. CATEGORY LAC STATIONS: COMPUTATION OF DSEs											
Capacity		(CATEGORY	LAC STATIONS:	COMPUTATI	ION OF DSEs						
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	R JRS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	5. TYPE		SE.				
			÷		=	x	=					
			÷ ÷		=	x x	<u>=</u>					
			÷		=	x	=	,				
			÷		= <u> </u>		<u>=</u>					
			÷		=	x x	=					
			÷		=	x	=					
	Add the DSEs of	OF CATEGORY LAC ST of each station. on here and in line 2 of pa		edule,		0.00						
Computation of DSEs for Substitute-Basis Stations	Was carried tions in effer Broadcast or space I). Column 2: F at your option. T Column 3: E Column 4: E	ct on October 19, 1976 (a ne or more live, nonnetwo For each station give the I This figure should corresp Enter the number of days Divide the figure in column	aution for a pro as shown by th rk programs du number of live pond with the i in the calenda n 2 by the figur	gram that your system e letter "P" in column 7 iring that optional carria, nonnetwork programs information in space I. Ir year: 365, except in a re in column 3, and give	was permitted to of space I); and ge (as shown by the carried in substite I leap year. the the result in colu	grams) if that station: delete under FCC rules a ne word "Yes" in column 2 c ution for programs that we umn 4. Round to no less t e general instructions in th	of ere deleted han the third					
		SL	JBSTITUTE	-BASIS STATION	IS: COMPUTA	ATION OF DSEs						
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBI OF DAY IN YEA	rs	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE				
		<u> </u>	•••••	=		• • • • • • • • • • • • • • • • • • • •	÷	=				
		÷	•••••	=		•	÷ ÷	=				
		÷	•••••	=			÷	=				
		÷		=			÷	=				
	Add the DSEs of	OF SUBSTITUTE-BASIS	S STATIONS:	edule,		0.00	7					
5	number of DSEs	applicable to your system		boxes in parts 2, 3, and	4 of this schedule	e and add them to provide						
Total Number of DSEs		of DSEs from part 2 ● of DSEs from part 3 ●				<u> </u>	0.00					
J. DOL3		of DSEs from part 4 ●				• •	0.00					
		·										
	TOTAL NUMBE	R OF DSEs					•	0.00				

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2020/2

LEGAL NAME OF O							S	YSTEM ID# 10312	Name
In block A:	ck A must be comp		art 6 and part 7	of the DSE schedu	ule blank and	complete part 8	3, (page 16) of the		6
 If your answer if ' 	"No," complete blo	cks B and C		TELEVISION MA	ADKETS				Computation of
Is the cable systen	n located wholly ou	ıtside of all m		er markets as defin		tion 76.5 of FC	C rules and regula	tions in	3.75 Fee
effect on June 24, Yes—Com	1981?	schedule—D	•	LETE THE REMAII			3		
Z No comp	note pleate B and		CK B: CARR	RIAGE OF PERM	MITTED DS	Fe			
Column 1: CALL SIGN	FCC rules and re	of distant sta gulations pride e DSE Scheo	ations listed in por to June 25, 1	part 2, 3, and 4 of tl 981. For further ex e letter M below ref	his schedule t	hat your systen	ns, see the	,	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommeric D Grandfatherec instructions fo E Carried pursus *F A station pre	les and reguled pursuant to on as defined al educational station (76.6 r DSE sched ant to individuciously carried the station will be station will be station will be subject to the subject to t	ations cited belothe FCC marking 76.5(kk) (76 all station [76.59 55) (see paragraule). It is a station [76.59 all station for paragraule). It is a station for fC don a part-time ithin grade-B co	e or substitute basi ontour, [76.59(d)(5)	e in effect on 3.57, 76.59(b), (1), 76.63(a) (3) (a) referring the stitution of grass prior to June	June 24, 1981.) 76.61(b)(c), 76 referring to 76.6 to 76.61(d)] ndfathered staff	.63(a) referring to 61(e)(1) cions in the		
Column 3:		e stations ide	ntified by the le	parts 2, 3, and 4 of tter "F" in column 2			ksheet on page 14	1 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
								0.00	
		E	BLOCK C: CC	MPUTATION OF	3.75 FEE				
ine 1: Enter the	total number of	DSEs from	part 5 of this s	schedule				-	
Line 2: Enter the	sum of permitted	d DSEs fron	n block B abo	ve					
				of DSEs subject 7 of this schedule		ate.		0.00	
Line 4: Enter gro	ess receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represen partially
Line 5: Multiply li	ine 4 by 0.0375 a	and enter su	m here				x		permited/ partially nonpermitted
Line 6: Enter tota	al number of DSE	Es from line	3					<u>-</u>	carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ine 6 by line 5 an	d enter here	e and on line 2	2, block 3, space	L (page 7)			0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 10312												
		BLOCK	A: TELEVIS	ION MARKETS	(CONTINI	JED)						
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6			
									Computation of 3.75 Fee			

ACCOUNTING PERIOD: 2020/2

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. d/b/a SPARKLIGHT 10312 Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Computating the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute -Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). Carriage B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S-Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED SIGN DSE **PERIOD CARRIAGE** DSE DSE Instructions: Block A must be completed. 7 In block A: Computation If your answer is "Yes," complete blocks B and C, below. of the If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. Syndicated **BLOCK A: MAJOR TELEVISION MARKET Exclusivity** Surcharge Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? No—Proceed to part 8 Yes—Complete blocks B and C . BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Is any station listed in block B of part 6 the primary stream of a Was any station listed in block B of part 7 carried in any community served by the cable system prior to March 31, 1972? (refer commercial VHF station that places a grade B contour, in whole or in part, over the cable system? to former FCC rule 76.159) Yes-List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. X No—Enter zero and proceed to part 8. CALL SIGN CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE DSE 0.00 0.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT	SYSTEM ID# 10312	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	785,827.93	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is any	portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	• Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	E	
	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)	E	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name		ie of owner of cable system: CABLE ONE, INC. d/b/a SPARKLIGHT	10312
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation of the		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ \$	
Syndicated Exclusivity Surcharge		B. Enter 0.00189 of gross receipts (the amount in section 1)	
3. ·		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ _\$	
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here	
		F. Multiply line D by line E and enter here	
		Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge. \$\\$\\$\\$\$	
8 Computation of Base Rate Fee	6 was of In blood In blood In group blank. What if were located was a second was a	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. ck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. r answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. r answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below	v
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	,	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
	L	Yes—Complete part 9 of this schedule. No—Complete the following sections.	
	Section 1	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE 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)	0.00
		Base Rate Fee	!!!

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2020/2

	AME OF OWNER OF CABLE SYSTEM: LE ONE, INC. d/b/a SPARKLIGHT	SYSTEM ID# 10312	Name
Section	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
4	A. Enter 0.01064 of gross receipts (the amount in section 1)	_	8
	B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ \$		Computation of Base Rate Fee
	C. Multiply line B by 3.000 and enter here > \$	_	Dago Hato I co
	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 broadca be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channels.	•	9
In Gen receipt	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee s from subscribers located within the station's local service area, from your system's total gross receipts. To take a on, you must:		Computation of Base Rate Fee and
station DSEs a	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	the number of	Syndicated Exclusivity Surcharge for
also co	If any portion of your cable system is located within the top 100 television market and the station is not exempt in moute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B becable system is wholly located outside all major television markets, complete block A only.	' '	Partially Distant Stations, and
Step 1	Identify a Subscriber Group for Partially Distant Stations For each community served, determine the local service area of each wholly distant and each partially distant state to that community.	tion you	for Partially Permitted Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were lo the station's local service area. A subscriber located outside the local service area of a station is distant to that station, the station is distant to the subscriber.)		
subscri	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note the will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
Compt groups	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your syst	em's subscriber	
In each Identi Give	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 al bers in the group.	I of the	
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it i s schedule; or,	n parts 2, 3, and	
2) any	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in b 6 of this schedule.	olock B,	
•	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
• Calcuin the	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general is paper SA3 form.	nstructions	
page. DSEs f	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (the or that group's complement of stations and total gross receipts from the subscribers in that group). You do not necestal	at is, the total	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 10312 CABLE ONE, INC. d/b/a SPARKLIGHT Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

LEGAL NAME OF OWNI						\$	10312	Name
							10312	
		COMPUTATION O SUBSCRIBER GRO		TE FEES FOR EAC	JP			
COMMUNITY/ AREA	1 CAL:	GODGONIDEN GRO	OI ⁻	COMMUNITY/ ARE	0	9		
					Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
			····	-				Distant
								Stations
				-				
				-				
Total DSEs			0.00	Total DSEs			0.00	
							39,474.24	
Gross Receipts First G	Group	\$ 5	3,592.15	Gross Receipts Sec	ond Group	\$		
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE.				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$ 192	2,728.92	Gross Receipts Fou	rth Group	\$ 2	203,541.91	
Base Rate Fee Third (Group	¢	0.00	Base Rate Fee Fou	rth Group	¢	0.00	
Jase Nate Fee Hill (υ ιυαρ	\$	0.00	Lase Nate Fee Fou	rar Group	\$	0.00	
				Ш				
			riber group a	s shown in the boxes	above.			
nter here and in bloc						\$	0.00	

LEGAL NAME OF OWN						5	SYSTEM ID#	Name
CABLE ONE, INC	. d/b/a SP	ARKLIGHT					10312	Name
	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
	FIFTH	SUBSCRIBER GRO	UP		SIXTH	I SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
		-						Syndicated
								Exclusivity
					<u>.</u>			Surcharge
	·····	-						for Partially
	·····		<u></u>	-				Distant
				-				Stations
			···					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First C	Group	s 139	,971.83	Gross Receipts Seco	nd Group	\$	23,242.30	
Base Rate Fee First G	Proup	¢	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
Dase Nate I ee i list c	лоир	\$	0.00	Dase Nate 1 ee occo	па Огоар	Ψ	0.00	
	SEVENTH	SUBSCRIBER GRO	UP		EIGHTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>					
			<mark></mark>		<u>.</u>			
	·····			-				
	•••••		···		••••			
	<u></u>				<u>.</u>			
			<u> </u>	-				
	·····		···					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$ 133	3,276.58	Gross Receipts Four	th Group	\$	0.00	
	•		,			·		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
				Ш				
			riber group	as shown in the boxes	above.			
Enter here and in bloc	k 3, line 1, s	pace L (page 7)				\$		

	SAL NAME OF OWNER OF CABLE SYSTEM: ABLE ONE, INC. d/b/a SPARKLIGHT 10312										
В		COMPUTATION OI SUBSCRIBER GRO		ATE FEES FOR EAC		IBER GROUP I SUBSCRIBER GROU	IP.				
COMMUNITY/ AREA			0	COMMUNITY/ AREA	COMMUNITY/ AREA 0						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of			
								Base Rate Fee			
								and Syndicated			
								Exclusivity			
								Surcharge			
								for Partially			
								Distant			
								Stations			
Total DSEs			0.00	Total DSEs	•		0.00				
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	and Group	\$	0.00				
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00				
El	EVENTH	SUBSCRIBER GRO	JP		TWELVTH	SUBSCRIBER GROU	ΙP				
COMMUNITY/ AREA			0	COMMUNITY/ AREA							
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
			····								
Total DSEs			0.00	Total DSEs			0.00				
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00				
							<u> </u>				
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00				
				П							
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$					

	EGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 10312										
				TE FEES FOR EAC		IBER GROUP SUBSCRIBER GROU					
	HIRTEENTH	SUBSCRIBER GRO		ii		9					
COMMUNITY/ AREA			0	COMMUNITY/ ARE	0	Computation					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of			
								Base Rate Fee			
								and			
								Syndicated Exclusivity			
								Surcharge			
								for			
								Partially			
								Distant			
								Stations			
Total DSEs			0.00	Total DSEs			0.00				
	2	_			1 0		_				
Gross Receipts First (iroup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00				
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00				
	FIFTEENTH	SUBSCRIBER GRO	DUP		SIXTEENTH	SUBSCRIBER GROU	IP				
COMMUNITY/ AREA			0	COMMUNITY/ ARE							
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
						-					
Total DSEs			0.00	Total DSEs			0.00				
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00				
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00				
				II							
Base Rate Fee: Add the Enter here and in block	the base rat ck 3, line 1, s	e fees for each subs space L (page 7)	criber group a	as shown in the boxes	above.	\$					

	EGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 10312										
				TE FEES FOR EAC							
		SUBSCRIBER GRO		TI .	IP	9					
COMMUNITY/ AREA			0	COMMUNITY/ ARE	0	Computation					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of			
								Base Rate Fee			
								and			
								Syndicated Exclusivity			
								Surcharge			
								for			
								Partially			
								Distant			
								Stations			
Total DSEs			0.00	Total DSEs			0.00				
Gross Receipts First	Group	•	0.00	Gross Receipts Sec	and Group	•	0.00				
Gross Receipts First	Group	\$	0.00	Gloss Receipts Geo	ond Group	\$	0.00				
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00				
		SUBSCRIBER GRO				SUBSCRIBER GROU	JP 0				
COMMUNITY/ AREA			0	COMMUNITY/ ARE							
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
Total DSEs			0.00	Total DSEs			0.00				
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00				
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00				
				II							
Base Rate Fee: Add Enter here and in blo	the base rat ck 3, line 1, s	e fees for each subs space L (page 7)	criber group a	as shown in the boxes	above.	\$					

	EGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 10312										
				TE FEES FOR EAC							
	NTY-FIRST	SUBSCRIBER GRO		TWEN		9					
COMMUNITY/ AREA			0	COMMUNITY/ ARE	0	Computation					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of			
								Base Rate Fee			
								and			
								Syndicated			
								Exclusivity			
			····					Surcharge for			
			••••					Partially			
								Distant			
								Stations			
Total DSEs			0.00	Total DSEs			0.00				
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00				
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00				
TWE	NTY-THIRD	SUBSCRIBER GRO	DUP	TWE	NTY-FOURTH	SUBSCRIBER GROU	JP				
COMMUNITY/ AREA			0	COMMUNITY/ ARE							
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
Total DSEs			0.00	Total DSEs			0.00				
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00				
		_									
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00				
Base Rate Fee: Add to Enter here and in blood	the base rat ck 3, line 1, s	e fees for each subs space L (page 7)	criber group a	as shown in the boxes	above.	\$					

LEGAL NAME OF OW CABLE ONE, IN						S	10312	Name
TW		COMPUTATION C		ATE FEES FOR EAC		IBER GROUP I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	4		0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts First Group \$ 0.00		0.00	Gross Receipts Sec	Gross Receipts Second Group \$ 0.00				
Base Rate Fee First		\$	0.00	Base Rate Fee Sec		\$	0.00	
		SUBSCRIBER GRO				SUBSCRIBER GROU	JP 0	
COMMUNITY/ AREA	······		0	COMMUNITY/ ARE	Α			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
				Ш				
			criber group	as shown in the boxes	above.			
Enter here and in blo	ock 3, line 1, s	space L (page 7)				\$		

LEGAL NAME OF OWN						S	YSTEM ID#	Name
CABLE ONE, INC	. d/b/a SP	ARKLIGHT					10312	Hante
				TE FEES FOR EAC	H SUBSCR	IBER GROUP		
	NTY-NINTH	SUBSCRIBER GRO	UP		THIRTIETH	I SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
CALL CIGIT	502	O/ILL GIGIT	562	O'NEE STOIT	502	ONEE CICIT	552	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
			<u>.</u>					for
								Partially
								Distant Stations
			····		·····			Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Seco	nd Group	\$	0.00	
THI	RTY-FIRST	SUBSCRIBER GRO	UP	THIR	TY-SECONE	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u>.</u>					
				-				
			····					
			<u></u>					
Total DSEs	•		0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
				Ш				
Base Rate Fee: Add t	he base rat e	e fees for each subs	criber group	as shown in the boxes a	above.			
Enter here and in bloc			5 F			\$		

CABLE ONE, INC.						S	3YSTEM ID# 10312	Name
		COMPUTATION C		ATE FEES FOR EAC		IBER GROUP I SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
				-				and Syndicated
								Exclusivity
								Surcharge
				-				for Partially
								Distant
								Stations
				-				
	····		····					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Second Group \$ 0.00				
Base Rate Fee First G		\$	0.00	Base Rate Fee Seco		\$	0.00	
THI COMMUNITY/ AREA	RTY-FIFTH	SUBSCRIBER GRC	OUP 0	T .		I SUBSCRIBER GROU	JP O	
COMMUNITY AREA				COMMUNITY/ AREA	······································		U	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
	····		····					
	····							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add tl Enter here and in block			criber group	as shown in the boxes	above.	\$		

CABLE ONE, INC						S	10312	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO	0 0	П		SUBSCRIBER GROU	JP 0	9
COMMUNITY/ AREA			U	COMMUNITY/ ARE	Α			Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
			····					and Syndicated
								Exclusivity
								Surcharge
								for Partially
			····					Distant
								Stations
			<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
TH	IRTY-NINTH	SUBSCRIBER GRO	UP		FORTIETH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			····					
			<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00			Gross Receipts Fou	ırth Group	\$	0.00		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				-11				
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE						S	YSTEM ID#	Name
CABLE ONE, INC.	d/b/a SP	ARKLIGHT					10312	Hame
E	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC				
FOF	RTY-FIRST	SUBSCRIBER GRO	UP	FOR	TY-SECOND	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
07.122 01011	302	07.22 0.0.1	202	07.22 0.0.1	232	07.122.01.01.1	302	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
				-				Partially
							······	Distant Stations
								Stations
			···					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Seco	and Group	\$	0.00	
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Seco	ond Group	\$	0.00	
FOR	TY-THIRD	SUBSCRIBER GRO	UP	FOR	TY-FOURTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	١		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>							
	<u></u>							
	····		····					
Total DSEs	•		0.00	Total DSEs			0.00	
Gross Receipts Third 0	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				Ш				
Base Rate Fee: Add th	ne base rat e	e fees for each subs	criber aroun :	as shown in the hoxes	above			
Enter here and in block			gioup (\$		

LEGAL NAME OF OWN CABLE ONE, INC						S	10312	Name
				TE FEES FOR EAC				
	RTY-FIFTH	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	0	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
	·····		····					Surcharge
								for
								Partially
								Distant
								Stations
Total DSTa			0.00	Total DSEs			0.00	
Total DSEs 0.00 Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Sec	and Group	•	0.00	
Gross Neceipis i list c	эгоир	\$	0.00	Gloss Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	-SEVENTH	SUBSCRIBER GRO				SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				II.				
Base Rate Fee: Add t Enter here and in bloc	he base rat k 3, line 1, s	e fees for each subs space L (page 7)	criber group a	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE						S	YSTEM ID#	Name
CABLE ONE, INC.	d/b/a SP	ARKLIGHT					10312	Hame
E	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
	TY-NINTH	SUBSCRIBER GRO)UP			I SUBSCRIBER GROU	JP	۵
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
OALL GIGIT	DOL	OALL GIGIN	DOL	CALL GIGIT	DOL	CALL GIGIN	DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
			<u></u>					for
								Partially
								Distant
	····							Stations
					····			
	····		····					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
FIF	TY-FIRST	SUBSCRIBER GRO)UP	FIFT	TY-SECONE	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u>.</u>					
			<u>.</u>					
								
	····		····					
	····		····	-				
	<u>.</u>							
								
	····		····					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
				Sizza Accompany				
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
				Ш				
Base Rate Fee: Add th	e base rate	e fees for each subs	criber aroup a	as shown in the boxes a	above.			
Enter here and in block			J P	2		\$		

LEGAL NAME OF OWN CABLE ONE, INC						S	3YSTEM ID# 10312	Name
		COMPUTATION C SUBSCRIBER GRC		ATE FEES FOR EAC		IBER GROUP I SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA			0	COMMUNITY/ ARE	4		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
			····					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00		0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	IFTY-FIFTH	SUBSCRIBER GRO		1		SUBSCRIBER GROU	_	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Croup	¢	0.00	Gross Receipts Fou	rth Croup	¢	0.00	
Gross Necelhis Hillia	Group	\$	0.00	101033 Neceibis Lon	iai Gioup	\$	<u> </u>	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OW						5	SYSTEM ID#	Name
CABLE ONE, IN	C. d/b/a SP	PARKLIGHT					10312	Name
	BLOCK A:	COMPUTATION C	OF BASE RA	ATE FEES FOR EAC	H SUBSCR	IBER GROUP		<u> </u>
FIFT	Y-SEVENTH	SUBSCRIBER GRO	OUP	F	FTY-EIGHTH	I SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA	٩		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
			·····					
				-				
Total DSEs			0.00	Total DSEs			0.00	
			0.00	Gross Receipts Sec	ond Group	\$	0.00	
·	·				•			
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
I	FIFTY-NINTH	SUBSCRIBER GRO	OUP		SIXTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
							·····	
			0.00				2.22	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Foul	rth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		
	-,, -							

CABLE ONE, INC						S	10312	Name
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GRO		tt -		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
			····	-				for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
S	SIXTY-THIRD	SUBSCRIBER GRO	DUP	Si	XTY-FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE.	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u>.</u>					
			·····	-				
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo	the base rat	e fees for each subs	criber group a	II as shown in the boxes	above.	s		
Line here and in bio	OK 3, IIIIC 1, 8	phace r (hade 1)				Ψ		

LEGAL NAME OF OWN CABLE ONE, INC						S	10312	Name
				ATE FEES FOR EAC				
S COMMUNITY/ AREA	IXTY-FIFTH	SUBSCRIBER GRO	0 0	COMMUNITY/ ARE/		I SUBSCRIBER GROU	JP 0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
			····					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00		0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SIXTY	-SEVENTH	SUBSCRIBER GRO	UP	SI	XTY-EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE/	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			····					
			····					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add t			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE CABLE ONE, INC.						S	10312	Name
				TE FEES FOR EAC				
	TY-NINTH	SUBSCRIBER GRO		ii –		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-						and
		-						Syndicated
								Exclusivity
			····				·····	Surcharge for
	···		····					Partially
								Distant
			<u></u>				<u></u>	Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Seco		\$	0.00	
	ITY-FIRST	SUBSCRIBER GRO		ii .		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			····				·····	
						-		
	<u> </u>							
								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
	•			· ·	•			
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				**				
Base Rate Fee: Add th Enter here and in block	e base rat e 3, line 1, s	e fees for each subse pace L (page 7)	criber group a	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN CABLE ONE, INC						S	YSTEM ID# 10312	Name
SEVE		COMPUTATION C SUBSCRIBER GRO	UP	Ti .	ITY-FOURTH	IBER GROUP I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs		•	0.00	Total DSEs	•		0.00	
		0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First 0	•	\$	0.00	Base Rate Fee Seco		\$	0.00	
	NTY-FIFTH	SUBSCRIBER GRO		1		I SUBSCRIBER GROU	JP 0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	·····							
Total DSEs	<u>.</u>		0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
,	•				•			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			criber group	as shown in the boxes	above.	\$		

CABLE ONE, INC.						S	10312	Name
				TE FEES FOR EAC				
	-SEVENTH	SUBSCRIBER GRO		tt -		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		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
			<u></u>					Stations
			····				·····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SEVE	NTY-NINTH	SUBSCRIBER GRO)UP		EIGHTIETH	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE.				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			·····					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
-	•			· ·	-			
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				••				
Base Rate Fee: Add the Enter here and in block	ne base rat e k 3, line 1, s	e fees for each subse pace L (page 7)	criber group a	as shown in the boxes	above.	\$		

LEGAL NAME OF OWI						S	SYSTEM ID#	Name
CABLE ONE, INC	د. d/b/a SP	ARKLIGHT					10312	Hante
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC				
		SUBSCRIBER GRO	DUP	EIGH	TY-SECONE	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
Of ALL STOTA	502	GALL STORY	562	O/ LEE GIGIT	502	ONEE CICIT	552	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
				-				Partially
								Distant Stations
			····					Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Second Group \$ 0.00				
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
EIG	SHTY-THIRD	SUBSCRIBER GRO	DUP	EIGH	ITY-FOURTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
			····					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				Ш				
Base Rate Fee: Add	the base rat	e fees for each subs	criber group a	as shown in the boxes	above.			
Enter here and in blo			5 F			\$		

LEGAL NAME OF OW						S	SYSTEM ID#	Name
CABLE ONE, INC	ت. d/b/a SP	ARKLIGHT					10312	Hante
	BLOCK A:	COMPUTATION C	OF BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
El	GHTY-FIFTH	SUBSCRIBER GRO	OUP	El	GHTY-SIXTH	I SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						51.12.51.51		Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
							<u></u>	Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Second Group \$ 0.00				
C. 656 . 1666.pts61	Отощр				a	<u> </u>		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
EIGHT	Y-SEVENTH	SUBSCRIBER GRO	OUP	EIGI	HTY-EIGHTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
			·····				······	
							·····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
BB (F =	1.0		2.53	B B 5 . 5	#1- 0		2.55	
Base Rate Fee Third	ı Group	\$	0.00	Base Rate Fee Four	ın Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		
	O. O. III O 1, 3	paso L (page 1)				Ψ		

	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 10312								
				TE FEES FOR EAC					
COMMUNITY/ AREA		SUBSCRIBER GRO	0 0	COMMUNITY/ ARE		SUBSCRIBER GROU	JP 0	9	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	Computation of				
O/LEE OF OFF	562	O/ILL GIOIT	562	S/ LEE SIGIV	DSE	CALL SIGN	DSE	Base Rate Fee	
								and	
								Syndicated Exclusivity	
								Surcharge	
								for	
								Partially	
								Distant Stations	
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
NII	NETY-FIRST	SUBSCRIBER GRO	DUP	NINE	TY-SECOND	SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
			••••						
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00		
Base Rate Fee: Add Enter here and in blo	the base rat	e fees for each subs	criber group a	II	above.	\$			

CABLE ONE, INC						S	10312	Name
				ATE FEES FOR EAC				
NIN COMMUNITY/ AREA	ETY-THIRD	SUBSCRIBER GRO	0 0	COMMUNITY/ AREA		I SUBSCRIBER GROL	JP 0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DOL	CALL SIGN	DSL	CALL SIGN	DOL	CALL SIGN	DSL	Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
			····					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NIN	IETY-FIFTH	SUBSCRIBER GRO	UP	N	INETY-SIXTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u></u>			
			····		······			
			<u> </u>		·····			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Four	rth Group	\$	0.00		
Base Rate Fee: Add t			criber group	as shown in the boxes	above.	\$		

CABLE ONE, INC						S	10312	Name
				ATE FEES FOR EAC				
	-SEVENTH	SUBSCRIBER GRO		1		I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	4		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
			0.00				0.00	
Total DSEs	_		0.00	Total DSEs			0.00	
Gross Receipts First C	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NIN	ETY-NINTH	SUBSCRIBER GRO	UP	ONE	HUNDREDTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	····							
			····					
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t	he base rat	e fees for each subs	criber group	as shown in the boxes	above.			
Enter here and in bloc			5 1			\$		

LEGAL NAME OF OWNE						S	SYSTEM ID#	Name
CABLE ONE, INC.	d/b/a SP	ARKLIGHT					10312	Name
				TE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDR	ED FIRST	SUBSCRIBER GRO	UP	ONE HUNDRE	ED SECOND	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	of			
								Base Rate Fee
								and
								Syndicated
								Exclusivity
					<u>.</u>			Surcharge
	····	-						for
				-	·····			Partially Distant
				-				Stations
			···					5.2
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
	ED THIRD	SUBSCRIBER GRO	UP	11		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
				-				
Total DSEs			0.00	Total DSEs	-		0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
				Н				
Base Rate Fee: Add th	e base rate	e fees for each subs	criber aroun	as shown in the hoxes	above			
Enter here and in block			. 5. 5.46			\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 10312									
				TE FEES FOR EAC				<u> </u>	
	RED FIFTH	SUBSCRIBER GRO		 		SUBSCRIBER GRO		9	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
								and	
								Syndicated	
								Exclusivity	
			·····					Surcharge for	
	•••••		•••••					Partially	
								Distant	
								Stations	
				-					
Total DSEs		II.	0.00	Total DSEs		11	0.00		
Gross Receipts First (Group	s	0.00	Gross Receipts Sec					
•	·				·	\$	0.00		
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
ONE HUNDRED	SEVENTH	SUBSCRIBER GRO)UP	ONE HUND	RED EIGHTH	SUBSCRIBER GROU	UP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
			••••						
			••••						
				-					
				-					
				-					
Total DSEs			0.00	Total DSEs			0.00		
		0.00	Gross Receipts Fou	rth Group	\$	0.00			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
Base Rate Fee: Add the Enter here and in bloom			criber group	as shown in the boxes	above.	\$			

LEGAL NAME OF OWNE						S	SYSTEM ID#	Name
CABLE ONE, INC.	d/b/a SP	ARKLIGHT					10312	Hame
				TE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDR	ED NINTH	SUBSCRIBER GRO	UP	ONE HUND	RED TENTH	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
	····		····					Gianono
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED E	LEVENTH	SUBSCRIBER GRO	UP	ONE HUNDREI	D TWELVTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	····		<u>.</u>					
						-		
			<u></u>					
	····		····					
Total DSEs			0.00	Total DSEs	-		0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
				Ш				
Base Rate Fee: Add th	e base rate	e fees for each subs	criber aroun :	as shown in the boxes	above.			
Enter here and in block			. 5. 5.4	25,30		\$		

CABLE ONE, INC.						S	3YSTEM ID# 10312	Name
ONE HUNDRED TH			UP	TI .	OURTEENTH	IBER GROUP I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSFs			0.00	Total DSEs			0.00	
					and Craun	•	0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Seco	ona Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	IFTEENTH	SUBSCRIBER GRO		Ti .		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u>.</u>					
	···		···					
	····							
T-4-LDOF-			0.00	Tatal DOF			0.00	
Total DSEs			0.00	Total DSEs	41. 0		0.00	
Gross Receipts Third C	οιουρ	\$	0.00	Gross Receipts Four	ui Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

CABLE ONE, INC.						S	10312	Name
				ATE FEES FOR EACI			_	
ONE HUNDRED SEVEN	NTEENTH	SUBSCRIBER GROU	JP 0	ONE HUNDRED EI		I SUBSCRIBER GROU	IP 0	9
COMMUNITY AREA				COMMUNITY AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gre		\$	0.00	Base Rate Fee Seco		\$	0.00	
	NTEENTH	SUBSCRIBER GROU	JP 0	1		SUBSCRIBER GROU	IP 0	
COMMUNITY/ AREA				COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs	1	П	0.00	Total DSEs		Н	0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
					·			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 10312							Name	
				TE FEES FOR EAC	H SUBSCRI	BER GROUP		
	ENTY-FIRST	SUBSCRIBER GRO		H .		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
			<u></u>					Distant
			<u>.</u>					Stations
				-				
			-					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED TWE	NTY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED TWE	NTY-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>					
			<u>.</u>					
			<u></u>	-				
			<u></u>					
			<u></u>					
			···					
Total DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				Ш				
Base Rate Fee: Add t Enter here and in bloc	he base rat e k 3, line 1, s	e fees for each subsc pace L (page 7)	riber group a	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNI						S	3YSTEM ID# 10312	Name
		COMPUTATION C SUBSCRIBER GROU		ONE HUNDRED TO	WENTY-SIXTH	IBER GROUP I SUBSCRIBER GROUP	0	9
oommonn 1, , and , a								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
			<u>.</u>					and
			····					Syndicated Exclusivity
								Surcharge
								for
								Partially
			<u>.</u>					Distant Stations
								Stations
Tatal DOF a			0.00	Total DCF-		П	0.00	
Total DSEs			0.00	Total DSEs				
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Froup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED TWENT	Y-SEVENTH	SUBSCRIBER GROU	Р	ONE HUNDRED TW	ENTY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			·····					
			····					
			····					
Total DSEs		!!	0.00	Total DSEs	'	11	0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
	F					·		
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add tl Enter here and in bloc			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN						S	SYSTEM ID#	Name
CABLE ONE, INC	. d/b/a SP	ARKLIGHT					10312	Name
	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDRED TW	ENTY-NINTH	SUBSCRIBER GROU	Р	ONE HUNDRE	D THIRTIETH	SUBSCRIBER GROUP		•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
			<u></u>					Syndicated
								Exclusivity
								Surcharge
	·····		····					for Partially
	·····		···					Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED TI	HIRTY-FIRST	SUBSCRIBER GROU	Р	ONE HUNDRED THI	RTY-SECONE	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			····					
			····					
			<u></u>	-				
			····					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				<u> </u>				
Base Rate Fee: Add to Enter here and in bloo			criber group a	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 10312								
		COMPUTATION O SUBSCRIBER GROU		ONE HUNDRED THI	RTY-FOURTH	IBER GROUP	0	9
COMMONT IT AREA				COMMONT IT AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
	····							and Syndicated
	····		····					Exclusivity
								Surcharge
								for
								Partially Distant
	····							Stations
	····							
	····							
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Seco	and Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	IIRTY-FIFTH	SUBSCRIBER GROU		1		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		11	0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
C. 220 Moosiple Tillu V	C. 04P	Ţ		Cross rescripts rour	O.oup	<u>-</u>		
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

	A: COMPUTATION					10312	Name
	BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED THIRTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O						
CALL SIGN DSE		0	COMMUNITY/ AREA	٩		0	9 Computation
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate Fee
			-				and Syndicated
							Exclusivity
							Surcharge
							for Partially
							Distant
							Stations
			-				
Total DSEs		0.00	Total DSEs	'		0.00	
Gross Receipts First Group \$ 0.00			Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED THIRTY-NIN	NTH SUBSCRIBER GRO	JP	ONE HUNDRE	D FORTIETH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA		0	COMMUNITY/ AREA	A		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		·····	-				
			-				
Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts Third Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third Group		0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the base Enter here and in block 3, line	\$	0.00					

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 10312								
		COMPUTATION C SUBSCRIBER GROU		ONE HUNDRED FO	RTY-SECOND	IBER GROUP SUBSCRIBER GROUP	0	9
COMMUNITY AREA				COMMONT 17 AREA	······································			Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and Syndicated
			····					Exclusivity
								Surcharge
								for
			<u></u>					Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED FO	RTY-THIRD	SUBSCRIBER GROU	Р	ONE HUNDRED FO	RTY-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	<i></i>		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			····					
			····					
Total DSEs			0.00	Total DSEs			0.00	
	Oronz-	•			th Craw	•	-	
Gross Receipts Third	oroup	\$	0.00	Gross Receipts Four	ui Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT SYSTEM ID# 10312								Name
	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCR	BER GROUP		
	ORTY-FIFTH	SUBSCRIBER GROUP		li .		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	٩		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
			<u></u>					and
								Syndicated
				-				Exclusivity Surcharge
			<u></u>					for
								Partially
								Distant
								Stations
			<u></u>					
								
			<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First C	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FORT	Y-SEVENTH	SUBSCRIBER GROUP	•	ONE HUNDRED F	ORTY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE/	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>	-				
			<u></u>	-				
								
	····		<u></u>	-				
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group		0.00	Base Rate Fee Four	th Group	•	0.00	
Duse Nate Lee Hill (Стоир	\$	0.00	Dase Nate Fee Foul	ai Gioup	\$	0.00	
Base Bata Estados	h. h · · · ·	a fana ferrand a l		and the same to the state of	ala ave			
Base Rate Fee: Add t Enter here and in bloc	ne pase rat k 3, line 1, s	e rees ror each subso pace L (page 7)	riber group a	as snown in the boxes	apove.	\$		

LEGAL NAME OF OWNE						S	SYSTEM ID#	Name
CABLE ONE, INC.	d/b/a SP	ARKLIGHT					10312	Name
				TE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDRED FOR	TY-NINTH	SUBSCRIBER GRO	UP	ONE HUNDRE	D FIFTIETH	I SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
	<u> </u>		<u></u>			-		Partially Distant
					•••••			Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED FIF	TY-FIRST	SUBSCRIBER GRO	UP	ONE HUNDRED FIF	TY-SECONE	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			····					
								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third 0	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				Ш				
Base Rate Fee: Add th	ne base rate	e fees for each subso	riber aroun	as shown in the boxes	above.			
Enter here and in block			3.546	25/.00		\$		

LEGAL NAME OF OWN						S	SYSTEM ID#	Name
CABLE ONE, INC	:. d/b/a SP	ARKLIGHT					10312	Name
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDRED F	IFTY-THIRD	SUBSCRIBER GRO	UP	ONE HUNDRED FIF	TY-FOURTH	SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
			<u></u>					Syndicated
								Exclusivity
			<u>.</u>					Surcharge
			·····		·····			for Partially
	•••••		····		••••			Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
·								
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED F	IFTY-FIFTH	SUBSCRIBER GRO)UP	ONE HUNDRED I	FIFTY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
			····					
			····					
				-				
			····		•••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	¢	0.00	Base Rate Fee Four	th Group	c	0.00	
Dube Nate I de 111110	Стоир	<u> </u> \$	0.00	Dase Nate I ee Pour	Отоар	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			criber group	as shown in the boxes	above.	\$		
Line note and in bloc	J. O, III O 1, 5	pass L (page 1)				Ψ		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT SYSTEM ID# 10312								Name
	BLOCK A.	COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCRI	BER GROUP		
ONE HUNDRED FIF	TY-SEVENTH	SUBSCRIBER GROU		ONE HUNDRED	FIFTY-EIGHTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
			<u></u>					Surcharge
								for
								Partially
								Distant
								Stations
			<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED	FIFTY-NINTH	SUBSCRIBER GROU	Р	ONE HUND	RED SIXTIETH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add	the hase rat	e fees for each subs	criher aroun	as shown in the hoves	ahove			
Enter here and in bloo	ck 3, line 1, s	pace L (page 7)	g.oup	5 110 00,000		\$		

LEGAL NAME OF OWN CABLE ONE, INC						.	10312	Name
	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAG	CH SUBSCR	IBER GROUP		
	FIRST	SUBSCRIBER GRO	DUP		SECONE	SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA				COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
	<u>.</u>		<u>.</u>					and
			····					Syndicated Exclusivity
								Surcharge
								for
								Partially
			<u>.</u>					Distant
			·····					Stations
							2.22	
Γotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First C	Group	\$ 5	3,592.15	Gross Receipts Sec	ond Group	\$	39,474.24	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	DUP		FOURTH	SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			····					
			<u>.</u>					
			····					
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	<u>\$ 19</u>	2,728.92	Gross Receipts Fou	rth Group	\$ 2	203,541.91	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
			_					
Base Rate Fee: Add tenter here and in bloc			criber group	as shown in the boxes	above.	\$	0.00	

CABLE ONE, INC						•	10312	Name
	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAG	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GRO		-		SUBSCRIBER GRO	UP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
0.122.2.0.1		0.1223.00				0.1223.011		Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
			····					for
				-				Partially Distant
								Stations
			••••	-				0
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	s 13	9,971.83	Gross Receipts Sec	ond Group	\$	23,242.30	
·	•	·				·		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	SEVENTH	SUBSCRIBER GRO	DUP		EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA		O		COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
			····					
				-				
-								
Total DSEs			0.00	Total DSEs			0.00	
Cross Bossints Third	Croup	. 13	3,276.58	Cross Bossints Fou	urth Croup	¢	0.00	
Gross Receipts Third	i Group	, I3	U,£1 U.JO	Gross Receipts Fou	nai Gioup	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	irth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	s above.	\$		

		DED 000:		TE EEEO				
_	ID	IBER GROUP SUBSCRIBER GROU		ATE FEES FOR EAC		COMPUTATION O SUBSCRIBER GRO		В
9	0	SUBSCRIBER GROU	IENIN	COMMUNITY/ AREA	0	GODGONIBEN GRO	TH MILVE	COMMUNITY/ AREA
Computa								SOMMOTHT 1774 ALEX
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and					<u>.</u>			
Syndica								
Exclusiv								
Surchar for		-		-				
Partial								
Distan				·	···			
Station								
	0.00			T / I DOE	0.00			
-	0.00			Total DSEs	0.00			Total DSEs
_	0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	oup	Gross Receipts First Gr
ا1								
	0.00	\$	nd Group	Base Rate Fee Seco	0.00	\$	oup	Base Rate Fee First Gr
	JP	SUBSCRIBER GROU	TWELVTH	H	UP	SUBSCRIBER GRO	EV/ENTH	E
1	TWELVTH SUBSCRIBER GROUP				COBCONIBEN ONC			
 	0			COMMUNITY/ AREA	0			
 	DSE	CALL SIGN	DSE	COMMUNITY/ AREA		CALL SIGN	DSE	
 		CALL SIGN	DSE		0			COMMUNITY/ AREA
 		CALL SIGN	DSE		0			COMMUNITY/ AREA
		CALL SIGN	DSE		0			COMMUNITY/ AREA
		CALL SIGN	DSE		0			COMMUNITY/ AREA
		CALL SIGN	DSE		0			COMMUNITY/ AREA
		CALL SIGN	DSE		0			COMMUNITY/ AREA
		CALL SIGN	DSE		0			COMMUNITY/ AREA
		CALL SIGN	DSE		0			COMMUNITY/ AREA
		CALL SIGN	DSE		0			COMMUNITY/ AREA
		CALL SIGN	DSE		0			COMMUNITY/ AREA
		CALL SIGN	DSE		0			COMMUNITY/ AREA
		CALL SIGN	DSE		0			COMMUNITY/ AREA
		CALL SIGN	DSE		0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE			CALL SIGN
	DSE	CALL SIGN		Total DSEs	0 DSE		DSE	CALL SIGN CALL SIGN Total DSEs
	DSE	CALL SIGN		CALL SIGN	DSE		DSE	CALL SIGN CALL SIGN Total DSEs
	DSE			Total DSEs	0 DSE	CALL SIGN	DSE	COMMUNITY/ AREA
	DSE		n Group	Total DSEs	0 DSE	CALL SIGN	DSE	CALL SIGN CALL SIGN Total DSEs

	SPARKL	TEM: L IGHT				•	10312	Name
				ATE FEES FOR EAC				
	NTH SUBS	CRIBER GRO		Ti .		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computati
CALL SIGN DS	E CAI	LL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicate
			<u></u>					Exclusivit Surcharge
			<u> </u>					for
								Partially
			<u></u>					Distant
								Stations
			-					
			<u></u>					
			<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group	\$		0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Group	\$		0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FIFTEE	NTH SUBS	CRIBER GRO	UP		SIXTEENTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	4		0	
CALL SIGN DS	E CAI	LL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
			0.00	Total DSEs			0.00	
Total DSEs Gross Receipts Third Group	\$		0.00	Total DSEs Gross Receipts Fou	th Group	\$	0.00	

	10312							
_	ID	IBER GROUP SUBSCRIBER GROU		TE FEES FOR EAC		COMPUTATION OF SUBSCRIBER GROUND		
9	0	30B3CNBER GROC	SITILLINITI	COMMUNITY/ AREA	0	30B3CNBEN GNO	VILLIVIII	COMMUNITY/ AREA
Computa								SOMMOTHT 1774 ALZA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndica								
Exclusiv								
Surchar for								
Partial		-						
Distan							<u> </u>	
Station		-						
							<u></u>	
							<u></u>	
_	0.00			T	0.00			
-	0.00			Total DSEs	0.00			Total DSEs
-	0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	oup	Gross Receipts First Gr
1								
	0.00	\$	nd Group	Base Rate Fee Seco	0.00	le	0110	Base Rate Fee First Gr
						4	oup	pase Nate I ee I list Of
		SUBSCRIBER GROU	WENTIETH		UP	SUBSCRIBER GROU		
	JP 0	SUBSCRIBER GROU	WENTIETH			SUBSCRIBER GROU		NII
		SUBSCRIBER GROU	WENTIETH		UP	SUBSCRIBER GROU		NII
	0			COMMUNITY/ AREA	UP 0		NTEENTH	NII COMMUNITY/ AREA
	0			COMMUNITY/ AREA	UP 0		NTEENTH	NII COMMUNITY/ AREA
	0			COMMUNITY/ AREA	UP 0		NTEENTH	NII COMMUNITY/ AREA
	0			COMMUNITY/ AREA	UP 0		NTEENTH	NII COMMUNITY/ AREA
	0			COMMUNITY/ AREA	UP 0		NTEENTH	NII COMMUNITY/ AREA
	0			COMMUNITY/ AREA	UP 0		NTEENTH	NII COMMUNITY/ AREA
-	0			COMMUNITY/ AREA	UP 0		NTEENTH	NII COMMUNITY/ AREA
	0			COMMUNITY/ AREA	UP 0		NTEENTH	NII COMMUNITY/ AREA
	0			COMMUNITY/ AREA	UP 0		NTEENTH	NII COMMUNITY/ AREA
	0			COMMUNITY/ AREA	UP 0		NTEENTH	NII COMMUNITY/ AREA
	0			COMMUNITY/ AREA	UP 0		NTEENTH	NII COMMUNITY/ AREA
	0			COMMUNITY/ AREA	UP 0		NTEENTH	NII COMMUNITY/ AREA
	0			COMMUNITY/ AREA	UP 0		NTEENTH	NII COMMUNITY/ AREA
	DSE			COMMUNITY/ AREA	DSE		NTEENTH	CALL SIGN
	0 DSE		DSE	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE DSE O.000		DSE	CALL SIGN CALL SIGN Total DSEs
	DSE		DSE	COMMUNITY/ AREA	DSE		DSE	CALL SIGN CALL SIGN Total DSEs
	0 DSE	CALL SIGN	DSE	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE DSE O.000	CALL SIGN	DSE	NII COMMUNITY/ AREA
	0 DSE	CALL SIGN	DSE DSE	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE DSE O.000	CALL SIGN	DSE	CALL SIGN CALL SIGN Total DSEs

Nome	3YSTEM ID# 10312					AKKLIGHI	d/b/a SP	CABLE ONE, INC.
	IP	IBER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU		
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and Syndicated								
Exclusivit								
Surcharge								
Partially			······································		<u> </u>			
Distant								
Stations								
					<u> </u>			
	0.00			Total DSEs	0.00			Γotal DSEs
	0.00	\$	d Group	Gross Receipts Seco	0.00	\$	roup	Gross Receipts First Gr
_	0.00						· ·	31033 Receipts I list Gi
. 	0.00						•	31038 Receipts I list Gi
] =	0.00	\$		Base Rate Fee Secon	0.00	\$		Base Rate Fee First Gr
] = -	0.00	\$ SUBSCRIBER GROU		TWEN	JP	\$ SUBSCRIBER GROU		Base Rate Fee First Gr
] = :	0.00					SUBSCRIBER GROU		Base Rate Fee First Gr
	0.00			TWEN	JP	SUBSCRIBER GROU		Base Rate Fee First Gr
	0.00	I SUBSCRIBER GROU	Y-FOURTH	TWEN'	JP 0		TY-THIRD	Base Rate Fee First Gr TWEN
	0.00	I SUBSCRIBER GROU	Y-FOURTH	TWEN'	JP 0		TY-THIRD	Base Rate Fee First Gr TWEN
	0.00	I SUBSCRIBER GROU	Y-FOURTH	TWEN'	JP 0		TY-THIRD	Base Rate Fee First Gr TWEN
- - - - - - - - - - - - - - - - - - -	0.00	I SUBSCRIBER GROU	Y-FOURTH	TWEN'	JP 0		TY-THIRD	Base Rate Fee First Gr TWEN
	0.00	I SUBSCRIBER GROU	Y-FOURTH	TWEN'	JP 0		TY-THIRD	Base Rate Fee First Gr TWEN
	0.00	I SUBSCRIBER GROU	Y-FOURTH	TWEN'	JP 0		TY-THIRD	Base Rate Fee First Gr TWEN
	0.00	I SUBSCRIBER GROU	Y-FOURTH	TWEN'	JP 0		TY-THIRD	Base Rate Fee First Gr TWEN
	0.00	I SUBSCRIBER GROU	Y-FOURTH	TWEN'	JP 0		TY-THIRD	Base Rate Fee First Gr TWEN
	0.00	I SUBSCRIBER GROU	Y-FOURTH	TWEN'	JP 0		TY-THIRD	Base Rate Fee First Gr TWEN COMMUNITY/ AREA
	0.00	I SUBSCRIBER GROU	Y-FOURTH	TWEN'	JP 0		TY-THIRD	Base Rate Fee First Gr TWEN
	0.00	I SUBSCRIBER GROU	Y-FOURTH	TWEN'	JP 0		TY-THIRD	Base Rate Fee First Gr TWEN COMMUNITY/ AREA
	0.00	I SUBSCRIBER GROU	Y-FOURTH	TWEN'	JP 0		TY-THIRD	TWEN TOMMUNITY/ AREA CALL SIGN
	0.00 UP O DSE	I SUBSCRIBER GROU	DSE	TWENT COMMUNITY/ AREA	DSE		DSE DSE	TWEN COMMUNITY/ AREA CALL SIGN Total DSEs
	0.00 DSE 0.00	CALL SIGN	DSE	TWENT COMMUNITY/ AREA CALL SIGN Total DSEs	DSE DSE	CALL SIGN	DSE DSE	Base Rate Fee First Gr TWEN COMMUNITY/ AREA

LEGAL NAME OF OWI						\$	10312	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO		ii e		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
			·····					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO	DUP	П		SUBSCRIBER GRO	JP	
COMMUNITY/ AREA		1 SUBSCRIBER GROUP 0		COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	<u> </u>	0.00	Gross Receipts Fou	rth Group	\$	0.00	
c. see i toocipie Tilliu	. 5.5up	•		S. S	.a. Croup	*		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
ase Rate Fee: Add			criber group a	II	above.	\$		

								CABLE ONE, INC.
		BER GROUP	SUBSCRI	TE FEES FOR EACH	F BASE RA	COMPUTATION O	BLOCK A:	E
•	JP	SUBSCRIBER GROU	THIRTIETH	-	UP	SUBSCRIBER GRO	NTY-NINTH	TWEN
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and								
Syndicate								
Exclusivit								
Surcharge								
for								
Stations			<u>.</u>					
								
			-		····			
			 					
Partially Distant Stations	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	<u>*</u>	и Огоир	Gross rescripts occorn	0.00	•	лоцр	Sross recompler instruction
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	JP	SUBSCRIBER GROU	/-SECOND	THIRT	UP	SUBSCRIBER GRO	RTY-FIRST	THIR
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
					····			
			<u> </u>					
						-		
		_						
	0.00			Total DSEs	0.00			Fotal DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G
			•				•	
				I		I		

CABLE ONE, INC.		E SYSTEM: ARKLIGHT				•	10312	Name
		COMPUTATION C		ATE FEES FOR EAC		IBER GROUP	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	١		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
			<u></u>					Distant Stations
			<u></u>					
Γotal DSEs			0.00	Total DSEs		H	0.00	
Gross Receipts First G	roup	<u> </u>	0.00	Gross Receipts Seco	ond Group	\$	0.00	
,	'				•	·		
Base Rate Fee First G		\$	0.00	Base Rate Fee Seco		\$	0.00	
THII COMMUNITY/ AREA	RTY-FIFTH	SUBSCRIBER GRO	0 0	COMMUNITY/ AREA		SUBSCRIBER GROU	UP 0	
				OOMMONT 17 YULE				
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	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	CALL SIGN	DSE	CALL SIGN	DSE	
	DSE	CALL SIGN	DSE	Total DSEs	DSE	CALL SIGN	DSE	
Total DSEs		CALL SIGN				CALL SIGN		
Total DSEs			0.00	Total DSEs			0.00	
Total DSEs Gross Receipts Third (Group		0.00	Total DSEs	th Group		0.00	

LEGAL NAME OF OWNE						\$	SYSTEM ID#	Name
CABLE ONE, INC.							10312	
				TE FEES FOR EAC				
	SEVENTH	SUBSCRIBER GRO		11		1 SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
O/ ILL GIGIT	DOL	07122 01014	502	OTTEL STOTE	562	STILL STOTA	502	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
	<u></u>							Stations
							······	
				-				
				-				
Total DSEs		II.	0.00	Total DSEs			0.00	
					1 0	_		
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
THIF	RTY-NINTH	SUBSCRIBER GRO	UP		FORTIETH	H SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>							
				-			·····	
	····						·······	
	····						•••••	
	•				•••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	r	·			P	·		
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group a	as shown in the boxes	above.	\$		

	d/b/a SP	ARKLIGHT					10312	Name
В	LOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAC	H SUBSCR	IBER GROUP		
FOR:	TY-FIRST	SUBSCRIBER GRO	UP	FOF	RTY-SECOND	SUBSCRIBER GRO	JP	^
OMMUNITY/ AREA			0	COMMUNITY/ ARE	٩		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
otal DSEs			0.00	Total DSEs			0.00	Stations
ross Receipts First Gro	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FOR	Y-THIRD	SUBSCRIBER GRO	UP	FOR	RTY-FOURTH	SUBSCRIBER GRO	UP	
OMMUNITY/ AREA			0	COMMUNITY/ ARE.	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			•••••					
otal DSEs			0.00	Total DSEs			0.00	
otal DSEs	oup	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00	
	oup	\$			rth Group	\$		
	·	\$				\$ \$		

2 Name								
	ID	IBER GROUP I SUBSCRIBER GROU		TE FEES FOR EAC		COMPUTATION OF SUBSCRIBER GROU		
9	0	1 30B3CNBLN GNOC	IKTT-SIXTTI	COMMUNITY/ ARE	0	30B3CNBEN GNOC	.1 1-1 11 111	COMMUNITY/ AREA
Computa								
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndica								
Exclusiv								
Surchar			····				····	
Partial			····				····	
Distan			····		····		<u> </u>	
Station								
			<u></u>				<u></u>	
	2.00							
-	0.00			Total DSEs	0.00			otal DSEs
_	0.00	\$	nd Group	Gross Receipts Sec	0.00	\$	oup	Gross Receipts First Gro
۱					1			
				II				
	0.00	\$	nd Group	Base Rate Fee Sec	0.00	\$	oup	Base Rate Fee First Gro
] = -		SUBSCRIBER GROU				\$ SUBSCRIBER GROU		
] = - : :						SUBSCRIBER GROU		FORTY-S
	JP			FC	UP	SUBSCRIBER GROU		FORTY-S
	JP 0	SUBSCRIBER GROU	TY-EIGHTH	FC COMMUNITY/ ARE	UP 0		SEVENTH	FORTY-S
	JP 0	SUBSCRIBER GROU	TY-EIGHTH	FC COMMUNITY/ ARE	UP 0		SEVENTH	FORTY-S
	JP 0	SUBSCRIBER GROU	TY-EIGHTH	FC COMMUNITY/ ARE	UP 0		SEVENTH	FORTY-S
	JP 0	SUBSCRIBER GROU	TY-EIGHTH	FC COMMUNITY/ ARE	UP 0		SEVENTH	FORTY-S
	JP 0	SUBSCRIBER GROU	TY-EIGHTH	FC COMMUNITY/ ARE	UP 0		SEVENTH	FORTY-S
	JP 0	SUBSCRIBER GROU	TY-EIGHTH	FC COMMUNITY/ ARE	UP 0		SEVENTH	FORTY-S
	JP 0	SUBSCRIBER GROU	TY-EIGHTH	FC COMMUNITY/ ARE	UP 0		SEVENTH	FORTY-S
	JP 0	SUBSCRIBER GROU	TY-EIGHTH	FC COMMUNITY/ ARE	UP 0		SEVENTH	FORTY-S
	JP 0	SUBSCRIBER GROU	TY-EIGHTH	FC COMMUNITY/ ARE	UP 0		SEVENTH	FORTY-S
	JP 0	SUBSCRIBER GROU	TY-EIGHTH	FC COMMUNITY/ ARE	UP 0		SEVENTH	FORTY-S
	JP 0	SUBSCRIBER GROU	TY-EIGHTH	FC COMMUNITY/ ARE	UP 0		SEVENTH	FORTY-S
	JP 0	SUBSCRIBER GROU	TY-EIGHTH	FC COMMUNITY/ ARE	UP 0		SEVENTH	FORTY-S
	JP 0	SUBSCRIBER GROU	TY-EIGHTH	FC COMMUNITY/ ARE	UP 0		SEVENTH	FORTY-S
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	b/a SP <i>A</i>	SYSTEM: ARKLIGHT				•	10312	Name
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Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
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FIFTY-N	NTH SUBSCRIBER G	ROUP		SIXTIETH	I SUBSCRIBER GRO	JP	
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CABLE ONE, INC. d/l		SYSTEM: ARKLIGHT				•	10312	Name
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Base Rate Fee First Group	0	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
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CABLE ONE, INC.							10312	
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2 Name	10312						C. d/b/a SP	OABEL ONE, INO.
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BLC		ARKLIGHT					10312	Name
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ase Rate Fee First Group	o	, \$	0.00	Base Rate Fee Sec		\$	0.00	
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	SPARKLIGHT	-			•	10312	Name
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Total DSEs	of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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Total DSEs O.00 Gross Receipts First Group Base Rate Fee First Group NINETY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O	and								
Total DSEs Gross Receipts First Group Base Rate Fee First Group \$ 0.00 State Fee First Group State Fee Second Group State Fee Second Group State Fee Second Group State Fee First Group State Fee Second Group State Fee Second Group State Fee Second Group State Fee First Group State Fee Second Group State Fee Second Group State Fee Second Group State Fee First Group State Fee Second Group State Fee Second Group State Fee Second Group State Fee Fee Second Group State Fee Second Group State Fee Second Group State Fee Fee Second Group State Fee Fee Fee Fee Fee Fee Fee Fee Fee F	Syndicated								
Total DSEs 0.00 Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 NINETY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	Exclusivity								
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 NINETY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	Surcharge			<u>.</u>					
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 NINETY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA	for			<u> </u>		<u></u>	-	 	
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 NINETY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	Partially Distant								
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Gross Receipts First Group \$ 0.00 Sase Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 NINETY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	- Granone					······································		···	
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 NINETY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	1			<u> </u>					
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 NINETY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0]								
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 NINETY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA]								
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 NINETY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA									
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 NINETY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA	-								
Base Rate Fee First Group \$ 0.00 NINETY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0		0.00			Total DSEs	0.00			otal DSEs
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NINETY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O O									
COMMUNITY/ AREA 0 COMMUNITY/ AREA 0		0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
]	JP	SUBSCRIBER GROU	TY-SIXTH	NIN	JP	SUBSCRIBER GRO	TY-FIFTH	NINE
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE		0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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Total DSEs		0.00		•	Total DSEs	0.00		-	Γotal DSEs
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00		0.00	\$	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00		0.00	\$	Group	Base Rate Fee Fourth	0.00	\$	roup	Base Rate Fee Third G
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•		ESYSTEM: ARKLIGHT				•	10312	Name
		COMPUTATION O		ATE FEES FOR EACI		RIBER GROUP I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computatio of
								Base Rate Fe
			<u></u>	-				and Syndicated
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								Distant
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				-				
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts First Gro	up	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gro	up	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
NINET	Y-NINTH	SUBSCRIBER GRO	JP	ONE H	UNDREDTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gro	oup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
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LEGAL NAME OF OWN						S	SYSTEM ID#	Name
CABLE ONE, INC	:. d/b/a SP	PARKLIGHT					10312	Name
				TE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUND	RED FIRST	SUBSCRIBER GRO	UP	ONE HUNDRI	ED SECONE	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
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			·····		•••••			Gianono
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUND	RED THIRD	SUBSCRIBER GRO)UP	ONE HUNDR	ED FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs		<u>'</u>	0.00	Total DSEs	'		0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				Ш				
Base Rate Fee: Add	the base rat	e fees for each subs	criber group	as shown in the boxes	above.			
Enter here and in bloc			O P			\$		

CABLE ONE, INC. G/b/a	ABLE SYSTEM: SPARKLIGHT					10312	Name
BLOCK	A: COMPUTATION	OF BASE RA	ATE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDRED FIF	TH SUBSCRIBER GR	ROUP	ONE HUN	DRED SIXTH	SUBSCRIBER GRO	JP	0
COMMUNITY/ AREA		0	COMMUNITY/ AREA	······		0	9 Computatio
CALL SIGN DSE	E CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate F
							and
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							Exclusivity
							Surcharge
							for
							Partially
				<u>.</u>			Distant
							Stations
otal DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
		_					
Base Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED SEVEN	ITH SUBSCRIBER GR				SUBSCRIBER GROU		
ONE HUNDRED SEVEN	ITH SUBSCRIBER GF			RED EIGHTH			
ONE HUNDRED SEVEN	П	ROUP	ONE HUND	RED EIGHTH		UP	
ONE HUNDRED SEVEN	П	0 0	ONE HUNDI COMMUNITY/ AREA	RED EIGHTH	I SUBSCRIBER GROU	UP 0	
ONE HUNDRED SEVEN	П	0 0	ONE HUNDI COMMUNITY/ AREA	RED EIGHTH	I SUBSCRIBER GROU	UP 0	
ONE HUNDRED SEVEN	П	0 0	ONE HUNDI COMMUNITY/ AREA	RED EIGHTH	I SUBSCRIBER GROU	UP 0	
ONE HUNDRED SEVEN	П	0 0	ONE HUNDI COMMUNITY/ AREA	RED EIGHTH	I SUBSCRIBER GROU	UP 0	
ONE HUNDRED SEVEN	П	0 0	ONE HUNDI COMMUNITY/ AREA	RED EIGHTH	I SUBSCRIBER GROU	UP 0	
ONE HUNDRED SEVEN	П	0 0	ONE HUNDI COMMUNITY/ AREA	RED EIGHTH	I SUBSCRIBER GROU	UP 0	
ONE HUNDRED SEVEN	П	0 0	ONE HUNDI COMMUNITY/ AREA	RED EIGHTH	I SUBSCRIBER GROU	UP 0	
ONE HUNDRED SEVEN	П	0 0	ONE HUNDI COMMUNITY/ AREA	RED EIGHTH	I SUBSCRIBER GROU	UP 0	
ONE HUNDRED SEVEN	П	0 0	ONE HUNDI COMMUNITY/ AREA	RED EIGHTH	I SUBSCRIBER GROU	UP 0	
ONE HUNDRED SEVEN	П	0 0	ONE HUNDI COMMUNITY/ AREA	RED EIGHTH	I SUBSCRIBER GROU	UP 0	
ONE HUNDRED SEVEN	П	0 0	ONE HUNDI COMMUNITY/ AREA	RED EIGHTH	I SUBSCRIBER GROU	UP 0	
ONE HUNDRED SEVEN	П	0 0	ONE HUNDI COMMUNITY/ AREA	RED EIGHTH	I SUBSCRIBER GROU	UP 0	
ONE HUNDRED SEVEN	П	0 0	ONE HUNDI COMMUNITY/ AREA	RED EIGHTH	I SUBSCRIBER GROU	UP 0	
ONE HUNDRED SEVEN	П	0 0	ONE HUNDI COMMUNITY/ AREA	RED EIGHTH	I SUBSCRIBER GROU	UP 0	
ONE HUNDRED SEVEN COMMUNITY/ AREA CALL SIGN DSI	П	0 0	ONE HUNDI COMMUNITY/ AREA	RED EIGHTH	I SUBSCRIBER GROU	UP 0	
ONE HUNDRED SEVEN COMMUNITY/ AREA CALL SIGN DSE	E CALL SIGN	DSE DSE O.00	ONE HUNDI COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	CALL SIGN	DSE	
COMMUNITY/ AREA	П	ROUP O DSE	ONE HUNDI COMMUNITY/ AREA CALL SIGN	DSE	I SUBSCRIBER GROU	DSE	

LEGAL NAME OF OWNE CABLE ONE, INC.						•	SYSTEM ID#	Name
							10312	
		COMPUTATION O SUBSCRIBER GRO		TE FEES FOR EAC		IBER GROUP I SUBSCRIBER GRO	ID	
COMMUNITY/ AREA	ח ז אווא ז ח	SUBSCRIBER GRO	0	COMMUNITY/ AREA		1 SUBSCRIBER GRO	0	9
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CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED E	LEVENTH	SUBSCRIBER GRO	UP	ONE HUNDRE	D TWELVTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
								
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
ss Receipts Third G	roup e base rate	\$ e fees for each subsc	0.00	Gross Receipts Four	th Group		0.00	

LEGAL NAME OF OWNE						;	SYSTEM ID#	Name
CABLE ONE, INC.	u/b/a 5P	ARKLIGHT					10312	
				TE FEES FOR EAC				
ONE HUNDRED TH	RTEENTH	SUBSCRIBER GRO		11		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
Office Office		07122 01014	502	O/ LEE OIGIT	1002	G/ LEE GIGIT	502	Base Rate Fee
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED F	IFTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED	SIXTEENTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third 0	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
	•				•			
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group a	as shown in the boxes	above.	\$		

	10312	S					R OF CABL d/b/a SP	CABLE ONE, INC.
		RIBER GROUP		ONE HUNDRED				E ONE HUNDRED SEVE
9 Computatio	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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for Partially			<u></u>		<u>.</u>			
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	0.00			Total DSEs	0.00			Γotal DSEs
	0.00	\$	d Group	Gross Receipts Seco	0.00	\$	oup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Seco	0.00	\$	oup	3ase Rate Fee First Gr
	IP	SUBSCRIBER GROU	WENTIETH	ONE HUNDRED	UP	SUBSCRIBER GRO	NTEENTH	ONE HUNDRED NI
	JP 0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			Total DSEs
		CALL SIGN				CALL SIGN		CALL SIGN CALL SIGN Total DSEs Gross Receipts Third G

GAL NAME OF OWNER OF CABLE SYST ABLE ONE, INC. d/b/a SPARKI					•	10312	Name
BLOCK A: COM	PUTATION OF BASE	RATE FE	ES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED TWENTY-FIRST SUBS		- 11			SUBSCRIBER GROUP	1	0
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otal DSEs	0.0	10 Total	DSEs			0.00	
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ross Receipts First Group \$	0.0	Gross	s Receipts Second	p			
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ase Rate Fee First Group \$	0.0	00 Base	Rate Fee Second	l Group	\$	0.00	
ase Rate Fee First Group \$ ONE HUNDRED TWENTY-THIRD SUBS	0.0	00 Base	Rate Fee Second	l Group	\$ SUBSCRIBER GROUP	, , , , , , , , , , , , , , , , , , ,	
ase Rate Fee First Group \$	0.0	00 Base	Rate Fee Second	l Group			
ase Rate Fee First Group \$ ONE HUNDRED TWENTY-THIRD SUBS OMMUNITY/ AREA	0.0	ONE COMI	Rate Fee Second	l Group		, , , , , , , , , , , , , , , , , , ,	
ase Rate Fee First Group \$ ONE HUNDRED TWENTY-THIRD SUBS OMMUNITY/ AREA	0.0	ONE COMI	Rate Fee Second HUNDRED TWENT MUNITY/ AREA	I Group	SUBSCRIBER GROUP	0	
ase Rate Fee First Group \$ ONE HUNDRED TWENTY-THIRD SUBS OMMUNITY/ AREA	0.0	ONE COMI	Rate Fee Second HUNDRED TWENT MUNITY/ AREA	I Group	SUBSCRIBER GROUP	0	
ase Rate Fee First Group \$ ONE HUNDRED TWENTY-THIRD SUBS OMMUNITY/ AREA	0.0	ONE COMI	Rate Fee Second HUNDRED TWENT MUNITY/ AREA	I Group	SUBSCRIBER GROUP	0	
ase Rate Fee First Group \$ ONE HUNDRED TWENTY-THIRD SUBS OMMUNITY/ AREA	0.0	ONE COMI	Rate Fee Second HUNDRED TWENT MUNITY/ AREA	I Group	SUBSCRIBER GROUP	0	
ase Rate Fee First Group \$ ONE HUNDRED TWENTY-THIRD SUBS OMMUNITY/ AREA	0.0	ONE COMI	Rate Fee Second HUNDRED TWENT MUNITY/ AREA	I Group	SUBSCRIBER GROUP	0	
ase Rate Fee First Group \$ ONE HUNDRED TWENTY-THIRD SUBS OMMUNITY/ AREA	0.0	ONE COMI	Rate Fee Second HUNDRED TWENT MUNITY/ AREA	I Group	SUBSCRIBER GROUP	0	
ase Rate Fee First Group \$ ONE HUNDRED TWENTY-THIRD SUBS OMMUNITY/ AREA	0.0	ONE COMI	Rate Fee Second HUNDRED TWENT MUNITY/ AREA	I Group	SUBSCRIBER GROUP	0	
ase Rate Fee First Group \$ ONE HUNDRED TWENTY-THIRD SUBS OMMUNITY/ AREA	0.0	ONE COMI	Rate Fee Second HUNDRED TWENT MUNITY/ AREA	I Group	SUBSCRIBER GROUP	0	
ase Rate Fee First Group \$ ONE HUNDRED TWENTY-THIRD SUBS OMMUNITY/ AREA	0.0	ONE COMI	Rate Fee Second HUNDRED TWENT MUNITY/ AREA	I Group	SUBSCRIBER GROUP	0	
ase Rate Fee First Group \$ ONE HUNDRED TWENTY-THIRD SUBS OMMUNITY/ AREA	0.0	ONE COMI	Rate Fee Second HUNDRED TWENT MUNITY/ AREA	I Group	SUBSCRIBER GROUP	0	
ase Rate Fee First Group \$ ONE HUNDRED TWENTY-THIRD SUBS OMMUNITY/ AREA	0.0	ONE COMI	Rate Fee Second HUNDRED TWENT MUNITY/ AREA	I Group	SUBSCRIBER GROUP	0	
ase Rate Fee First Group \$ ONE HUNDRED TWENTY-THIRD SUBS OMMUNITY/ AREA	0.0	ONE COMI	Rate Fee Second HUNDRED TWENT MUNITY/ AREA	I Group	SUBSCRIBER GROUP	0	
ase Rate Fee First Group \$ ONE HUNDRED TWENTY-THIRD SUBS OMMUNITY/ AREA	0.0	ONE COMI	Rate Fee Second HUNDRED TWENT MUNITY/ AREA	I Group	SUBSCRIBER GROUP	0	
ase Rate Fee First Group \$ ONE HUNDRED TWENTY-THIRD SUBS OMMUNITY/ AREA	0.0	ONE CALL	Rate Fee Second HUNDRED TWENT MUNITY/ AREA	I Group	SUBSCRIBER GROUP	0	
ONE HUNDRED TWENTY-THIRD SUBSOMMUNITY/ AREA CALL SIGN DSE CA CALL SIGN C	CRIBER GROUP LLL SIGN DS	Base ONE COMI COMI Total	Rate Fee Second HUNDRED TWENT MUNITY/ AREA LL SIGN	DSE	SUBSCRIBER GROUP	DSE	
ONE HUNDRED TWENTY-THIRD SUBSOMMUNITY/ AREA CALL SIGN DSE CALL SIGN DSE CALL SIGN CALL SIGN DSE CALL SIGN STATE SIGN DSE CALL SIGN STATE SIGN STA	O.0 CRIBER GROUP LL SIGN DS 0.0 0.0	DO Base ONE COMI COMI	HUNDRED TWENT MUNITY/ AREA LL SIGN DSEs S Receipts Fourth	DSE Group	SUBSCRIBER GROUP CALL SIGN	0 DSE	
ONE HUNDRED TWENTY-THIRD SUBSECTION CALL SIGN DSE CALL SIGN	O.0 CRIBER GROUP LLL SIGN DS O.0	DO Base ONE COMI COMI	HUNDRED TWENT MUNITY/ AREA LL SIGN DSEs	DSE Group	SUBSCRIBER GROUP CALL SIGN	0 DSE	

		SYSTEM: ARKLIGHT				•	10312	Name
BLO ONE HUNDRED TWENT				ATE FEES FOR EAC		IBER GROUP	,	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Grou	ıp	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Grou	p	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NE HUNDRED TWENTY-S	EVENTH :	SUBSCRIBER GROUP		TI .		SUBSCRIBER GROUP	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	- In	1						
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Fotal DSEs			0.00	Total DSEs			0.00	
	JD JD	\$	0.00		th Group	\$		
Total DSEs Gross Receipts Third Gro	up	\$		Total DSEs Gross Receipts Foul	th Group	\$	0.00	

BLOG	a SPARK	STEM: (LIGHT				•	3YSTEM ID# 10312	Name
				ATE FEES FOR EAC				
ONE HUNDRED TWENTY-I	NTH SUBS	SCRIBER GROUP	0	COMMUNITY/ AREA		I SUBSCRIBER GROUP	0	9
					I	П от отог		Computation
CALL SIGN D	SE C	ALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate F
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otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group	\$		0.00	Gross Receipts Seco	and Group	\$	0.00	
ross rescipts i not Group	<u>*</u>		0.00	Gross recorpts econ	ла Стоир		0.00	
ase Rate Fee First Group	\$		0.00	Base Rate Fee Seco	and Group	\$	0.00	
ONE HUNDRED THIRTY-	FIRST SUB	SCRIBER GROUP)	ONE HUNDRED THI	RTY-SECOND	SUBSCRIBER GROUP	'	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN D	SE C	ALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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			<u>.</u>					
otal DSEs			0.00	Total DSEs			0.00	
			0.00	Total DSEs			0.00	
Total DSEs Gross Receipts Third Group	\$		0.00	Total DSEs Gross Receipts Four	th Group	\$	0.00	

A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED THIRTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED THIRTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED THIRTY-FOURTH SUBSCRIBER GROUP COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED THIRTY-FOURTH SUBSCRIBER GROUP COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED THIRTY-FOURTH SUBSCRIBER GROUP COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED THIRTY-FOURTH SUBSCRIBER GROUP COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED THIRTY-FOURTH SUBSCRIBER GROUP COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED THIRTY-FOURTH SUBSCRIBER GROUP COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP COMP
O COMMUNITY/ AREA Compute CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rain Syndic Exclu Surch for Parti Dist
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TH SUBSCRIBER GROUP ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA O
O COMMUNITY/ AREA O
E CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE
0.00 Total DSEs 0.00
\$ 0.00 Gross Receipts Fourth Group \$ 0.00
\$ 0.00 Base Rate Fee Fourth Group \$ 0.00

LEGAL NAME OF OWNER CABLE ONE, INC.						•	10312	Name
B ONE HUNDRED THIRTY				ATE FEES FOR EACH				
COMMUNITY/ AREA	-SEVENTH	SUBSCRIBER GROUI	0	COMMUNITY/ AREA		1 SUBSCRIBER GROUP	0	9 Commutatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computatio of
								Base Rate Fe
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
·					·			
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED THIR	ΓY-NINTH	SUBSCRIBER GRO		1		SUBSCRIBER GROU	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
•					•			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes a	above.	\$		

Name	YSTEM ID# 10312					ARKLIGHT		LEGAL NAME OF OWNE CABLE ONE, INC.
		RIBER GROUP SUBSCRIBER GROUP		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROUP		
9	0	J SUBSCRIBER GROUP	TT-SECOND	COMMUNITY/ AREA	0	SUBSCRIBER GROUP		COMMUNITY/ AREA
Computation of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F and								
Syndicate								
Exclusivity Surcharge								
for								
Partially Distant								
Stations								
			<u></u>					
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Seco	0.00	\$	oup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Seco	0.00			
	0.00		и отоир	Buse Rule Fee 6666	0.00	\$	oup	Sase Rate Fee First Gr
		1 SUBSCRIBER GROUP		ONE HUNDRED FO	>	SUBSCRIBER GROUP		ONE HUNDRED FOR
		1 SUBSCRIBER GROUP				SUBSCRIBER GROUP		ONE HUNDRED FOR
		SUBSCRIBER GROUP		ONE HUNDRED FO	>	SUBSCRIBER GROUP CALL SIGN		ONE HUNDRED FOR
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	0		TY-FOURTH	ONE HUNDRED FOI	0		RTY-THIRD	ONE HUNDRED FOR
	0		TY-FOURTH	ONE HUNDRED FOI	0		RTY-THIRD	ONE HUNDRED FOR
	0		TY-FOURTH	ONE HUNDRED FOI	0		RTY-THIRD	ONE HUNDRED FOR
	0		TY-FOURTH	ONE HUNDRED FOI	0		RTY-THIRD	ONE HUNDRED FOR
	0		TY-FOURTH	ONE HUNDRED FOI	0		RTY-THIRD	ONE HUNDRED FOR
	0		TY-FOURTH	ONE HUNDRED FOI	0		RTY-THIRD	ONE HUNDRED FOR
	0		TY-FOURTH	ONE HUNDRED FOI	0		RTY-THIRD	ONE HUNDRED FOI
	0		TY-FOURTH	ONE HUNDRED FOI	0		RTY-THIRD	ONE HUNDRED FOR
	0		TY-FOURTH	ONE HUNDRED FOI	0		RTY-THIRD	ONE HUNDRED FOR
	0		TY-FOURTH	ONE HUNDRED FOI	0		RTY-THIRD	ONE HUNDRED FOR
	DSE		DSE	ONE HUNDRED FOI COMMUNITY/ AREA CALL SIGN	DSE		DSE	COMMUNITY/ AREA

		ARKLIGHT			= : : =		10312	
				ATE FEES FOR EAC				
	ORTY-FIFTH	SUBSCRIBER GROU	0	11		SUBSCRIBER GROUP	0	9
COMMUNITY/ AREA				COMMUNITY/ ARE	ч		U	Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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								and
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								Exclusiv
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otal DSEs		II.	0.00	Total DSEs		11	0.00	
ross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FOR	Y-SEVENTH	SUBSCRIBER GROU	P	ONE HUNDRED F	ORTY-EIGHTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL CICAL	Dec	I CALL SICN	T Dec	CALL SICN	l Dec	II CALL SICN	Dec	
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	
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CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	DSE	CALL SIGN			DSE	CALL SIGN		
	DSE	CALL SIGN	DSE	Total DSEs	DSE	CALL SIGN	DSE	
Total DSEs		CALL SIGN				CALL SIGN		
Fotal DSEs			0.00	Total DSEs			0.00	
Fotal DSEs Gross Receipts Third	Group		0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00	
Total DSEs	Group		0.00	Total DSEs	rth Group		0.00	

LEGAL NAME OF OWNER CABLE ONE, INC. (S	3YSTEM ID# 10312	Name
BI ONE HUNDRED FORT				ATE FEES FOR EACI		IBER GROUP	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
			<u>.</u>					Stations
			<u>.</u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED FIFT	TY-FIRST	SUBSCRIBER GROU	JP	ONE HUNDRED FIFT	TY-SECONE	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u>.</u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oun	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Cross Receipts Tillia Gi	очр	<u>Ψ</u>		TOTOSS (COCIPIS) OUIT	п Огоар	*	3.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			riber group	as shown in the boxes a	above.	\$		

Base Rate Fe and Syndicated		П	OF BASE RA	COMPLITATION O		
0 Computation of Base Rate Fe and Syndicated Exclusivity Surcharge for		II()ME HIININBEN F	UIP			ONE HUNDRED FIF
CALL SIGN DSE of Base Rate Fe and Syndicated Exclusivity Surcharge for	₹EA	COMMUNITY/ AR	0			COMMUNITY/ AREA
and Syndicated Exclusivity Surcharge for	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Syndicated Exclusivity Surcharge for						
Surcharge for						
for						
Portiolly						
Distant						
Stations						
0.00		Total DSEs	0.00			Total DSEs
up <u>\$</u> 0.00	econd Group	Gross Receipts Se	0.00	\$	oup	Gross Receipts First Gr
up \$ 0.00	econd Group	Base Rate Fee Se	0.00	\$	oup	Base Rate Fee First Gr
SIXTH SUBSCRIBER GROUP		ii e		SUBSCRIBER GRO	TY-FIFTH	
0	₹EA 	COMMUNITY/ AR	0			COMMUNITY/ AREA
SE CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
		Total DSEs	0.00			Total DSEs
\$ 0.00	ourth Group	Gross Receipts Fo	0.00	\$	roup	Gross Receipts Third G
p \$ 0.00	ourth Group	Base Rate Fee Fo	0.00	\$	roup	Base Rate Fee Third G

NER OF CABLE SYSTEM: SYST C. d/b/a SPARKLIGHT	TEM ID# Name
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP TY-SEVENTH SUBSCRIBER GROUP ONE HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP	
TY-SEVENTH SUBSCRIBER GROUP ONE HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA	0 9
DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN	DSE Computati
	Base Rate
	and
	Syndicate Exclusivi
	Surcharg
	for
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	Distant Stations
	Stations
0.00 Total DSEs	0.00
Group \$ 0.00 Gross Receipts Second Group \$	0.00
	
Global Resolution Section Global Williams	 1
Group \$ 0.00 Base Rate Fee Second Group \$	0.00
	0.00
Group \$ 0.00 Base Rate Fee Second Group \$	0.00
Group \$ 0.00 Base Rate Fee Second Group \$ IFTY-NINTH SUBSCRIBER GROUP ONE HUNDRED SIXTIETH SUBSCRIBER GROUP	
Group \$ 0.00 Base Rate Fee Second Group \$ IFTY-NINTH SUBSCRIBER GROUP ONE HUNDRED SIXTIETH SUBSCRIBER GROUP COMMUNITY/ AREA	0
Group \$ 0.00 Base Rate Fee Second Group \$ IFTY-NINTH SUBSCRIBER GROUP ONE HUNDRED SIXTIETH SUBSCRIBER GROUP COMMUNITY/ AREA	0
Group \$ 0.00 Base Rate Fee Second Group \$ IFTY-NINTH SUBSCRIBER GROUP ONE HUNDRED SIXTIETH SUBSCRIBER GROUP COMMUNITY/ AREA	0
Group \$ 0.00 Base Rate Fee Second Group \$ IFTY-NINTH SUBSCRIBER GROUP ONE HUNDRED SIXTIETH SUBSCRIBER GROUP COMMUNITY/ AREA	0
Group \$ 0.00 Base Rate Fee Second Group \$ IFTY-NINTH SUBSCRIBER GROUP ONE HUNDRED SIXTIETH SUBSCRIBER GROUP COMMUNITY/ AREA	0
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Group \$ 0.00 Base Rate Fee Second Group \$ IFTY-NINTH SUBSCRIBER GROUP ONE HUNDRED SIXTIETH SUBSCRIBER GROUP COMMUNITY/ AREA	0
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Group S 0.00 Base Rate Fee Second Group S IFTY-NINTH SUBSCRIBER GROUP O COMMUNITY/ AREA DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN O COMMUNITY/ AREA	DSE

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. d/b/a SPARKLIGHT 10312 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 must also compute a 9 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 ☐ First 50 major television market ☐ Second 50 major television market INSTRUCTIONS: **Base Rate Fee** 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 and **Syndicated** 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 **Exclusivity** Surcharge 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. for Partially 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 Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE THIRD SUBSCRIBER GROUP FOURTH 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

SIXTH SUBSCRIBER GROUP

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

10312

CABLE ONE, INC. d/b/a SPARKLIGHT

9

Name

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

BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROL

If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also 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:

☐ 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.

FIFTH SUBSCRIBER GROUP

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.

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	SURCHARGE
First Group	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	SYNDICATED EXCLUSIVITY
SURCHARGE	SURCHARGE
Third Group	Fourth Group
SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for earling the boxes above. Enter here and in block 4, line 2 of space L (page 1)	

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. d/b/a SPARKLIGHT 10312 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 must also compute a 9 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 ☐ First 50 major television market ☐ Second 50 major television market INSTRUCTIONS: **Base Rate Fee** 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 and **Syndicated** 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 **Exclusivity** Surcharge 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. for Partially 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 Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. NINTH SUBSCRIBER GROUP TENTH 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE **ELEVENTH SUBSCRIBER GROUP** TWELVTH 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. d/b/a SPARKLIGHT 10312 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 must also compute a 9 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 ☐ First 50 major television market ☐ Second 50 major television market INSTRUCTIONS: **Base Rate Fee** 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 and **Syndicated** 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 **Exclusivity** Surcharge 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. for Partially 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 Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. THIRTEENTH SUBSCRIBER GROUP FOURTEENTH 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE FIFTEENTH SUBSCRIBER GROUP SIXTEENTH 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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FIFTIETH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs

ILEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

10312

CABLE ONE, INC. d/b/a SPARKLIGHT

FORTY-NINTH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs

Line 2: Enter the Exempt DSEs

9

Name

Computation of Base Rate Fee and Syndicated Exclusivity

> Surcharge for Partially Distant Stations

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BLOCK B:	COMPUTATION	OF SYNDICATED	EXCLUSIVITY	/ SURCHARGE EC	OR FACH SUBSCRIBER	て (すれの)

If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also 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:

☐ 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.

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 Second Group
FIFTY-FIRST SUBSCRIBER GROUP	FIFTY-SECOND SUBSCRIBER GROUP
Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation

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

 ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. d/b/a SPARKLIGHT 10312 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 must also compute a 9 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 ☐ First 50 major television market ☐ Second 50 major television market INSTRUCTIONS: **Base Rate Fee** 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 and **Syndicated** 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 **Exclusivity** Surcharge 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. for Partially 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 Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIFTY-THIRD SUBSCRIBER GROUP FIFTY-FOURTH 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE FIFTY-FIFTH SUBSCRIBER GROUP FIFTY-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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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SIXTY-SECOND SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs

Line 3: Subtract line 2 from line 1

Line 2: Enter the Exempt DSEs

and enter here. This is the

ILEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

10312

CABLE ONE, INC. d/b/a SPARKLIGHT

SIXTY-FIRST SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs

Line 2: Enter the Exempt DSEs

and enter here. This is the

Line 3: Subtract line 2 from line 1

9

Name

Computation of Base Rate Fee and Syndicated Exclusivity

> Surcharge for Partially Distant Stations

DL OOK D	COMPLITATION	OF OVAIDIOATED	EVOLUCIVITY	/ OLIDOLIA DOE EC	D EVOLUCIONO DIDEC	200011
BLOCK B:	COMPUTATION	OF SYNDICATED	EXCLUSIVITY	/ SURCHARGE EC	OR FACH SUBSCRIBER	て (すれの)

If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also 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:

☐ 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.

total number of DSEs for this subscriber group subject to the surcharge computation SYNDICATED EXCLUSIVITY SURCHARGE First Group	total number of DSEs for this subscriber group subject to the surcharge computation SYNDICATED EXCLUSIVITY SURCHARGE Second Group
SIXTY-THIRD SUBSCRIBER GROUP	SIXTY-FOURTH SUBSCRIBER GROUP
Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs
Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 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

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ONE HUNDRED THIRTY-FOURTH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs

Line 2: Enter the Exempt DSEs

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CABLE ONE, INC. d/b/a SPARKLIGHT

Line 1: Enter the VHF DSEs

Line 2: Enter the Exempt DSEs _

10312

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Name

Computation
of
Base Rate Fee
and
Syndicated
Exclusivity
Surcharge
for
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Stations

BLOCK B. COMPLITATION O	E CANDICATED EACH HOWAT	A SHIDCHYDCE EUD EYC	

If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also 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:

☐ 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.

ONE HUNDRED THIRTY-THIRD SUBSCRIBER GROUP

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.

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 First Group \$ 1	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 Second Group		
ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP	ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP		
Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge		
computation	computation		

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

 ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. d/b/a SPARKLIGHT 10312 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 must also compute a 9 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 ☐ First 50 major television market ☐ Second 50 major television market of INSTRUCTIONS: **Base Rate Fee** 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 and **Syndicated** 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 **Exclusivity** Surcharge 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. for Partially 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 Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. ONE HUNDRED THIRTY-SEVENTH SUBSCRIBER GROUP ONE HUNDRED THIRTY-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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE ONE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP ONE HUNDRED FORTIETH 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. d/b/a SPARKLIGHT 10312 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 must also compute a 9 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 ☐ First 50 major television market ☐ Second 50 major television market of INSTRUCTIONS: **Base Rate Fee** 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 and **Syndicated** 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 **Exclusivity** Surcharge 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. for Partially 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 Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. ONE HUNDRED FORTY-FIRST SUBSCRIBER GROUP ONE HUNDRED FORTY-SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs _ Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP ONE HUNDRED FORTY-FOURTH 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE **SURCHARGE** SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. d/b/a SPARKLIGHT 10312 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 must also compute a 9 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 ☐ First 50 major television market ☐ Second 50 major television market of INSTRUCTIONS: **Base Rate Fee** 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 and **Syndicated** 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 **Exclusivity** Surcharge 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. for Partially 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 Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. ONE HUNDRED FORTY-FIFTH SUBSCRIBER GROUP ONE HUNDRED FORTY-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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE ONE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP ONE HUNDRED FORTY-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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE **SURCHARGE** SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

ONE HUNDRED FIFTIETH SUBSCRIBER GROUP

Line 2: Enter the Exempt DSEs

Line 1: Enter the VHF DSEs

ILEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CABLE ONE, INC. d/b/a SPARKLIGHT

10312

BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP

9

Name

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

Stations

If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also 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:

☐ 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.

ONE HUNDRED FORTY-NINTH SUBSCRIBER GROUP

Line 2: Enter the Exempt DSEs

Line 1: Enter the VHF DSEs

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.

and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation SYNDICATED EXCLUSIVITY SURCHARGE Second Group
ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP	ONE HUNDRED FIFTY-SECOND SUBSCRIBER GROUP
Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs
Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge
computation	computation

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 ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. d/b/a SPARKLIGHT 10312 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 must also compute a 9 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 ☐ First 50 major television market ☐ Second 50 major television market of INSTRUCTIONS: **Base Rate Fee** 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 and **Syndicated** 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 **Exclusivity** Surcharge 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. for Partially 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 Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. ONE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP ONE HUNDRED FIFTY-FOURTH 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP ONE HUNDRED FIFTY-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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

ONE HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP

Line 1: Enter the VHF DSEs

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

10312

CABLE ONE. INC. d/b/a SPARKLIGHT

Line 1: Enter the VHF DSEs

9

Name

Computation **Base Rate Fee** and Syndicated

> Surcharge for Partially Distant **Stations**

Exclusivity

DI OOK D	COMPLITATION	OF OVAIDIOATED	EVOLUCIVITY	/ OLIDOLIA DOE E		
BLOCK B	·COMPUTATION	OF SYNDICATED	EXCLUSIVITY	/ SURCHARGE FO	OR FACH SUBSCRIBE	-R (4R()I

If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also 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: ☐ 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.

ONE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP

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.

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
ONE HUNDRED FIFTY-NINTH SUBSCRIBER GROUP	ONE HUNDRED SIXTIETH SUBSCRIBER GROUP
Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group

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SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown