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	AC	COUNTING PERIOD COVERED BY THIS STATEMENT:			
Accounting Period		2020/1			
B	rate	tructions: Give the full legal name of the owner of the cable system. If the owner is a settle of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busines of the were different owners during the accounting period, only the owner ingle statement of account and royalty fee payment covering the entire account.  Check here if this is the system's first filing. If not, enter the system's ID	ss of the cable system on the last day of the unting period.	m. e accounting period should su	
	LI	EGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM			
		CABLE ONE, INC. d/b/a SPARKLIGHT			
					3041112020
					304111 2020/1
		210 E. EARLL DRIVE PHOENIX, AZ 85012			
С		STRUCTIONS: In line 1, give any business or trade names used to impress already appear in space B. In line 2, give the mailing address or			
System	1	IDENTIFICATION OF CABLE SYSTEM:  CABLE ONE, INC. d/b/a SPARKLIGHT	Title system, il ulli	erent from the address give	п п ѕрасе в.
	2	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	Ins	structions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and rel	ist on page 1b
Area	wit	h all communities.	•		
Served		NEWTON	STATE		
First Community	-	Relow is a sample for reporting communities if you report multiple cha		nace G	
	۲	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
Sample	Alc	la	MD	Α	1
Jampie	AII	iance	MD	В	2
	Ge	ring	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# 304111 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# **NEWTON** IL First **OLNEY** IL Community **ODON** IL JASPER COUNTY IL IL RICHLAND COUNTY **DAVIES COUNTY** IL See instructions for IL **ELNORA** additional information on alphabetization. **NEWBERRY** ΪL **KNOX COUNTY (NE)** IL **PLAINVILLE** IL Add rows as necessary.

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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 304111 CABLE ONE, INC. d/b/a SPARKLIGHT

## E

### 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			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS		RATE	CATEGORY OF SERVICE SUBSCRIBERS RAT	Ε		
Residential:							
<ul> <li>Service to first set</li> </ul>	2,565	\$	40.00				
<ul> <li>Service to additional set(s)</li> </ul>							
<ul> <li>FM radio (if separate rate)</li> </ul>							
Motel, hotel							
Commercial	105	\$	53.25				
Converter		Ī					
<ul> <li>Residential</li> </ul>		Ī					
Non-residential		1					
					•••••		

## F

### **Services** Other Than Secondary Transmissions: Rates

### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not

listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. 

		BLO	CK 1				BLOCK 2		
CATEGORY OF SERVICE	RAT	E	CATEGORY OF SERVICE	F	RATE		CATEGORY OF SERVICE	F	RATE
Continuing Services:			Installation: Non-residential						
• Pay cable	7.00-1	5.00	Motel, hotel			E	EXPANDED	\$	48.00
Pay cable—add'l channel			Commercial				DIGITAL FAM PLUS	\$	16.00
Fire protection			• Pay cable			5	STARZ SUPER PAK	\$	19.00
•Burglar protection			Pay cable-add'l channel			5	SHOWTIME UNLTD	\$	19.00
Installation: Residential			Fire protection			ŀ	1BO	\$	19.00
First set	\$ 10	0.00	Burglar protection			C	CINEMAX	\$	19.00
Additional set(s)			Other services:						
FM radio (if separate rate)			Reconnect	\$	30.00				
Converter			Disconnect						
			Outlet relocation	\$	30.00				
			Move to new address	\$	30.00				

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CABLE ONE, INC. d/b/a SPARKLIGHT 304111 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION OF **CARRIAGE** SIGN CHANNEL (Yes or No) **NUMBER STATION** (If Distant) **WAWV** 18 Ν No TERRE HAUTE, IN WTHI 10 N No TERRE HAUTE, IN See instructions for additional information **WTVW** 22 ı Yes 0 **EVANSVILLE, IN** on alphabetization. **WTWO** TERRE HAUTE, IN 35 N No **WUSI** 23 Ε No OLNEY, IL WTHI-2 10 I-M No TERRE HAUTE, IN WTHI-3 TERRE HAUTE, IN 10 I-M No WTWO-2 35 I-M No TERRE HAUTE, IN

FORM SA3E. PAGE 3.	ACCOUNTI	NG PERIOD: 2020/1
	STEM ID#	
CABLE ONE, INC. d/b/a SPARKLIGHT	304111	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	1	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 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.		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. Identified 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	у	
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 noncommerceducational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M"	cial	
(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.  Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex-		
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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	3	
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-up, use a separate space G for each channel line-up.		

		CHANN	EL 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)	
				, , , , , , , , , , , , , , , , , , ,	
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FORM SA3E. PAGE 3.	
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
CABLE ONE, INC. d/b/a SPARKLIGHT	304111
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 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 causes that the station basis, as explained in the next paragraph.  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:  Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—is 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 so basis. For further information concerning substitute basis stations, see page (v) of the general instructions in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, each multicast stream as sociated with a station according to its over-the-air designation. For example, report cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for a WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over to 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 noneducational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent) (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) is until th	ried on a  Primary Transmitters: Television  he  le other located  c. Identify multi- trample  the-air in channel  commercial "I-M" ticast).  an ex- your ystem
For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is to of a written agreement entered into on or before June 30, 2009, between a cable system or an association re the cable system and a primary transmitter or an association representing the primary transmitter, enter the cable.	resenting
tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.	
<b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is life. FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is iden	
Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.	ieu.

		CHANN	EL LINE-UP	AC	
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: 2020/1** FORM SA3E, PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CABLE ONE, INC. d/b/a SPARKLIGHT 304111 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

**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	AD	
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)	
		•			

FORM SA3E. PAGE 3.	RM SA3E. PAGE 3.  LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#								
CABLE ONE, IN					304111	Name			
PRIMARY TRANSMITTE					30				
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a									
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explanation of these the Column 6: Give the	ree categories, location of eac anadian station	see page (v) ch station. For ns, if any, give	of the general in U.S. stations, I the name of the	nstructions located ist the community e community with	I in the paper SA3 form. to which the station is licensed by the which the station is identifed.				
		CHANN	EL LINE-UP	AE					
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				

	SYSTEM ID#			STEM:	ER OF CABLE SY	LEGAL NAME OF OWN
Name	304111		•			CABLE ONE, IN
				N	RS: TELEVISIO	PRIMARY TRANSMITTE
G Primary Transmitters Television	". If not, enter "No". For an ex- paper SA3 form. ating the basis on which your ring "LAC" if your cable system	t (1) the control	period, except (81, permitting the eferring to 76.61 paragraph. distant stations orizations: it in space I (the tion was carried ute basis station eport origination cording to its overbe reported in coas assigned to the annel 4 in Washington is a network (10, 10, 10, 10, 10, 10, 10, 10, 10, 10,	e accounting June 24, 198 d), or 76.63 (red in the next prespect to any tions, or authors—but do list itute basis. The list it it is present to a station according to the station according to the station. The list is the station according to the station according to the station. The list is the station according to the station. The list is the station according to the station. The list is the station according to the station. The list is the station are station. The list is the station are station. The list is the local serving (v) of the graph of the local serving the station are basis becampulated the list is	ystem during the consine effect or 61(e)(2) and (4 is, as explained tations: With r C rules, regular here in space only on a substand also in space formation concome.  In station's call associated with 2". Simulcast states are carried the in each case we entering the least), "E" (for not see terms, see pattern is outside the earea, see pattern appearance on a part-tire on of a distant tentered into or a primary transition in each case, also ree categories, a location of each categories, and a location explain each categories, a location of each categor	carried by your cable so FCC rules and regulation 76.59(d)(2) and (4), 76. Substitute program bas Substitute Program of Column Station was carried of List the station here, at basis. For further in in the paper SA3 for Column 1: List each each multicast stream as "WETA-SUMETA-SIMULCAST. Column 2: Give the its community of licension which your cable system Column 4: If the station of local service Column 5: If you had cable system carried the distant station For the retransmission of a written agreement the cable system and a stion "E" (exempt). For sexplanation of these the Column 6: Give the
	hannel line-up.	_	· ·		g multiple chan	Note: If you are utilizin
		A	EL LINE-UP	CHANNI		
	6. LOCATION OF STATION	- 1	4. DISTANT? (Yes or No)	3. TYPE OF	2. B'CAST CHANNEL	1. CALL SIGN

		CHANN	EL LINE-UP	AF	
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)	
				, ,	
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	-				
				•	
		<del> </del>			

					ACCOUNT	ING PERIOD: 202	
FORM SA3E. PAGE 3.					OVOTEN ID#		
LEGAL NAME OF OWNE			•		SYSTEM ID# 304111	Name	
PRIMARY TRANSMITTEI In General: In space G carried by your cable sy FCC rules and regulation 76.59(d)(2) and (4), 76. substitute program basis Substitute Basis St basis under specific FCC • Do not list the station is station was carried of the station here, a basis. For further infining the paper SA3 for Column 1: List each each multicast stream a cast stream as "WETA- WETA-simulcast). Column 2: Give the its community of license on which your cable sys	RS: TELEVISIO , identify every extem during the sin effect on 61(e)(2) and (4 s., as explained attentions: With race rules, regula there in space only on a substand also in space or mation concerns.  In station's call associated with 2". Simulcast section of the simulcas	N  r television state accounting June 24, 198 4), or 76.63 (red in the next pespect to any tions, or autho G—but do list itute basis. ce I, if the staterning substitut sign. Do not red a station account the state of the state	ation (including to period, except is permitting the eferring to 76.61 paragraph. distant stations orizations:  It in space I (the tion was carried ute basis station cording to its over be reported in cording to its annel 4 in Washing period, except to the same of the period.	(1) stations carried e carriage of certa (e)(2) and (4))]; and carried by your case. Special Stateme I both on a substitute, see page (v) of a program services er-the-air designation of the television staticington, D.C. This research of the services are the television staticington, D.C. This research of the television staticington, D.C. This research of the television staticington, D.C. This research of the services are the television staticington, D.C. This research of the services are the television staticington, D.C. This research of the services are the ser	and low power television stations) I only on a part-time basis under in network programs [sections and (2) certain stations carried on a able system on a substitute program and Program Log)—if the ute basis and also on some other ithe general instructions located a such as HBO, ESPN, etc. Identify ion. For example, report multi- a stream separately; for example on for broadcasting over-the-air in may be different from the channel	G Primary Transmitters Television	
for independent multicate for the meaning of these Column 4: If the state of the column 5: If you had the carried the distant statication for the retransmission of a written agreement of the cable system and a sion "E" (exempt). For significant of these three Column 6: Give the	ast), "E" (for no se terms, see pation is outside the area, see pays e entered "Ye e distant station on a part-time on of a distant tentered into or primary transmirulcasts, also see categories, location of eacanadian station	oncommercial page (v) of the the local servinge (v) of the ges" in column on during the ane basis becamulticast stree or before Justine venter "E". If ye see page (v) ch station. For nel line-ups, the the local page (v) chestation.	educational), of a general instruc- price area, (i.e. "digeneral instruction accounting perioduse of lack of a seam that is not some 30, 2009, between the control of the general in T.S. stations, let the name of the use a separate seam that is not some 30, 2009, between the control of the general in the seam of the general in the seam of the use a separate seam of the use of	r "E-M" (for noncor ctions located in the listant"), enter "Yes ons located in the nplete column 5, s id. Indicate by ente ctivated channel c ubject to a royalty tween a cable syst senting the primary channel on any oth instructions located ist the community e community with space G for each of	s". If not, enter "No". For an expaper SA3 form. tating the basis on which your ering "LAC" if your cable system apacity. payment because it is the subject tem or an association representing y transmitter, enter the designater basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.		
		CHANN	EL LINE-UP	AG			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.						ING PERIOD: 202
LEGAL NAME OF OWN	ER OF CABLE SYST	ГЕМ:			SYSTEM ID#	Name
CABLE ONE, IN	IC. d/b/a SPA	RKLIGHT	1		304111	Name
PRIMARY TRANSMITTE	RS: TELEVISION					
carried by your cable so FCC rules and regulation 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis Basis under specific FC Duno to list the station here, as basis. For further in in the paper SA3 for Column 1: List each multicast stream as "WETA-Simulcast".  **WETA-simulcast**.  **Column 2: Give the substitute Basis B	G, identify every to ystem during the ons in effect on J. 61(e)(2) and (4), its, as explained itations: With rest C rules, regulation here in space Gonly on a substituand also in space formation concertm. In the station's call sign associated with a -2". Simulcast streach case when the in each case when the ine case when the case when	accounting June 24, 198, or 76.63 (ruin the next paper to any one, or authombut do list ute basis.  It is if the stanning substitute in the stanning substitute in the stanning substitute in the stanning substitute in the FCC hawken in the FCC hawken in the stanning substitute in the FCC hawken in the stanning substitute in the stanning substit	period, except (81, permitting the eferring to 76.61 paragraph. distant stations orizations: it in space I (the tion was carried ute basis station eport origination cording to its over be reported in compart of the educational), or etwork), "N-M" (freducational), or egeneral instruction is a network general instruction is general instruction in the general instruction in the general instruction is general instruction in the gene	(1) stations carried e carriage of certa (e)(2) and (4))]; at carried by your case. Special Stateme I both on a substitute, see page (v) of a program services er-the-air designaticulum 1 (list each the television staticington, D.C. This rick station, an indegion network multicar "E-M" (for noncorosticos located in the plete column 5, substitution of the plete plet	s". If not, enter "No". For an ex- paper SA3 form. tating the basis on which your ering "LAC" if your cable system apacity. payment because it is the subject	Primary Transmitters Television
ne cable system and a on "E" (exempt). For s xplanation of these th <b>Column 6:</b> Give the	a primary transmi simulcasts, also e ree categories, s e location of each Canadian stations	tter or an as enter "E". If y ee page (v) station. Fo , if any, give	ssociation repres you carried the o of the general in r U.S. stations, I e the name of th	senting the primary channel on any oth nstructions located list the community e community with	tem or an association representing by transmitter, enter the designater basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	
		CHANN	EL LINE-UP	AH		
1. CALL SIGN	2. B'CAST 3 CHANNEL NUMBER	. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
						1
						1

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM:							Name
CABLE ONE, IN		304111	Name				
PRIMARY TRANSMITTE	RS: TELEVISION						
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate	ystem during the ons in effect on J. 61(e)(2) and (4), is, as explained itations: With rest C rules, regulation here in space Gonly on a substituand also in space formation concerm.  In station's call sign associated with a sessociated with a c-2". Simulcast street channel number is the case who in each case who	accounting une 24, 19 or 76.63 (in the next spect to anyons, or authous to basis. It is basis. It is a station acreams muser the FCC It WRC is Chattannetters the station.	g period, except (81, permitting the referring to 76.61 paragraph. y distant stations norizations: at it in space I (the ation was carried tute basis station report origination coording to its over the reported in conas assigned to the annel 4 in Washitation is a networks.	(1) stations carried e carriage of certai (e)(2) and (4))]; ar carried by your case Special Statement both on a substitute, see page (v) of program services er-the-air designaticulumn 1 (list each the television staticulum, D.C. This nek station, an indep	and low power television statio only on a part-time basis under in network programs [sections and (2) certain stations carried on the system on a substitute program Log)—if the steep basis and also on some other the general instructions located such as HBO, ESPN, etc. Idea on. For example, report multistream separately; for example on for broadcasting over-the-ain and be different from the change bendent station, or a noncomment, "I-M"	er on a ogram or	Primary Transmitters: Television
for independent multic For the meaning of the Column 4: If the standardion of local serving Column 5: If you had a subject to the cable system carried the carried the distant stati	east), "E" (for non se terms, see pa ation is outside th ce area, see pag ave entered "Yes ne distant station on on a part-time	commerciage (v) of the local sere (v) of the "in column during the basis bec	al educational), on e general instruc- vice area, (i.e. "d general instruction 4, you must con- accounting perionause of lack of accounting perionause accounting per	"E-M" (for noncor tions located in the istant"), enter "Yes ons located in the nplete column 5, si d. Indicate by ente ctivated channel ca	nmercial educational multicast e paper SA3 form. s". If not, enter "No". For an ex- paper SA3 form. tating the basis on which your ering "LAC" if your cable syster apacity.	n	
of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the	entered into on on a primary transmisimulcasts, also eree categories, selocation of each	or before Jutter or an a enter "E". If ee page (v station. Fo , if any, giv el line-ups,	une 30, 2009, better ssociation representation of the general in the control of the state of the control of the second of the use a separate second of the s	tween a cable syst senting the primary channel on any oth instructions located ist the community e community with space G for each o	payment because it is the subjem or an association represen transmitter, enter the designater basis, enter "O." For a furth in the paper SA3 form. to which the station is licensed which the station is identifed.	ating a- er	
		CHANN	IEL LINE-UP	Al			
1. CALL	2. B'CAST 3	. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		

	· .		<u> </u>	<u>'</u>	<u> </u>					
	CHANNEL LINE-UP AI									
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)						
	HOMBER	CITATION		(ii Biotaire)						

	NER OF CABLE SYST	EM:			SYSTEM ID#			
CABLE ONE, INC. d/b/a SPARKLIGHT 30411								
· · · · · · · · · · · · · · · · · · ·								
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(ld)2) and (4), 76.61(e)(2) and (4), or 76.63 (refiring to 76.61(e)(2) and (4)); and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute program basis, as explained in the next paragraph.  Substitute program basis, as explained in the next paragraph.  Substitute program basis, as explained in the next paragraph.  Substitute program basis stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:  Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational by entering the letter 'N' (fo								
	.gap.o oao		EL LINE-UP	'	name up			
1. CALL SIGN	2. B'CAST 3.	. TYPE	4. DISTANT?	5. BASIS OF				

	ACCOUNTII	NG PERIOD: 2020/:
FORM SA3E. PAGE 3.	SYSTEM ID#	
LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC. d/b/a SPARKLIGHT	304111	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 before the programs and regulations in effect on June 24, 1981, permitting the carriage of certain network programs	basis under <sup>'</sup>	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 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 specific FCC rules, regulations, or authorizations:	Januaro program	relevision
• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log) station was carried only on a substitute basis.	—if the	
<ul> <li>List the station here, and also in space I, if the station was carried both on a substitute basis and also on basis. For further information concerning substitute basis stations, see page (v) of the general instruction in the paper SA3 form.</li> </ul>		
Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN each multicast stream associated with a station according to its over-the-air designation. For example, rep	•	

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

cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example

WETA-simulcast).

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

ORM SA3E. PAGE 3.	
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	
CABLE ONE, INC. d/b/a SPARKLIGHT 304111	Name
RIMARY TRANSMITTERS: TELEVISION	
n General: In space G, identify every television station (including translator stations and low power television stations) arried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under ICC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 6.59(d)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2	G Primary Transmitters Television
arried 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 one or before, lune 30, 2009, between a cable system or an association representing	
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 on "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 ECC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed.	

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

FORM SA3E, PAGE 3.	ACCOUNTI	NG PERIOD: 2020/1
	YSTEM ID#	
CABLE ONE, INC. d/b/a SPARKLIGHT	304111	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
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 or 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.		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.		
<ul> <li>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.</li> <li>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Iden</li> </ul>	i	
each multicast stream associated with a station according to its over-the-air designation. For example, report multi-	ury	
cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).		
Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air	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 naturally "N M" (for naturally multipart) "I" (for independent) "I M"

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 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)					
	<u>.</u>								

ACCOUN FORM SA3E. PAGE 3.	TING PERIOD: 2020/1
LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID:	#
CABLE ONE, INC. d/b/a SPARKLIGHT 304111	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 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.	G Primary Transmitters:
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program	Television
<ul> <li>basis under specifc FCC rules, regulations, or authorizations:</li> <li>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.</li> </ul>	
<ul> <li>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.</li> <li>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify</li> </ul>	
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	
ducational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).  For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.  Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex-	
planation of local service area, see page (v) of the general instructions located in the paper SA3 form. <b>Column 5:</b> 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 LIS, stations, list the community to which the station is licensed by the	

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.

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		CHANN	EL LINE-UP	AN	
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>				
	·				
	<u>.</u>				
	·				
	<u>.</u>				
	<b>†</b>				

**ACCOUNTING PERIOD: 2020/1** FORM SA3E, PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CABLE ONE, INC. d/b/a SPARKLIGHT 304111 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.

SIGN

1. CALL
SIGN

2. B'CAST
CHANNEL
NUMBER

3. TYPE
OF
STATION
(Yes or No)
STATION

1. CALL
(If Distant)

1. CALL
(If Distant)

1. CARRIAGE
(If Di

Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

FORM SA3E. PAGE 3.		NG PERIOD: 2020/1
LEGAL NAME OF OWNER OF CABLE SYSTEM:	YSTEM ID#	Name
CABLE ONE, INC. d/b/a SPARKLIGHT	304111	runic
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	,	G
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 of substitute program basis, as explained in the next paragraph.	on a	Primary Transmitters:
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.		
<ul> <li>List the station here, and also in space I, if the station was carried both on a substitute basis and also on some oth basis. For further information concerning substitute basis stations, see page (v) of the general instructions locate in the paper SA3 form.</li> </ul>		
<b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Ideach multicast stream associated with a station according to its over-the-air designation. For example, report multi-		
cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for exampl WETA-simulcast).		
<b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channon 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 noncomm educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M"	ercial	
(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	n	
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 represent the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation of the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation of the cable system and a primary transmitter or an association representing the primary transmitter.	ting	
tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furth 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	I by the	

**FCC.** For Mexican or Canadian stations, if any, give the name of the community with which the station **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

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

CABLE ONE, INC. d/b/a SPARKLIGHT  PRIMARY TRANSMITTERS: TELEVISION  In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Trai	
CABLE ONE, INC. d/b/a SPARKLIGHT  RIMARY 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 acried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under acried; (1) carriage of certain network programs [sections 76.59(q)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute Basis Stations: With respect to any distant stations carried by your cable system 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 sunder 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 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 beach 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 ts 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 in	Nama
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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" (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 designa-	
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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 designa-	
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 designa-	
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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 designa-	
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 designa-	
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 designa-	
the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa-	
ion "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	AQ	
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)	
				( = . = )	
	<u>.</u>				
	<u>.</u>				
	·				
	·				
	<u>.</u>				
		l		I	

FORM SA3E. PAGE 3.  LEGAL NAME OF OWN  CABLE ONE, IN			-		SYSTEM ID# 304111	Name
					30411	1
PRIMARY TRANSMITTE			ation (including t	translator atations	and law newer television atations)	
•			, ,		and low power television stations) d only on a part-time basis under	G
					in network programs [sections	
6.59(d)(2) and (4), 76 ubstitute program bas				I(e)(2) and (4))]; a	nd (2) certain stations carried on a	Primary Transmitters
				carried by your ca	able system on a substitute program	Television
asis under specifc FC	-			- Consolal Statemen	nt and Drawans Law) if the	
station was carried	•		i ii in space i (in	e Speciai Stateme	ent and Program Log)—if the	
List the station here,	and also in spa	ice I, if the sta			ute basis and also on some other	
in the paper SA3 for		erning substit	ute basis statior	is, see page (v) of	the general instructions located	
Column 1: List eac	h station's call	-			s such as HBO, ESPN, etc. Identify	
			•	•	ion. For example, report multi- stream separately; for example	
/ETA-simulcast).	-Z . Simulcast :	sireams musi	be reported in t	Column 1 (list each	i stream separately, for example	
			· ·		on for broadcasting over-the-air in	
s community of licens n which your cable sy	•		annel 4 in Wash	ington, D.C. This r	may be different from the channel	
, ,			ation is a netwo	rk station, an inde <sub>l</sub>	pendent station, or a noncommercial	
					est), "I" (for independent), "I-M" mmercial educational multicast).	
or the meaning of the	,		,.	,	,	
Column 4: If the sta	ation is outside	the local serv	vice area, (i.e. "c	listant"), enter "Ye	s". If not, enter "No". For an ex-	
lanation of local servi					paper SA3 form. tating the basis on which your	
•			•	•	ering "LAC" if your cable system	
arried the distant stati	•					
					payment because it is the subject tem or an association representing	
he cable system and a	a primary transi	mitter or an as	ssociation repre	senting the primar	y transmitter, enter the designa-	
` '			•	•	ner basis, enter "O." For a further d in the paper SA3 form.	
Column 6: Give the	location of ea	ch station. Fo	r U.S. stations, l	ist the community	to which the station is licensed by the	
FCC. For Mexican or C <b>lote:</b> If you are utilizin		, ,, ,		,	which the station is identifed.	
Total II you are utilizin	g manapio onan	• •	EL LINE-UP		Shamor into 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)		
						<u>"</u>
	†	1		1	†	••••

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM	I ID# Name
CABLE ONE, IN	IC. d/b/a SP	ARKLIGHT	•		304	111
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable s	ystem during th	ne accounting	period, except (	1) stations carried	and low power television stations) only on a part-time basis under n network programs [sections	G
76.59(d)(2) and (4), 76 substitute program bas	.61(e)(2) and (4 sis, as explained	4), or 76.63 (r d in the next p	eferring to 76.61 paragraph.	(e)(2) and (4))]; ar	nd (2) certain stations carried on a	Primary Transmitter Televisior
basis under specifc FC	C rules, regula here in space	tions, or authors G—but do list	orizations:		nt and Program Log)—if the	1010110101
List the station here,	and also in spa formation conc	ce I, if the sta			te basis and also on some other the general instructions located	
Column 1: List eac each multicast stream	h station's call : associated with	n a station acc	cording to its over	er-the-air designati	such as HBO, ESPN, etc. Identify on. For example, report multi- stream separately; for example	
			-		n for broadcasting over-the-air in	
on which your cable sy	stem carried th	e station.			nay be different from the channel endent station, or a noncommercial	
for independent multic	ast), "E" (for no	oncommercial	educational), or	"E-M" (for noncor	st), "I" (for independent), "I-M" nmercial educational multicast).	
	ation is outside	the local serv	vice area, (i.e. "d	istant"), enter "Yes	s". If not, enter "No". For an ex-	
•	ave entered "Ye	es" in column	4, you must con	nplete column 5, s	rating the basis on which your rating "LAC" if your cable system	
	ion of a distant	multicast stre	eam that is not s	ubject to a royalty	payment because it is the subject	
the cable system and a	a primary transr	mitter or an as	ssociation repres	senting the primary	em or an association representing  r transmitter, enter the designa- er basis, enter "O." For a further	
explanation of these th Column 6: Give the	ree categories, location of eac	see page (v) ch station. Fo	of the general ir r U.S. stations, I	nstructions located ist the community	in the paper SA3 form. to which the station is licensed by the	
FCC. For Mexican or C <b>Note:</b> If you are utilizin					which the station is identifed.	
note. Il you ale utilizili	y munipie citan	• •	·		паппот ште-ир.	
	ı	CHANN	EL LINE-UP	AS		
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	

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

FORM SA3E. PAGE 3.	ACCOUNTIN	
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
CABLE ONE, INC. d/b/a SPARKLIGHT	304111	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 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), 76.61(e	s under stions rried on a te program the ne other located c. Identify multi- kample the-air in channel commercial "I-M" ticast). an ex- your system e subject resenting esigna- i further ensed by the	G Primary Transmitters: Television

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

					ACCOUNT	NG PERIOD: 2020
FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN			-		SYSTEM ID#	Name
CABLE ONE, IN	IC. d/b/a SP	ARKLIGHT			304111	
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
In General: In space Coarried by your cable so FCC rules and regulation 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis Subasis under specific FC Do not list the station station was carried or List the station here, a basis. For further into in the paper SA3 for Column 1: List eacl each multicast stream as "WETA-Simulcast). Column 2: Give the its community of licens on which your cable sy. Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the staplanation of local service Column 5: If you had cable system carried the carried the distant station of written agreement the cable system and attion "E" (exempt). For sexplanation of these the	c, identify every ystem during the ons in effect on .61(e)(2) and (4 is, as explained tations: With r C rules, regula here in space only on a substand also in spatformation concern.  In station's call associated with -2". Simulcast see channel numbers tem carried the in each case we entering the legast), "E" (for no see terms, see passe entered "Ye are distant station on a part-timion of a distant entered into or a primary transmissimulcasts, also ree categories,	r television state accounting June 24, 198 J	period, except of all, permitting the eferring to 76.61 paragraph. distant stations orizations:  it in space I (the tion was carried ute basis station eport origination cording to its over be reported in compart of the educational), or expenses as assigned to the educational), or expenses as a seried instruction of the general instruction of the general instruction of lack of a sear that is not some 30, 2009, be expensed in expenses of the general instruction of the general i	(1) stations carried e carriage of certa (e)(2) and (4))]; and (e)(2) and (f)(2); and (f)(2); and carried by your case. Special Statement I both on a substitute, see page (v) of a program services er-the-air designation of the television static ington, D.C. This result in the station, an independent of the station, an independent of the station, and independent of the station of the station, and independent of the station, and independent of the station, and independent of the station	s". If not, enter "No". For an ex- paper SA3 form. tating the basis on which your ering "LAC" if your cable system	G Primary Transmitters: Television
FCC. For Mexican or C Note: If you are utilizing				•	which the station is identifed.	
itote. ii you are utiliziii	y munipie chan		·		лаппо ше-ир.	
	<u> </u>	CHANN	EL LINE-UP	AU		
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	
	<u> </u>					

FORM SA3E. PAGE 3.  LEGAL NAME OF OWN		STEM:			SYSTEM ID#	
CABLE ONE, IN			•		304111	Name
PRIMARY TRANSMITTE						
n General: In space (	G, identify every	television sta			and low power television stations) I only on a part-time basis under	G
′6.59(d)(2) and (4), 76	6.61(e)(2) and (4	4), or 76.63 (r	eferring to 76.61	•	in network programs [sections nd (2) certain stations carried on a	Primary Transmitters
ubstitute program bas Substitute Basis S asis under specifc FC	tations: With r	espect to any	distant stations	carried by your ca	able system on a substitute program	Television
station was carried	only on a subst	itute basis.	. ,		nt and Program Log)—if the	
	formation conc				the general instructions located	
Column 1: List eac	h station's call	-			such as HBO, ESPN, etc. Identify on. For example, report multi-	
/ETA-simulcast).			·	•	stream separately; for example	
	e. For example	, WRC is Cha	-		on for broadcasting over-the-air in nay be different from the channel	
Column 3: Indicate	in each case w	hether the st			pendent station, or a noncommercial st), "I" (for independent), "I-M"	
or the meaning of the	se terms, see p	page (v) of the	e general instruc	ctions located in th	· ·	
lanation of local servi	ce area, see pa	ige (v) of the	general instructi	ons located in the	s". If not, enter "No". For an ex- paper SA3 form. tating the basis on which your	
•	ne distant statio	n during the	accounting perio	od. Indicate by ente	ering "LAC" if your cable system	
For the retransmiss	ion of a distant	multicast stre	eam that is not s	ubject to a royalty	payment because it is the subject em or an association representing	
ne cable system and a on "E" (exempt). For	a primary transr simulcasts, also	mitter or an as enter "E". If	ssociation repres	senting the primar channel on any oth	y transmitter, enter the designa- ner basis, enter "O." For a further	
Column 6: Give the	e location of eac	ch station. Fo	r U.S. stations, I	ist the community	I in the paper SA3 form. to which the station is licensed by the	
FCC. For Mexican or 0 <b>lote:</b> If you are utilizin				•	which the station is identifed. channel line-up.	
		CHANN	EL LINE-UP	AV		
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
Olon	NUMBER	STATION	(103 01 110)	(If Distant)		
				·	1	

ACCOUNTING PERIOD: FORM SA3E. PAGE 3.						
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nama				
CABLE ONE, INC. d/b/a SPARKLIGHT	304111	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 [sec	s under <sup>′</sup>	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 can 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: Television				
basis under specifc FCC rules, regulations, or authorizations:	. •					
<ul> <li>Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if t station was carried only on a substitute basis.</li> </ul>	he					
<ul> <li>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 in in the paper SA3 form.</li> </ul>						
Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc.	•					
each multicast stream associated with a station according to its over-the-air designation. For example, report n						
cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for ex WETA-simulcast).	ampie					
Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the	he-air in					
ts 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 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	AW	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
	NOMBER	OTATION		(II Distant)	

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

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC. d/b/a SPARKLIGHT

SYSTEM ID#
304111

### 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

FORM SA3E. PAGE 5.							ACCOUNTING	PERIOD: 2020/1	
LEGAL NAME OF OWNER OF O	CABLE SYSTI	EM:				S	YSTEM ID#	Name	
CABLE ONE, INC. d/b/a	SPARKL	IGHT					304111	Name	
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG									
In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.									
				general mour	actions locate	a iii tilo pape	. 0, 10 101111.	Substitute Carriage:	
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?  — Yes X No									
<b>Note:</b> If your answer is "No" log in block 2.	, leave the r	rest of this pag	e blank. If your answer is "	Yes," you mu	ıst complete		_	Program Log	
2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages.  Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast 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).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.									
9	IIRSTITIIT	E PROGRAM			EN SUBSTI		7. REASON		
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	1	MES	FOR DELETION		
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**ACCOUNTING PERIOD: 2020/1** FORM SA3E. PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 304111 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.— 12:00 p.m.'

		DATE	S AND HOURS (	OF P	ART-TIME CAR	RIAGE				
CALL SIGN -	WHEN CARRIAGE OCCURRED				CALL SIGN	WHEI	WHEN CARRIAGE OCCURRED HOURS			
	5.475	HOU				5.475		JUR		
	DATE	FROM	ТО			DATE	FROM		ТО	
		_						_		
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LEG	L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name						
CA	BLE ONE, INC. d/b/a SPARKLIGHT		304111							
Inst all a (as pag	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.  \$ 559,031.91  IMPORTANT: You must complete a statement in space P concerning gross receipts.									
Instru Cor Cor If yo fee If yo acc	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: uplete block 1, showing your minimum fee. uplete block 2, showing whether your system carried any distant television stations. For system did not carry any distant television stations, leave block 3 blank. Enter the amount of block 1 on line 1 of block 4, and calculate the total royalty fee. For system did carry any distant television stations, you must complete the applicable parampanying this form and attach the schedule to your statement of account. For some part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.	ts of the D	OSE Schedule	Copyright Royalty Fee						
	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be er low.	itered on I	line 2 in block							
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shoul block 4 below.	d be enter	red on line							
Block 1	<b>MINIMUM FEE:</b> 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.		ercent of the							
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064	\$	559,031.91							
	Enter the result here. This is your minimum fee.	\$	5,948.10							
Block 2	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 control of the property of the prop	n 4, you m d?	ust check							
Block 3	Line 1. <b>BASE RATE FEE:</b> Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$	5,948.10							
	Line 2. <b>3.75 Fee:</b> 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	\$	5,948.10							
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	\$	5,948.10	Cable systems						
	(block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter		0.00	additional						
	zero.  Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)	_	0.00	deposits under Section 111(d)(7) should contact the Licensing						
	Line 4. FILING FEE		725.00	additional fees. Division for the						
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	\$	6,673.10	appropriate form for submitting the additional fees.						
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (S general instructions located in the paper SA3 form for more information.)	ee page (i	i) of the	addisonal 1663.						

ACCOUNTING PERIOD: 2020/1

FORM SA3F PAGE 8

			FURM SA3E, PAGE 8.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC. d/b/a SPARKLIG	т	SYSTEM ID# 304111						
M	J , ,	ber of channels on which the cable system carried t							
Channels	1. Enter the total number of channels on which the cable system carried television broadcast stations								
	Enter the total number of activated chon which the cable system carried tell and nonbroadcast services		281						
N Individual to	INDIVIDUAL TO BE CONTACTED IF F we can contact about this statement of	JRTHER INFORMATION IS NEEDED: (Identify an ecount.)	individual						
Be Contacted for Further Information	Name EMERSON YEARWOO	D	Telephone <b>602-364-6195</b>						
	Address 210 E. EARLL DRIVE (Number, street, rural route, apartme	t, or suite number)							
	PHOENIX, AZ 85012 (City, town, state, zip)								
	Email emerson.yearv	ood@cableone.biz Fax (	optional) 602-364-6195						
0	CERTIFICATION (This statement of accord	nt must be certifed and signed in accordance with C	opyright Office regulations.)						
O Certifcation	• I, the undersigned, hereby certify that (Ch	ck one, but only one, of the boxes.)							
	(Owner other than corporation or par	nership) I am the owner of the cable system as identif	fed in line 1 of space B; or						
		<b>n or partnership)</b> I am the duly authorized agent of th wner is not a corporation or partnership; or	e owner of the cable system as identified						
	(Officer or partner) I am an officer (if a in line 1 of space B.	corporation) or a partner (if a partnership) of the legal	entity identifed as owner of the cable system						
		and hereby declare under penalty of law that all stater of my knowledge, information, and belief, and are mad							
	X /s/Ray	nond Storck							
	(e.g., /s/ John Smith button, then type /s/	gnature on the line above using an "/s/" signature to certif Before entering the first forward slash of the /s/ signatund your name. Pressing the "F" button will avoid enabling	re, place your cursor in the box and press the "F2"						
	i ypea or printea r	ame: Raymond Sroeck							
	Title: Vice Pr	esident official position held in corporation or partnership)							
	Date: February	5, 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#	Name					
CABLE ONE, INC. d/b/a SPARKLIGHT 304111	Name					
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?  X NO						
YES. Enter the total here and list the satellite carrier(s) below						
Name Mailing Address Mailing Address Mailing Address						
INTEREST ASSESSMENTS						
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q					
Line 1 Enter the amount of late payment or underpayment	Interest					
	Assessment					
Line 2 Multiply line 1 by the interest rate* and enter the sum here						
xdays						
Line 3 Multiply line 2 by the number of days late and enter the sum here						
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,						
space L, (page 7)						
(interest charge)						
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.						
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.						
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.						
Owner Address						
First community served						
Accounting period						
ID number						

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: 2020/1

DSE SCHEDULE. PAGE 10.

# INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

### FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

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

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

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

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

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

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

#### **TOTAL OF DSEs**

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

### THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

#### PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

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

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

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

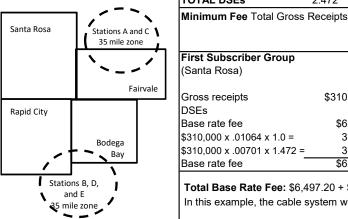
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

### **EXAMPLE:**

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

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



Distant Stations Carried		Identification of	of Subscriber Groups	
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           B (independent)         1.0           C (part-time)         0.083           D (part-time)         0.139           E (network)         0.25	STATION         DSE         CITY           A (independent)         1.0         Santa Rosa           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	First Subscriber Group			Third Subscriber Group		
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)		
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00	
DSEs	2.472	DSEs	1.083	DSEs	1.389	
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03	
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80	
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23	
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03	

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

**ACCOUNTING PERIOD: 2020/1** 

DSE SCHEDULE. PAGE						
1						
	CABLE ONE, INC. d/b/a SPARKLIGHT 304111					
	SUM OF DSEs OF CATEGORY "O" STATIONS:  • Add the DSEs of each station.  Enter the sum here and in line 1 of part 5 of this schedule.					
					1.00	
					1.00	
	nstructions:					
2	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5					
Computation	of space G (page 3).  In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-					
of DSEs for	mercial educational station, give the DSE as ".25."					
Category "O"	CATEGORY "O" STATIONS: DSEs					
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
24410110	WTVW	1.000	O/ IEE OIOI4	- BOL	Of IEE OIGIN	DOL
		1.000		····		
		·····		····		
		<mark></mark>		·····		
Add rows as		.				
necessary.		<mark></mark>				
Remember to copy all		<mark></mark>				
formula into new						
rows.						
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		<del> </del>    -		- -		
		.				
		<mark></mark>				

Name		WNER OF CABLE SYSTEM: , INC. d/b/a SPARKLI	IGHT				S	304111
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should of Column 3 Column 4 be carried out Column 5 give the type-v Column 6	It the call sign of all distar For each station, give the correspond with the inform For each station, give the Divide the figure in column at least to the third deciment of the column at least to the third deciment of the call of the column at least to the third deciment of the call of the column at least to the third deciment of the call	ne number of he nation given in the total number mn 2 by the figural point. This is tation, give the furn 4 by the f	ours your cable system space J. Calculate only r of hours that the static jure in column 3, and git is the "basis of carriage "type-value" as "1.0." if igure in column 5, and git is the space of the state of the space of the s	carried the static one DSE for each on broadcast over ve the result in de value" for the sta For each network	on during the accounting p ch station. If the air during the account ecimals in column 4. This	nting period. figure must tional station, ss than the	
Capacity	-	(	CATEGORY	/ LAC STATIONS:	COMPUTATI	ON OF DSFs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	R JRS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	5. TYPE		iΕ
			÷		=	x	=	
			÷ ÷		= =	x x	<u>-</u>	
			<u> </u>		=	x	=	
			÷		= =		=	
			÷		=	x x	=	
			÷		=	x	=	
	Add the DSEs of	OF CATEGORY LAC ST of each station. m 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: Fat your option. The Column 3: Each Column 4: Each Column	ct on October 19, 1976 (and or more live, nonnetwon For each station give the lift figure should corresponder 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 e in column 3, and give	was permitted to of space I); and ge (as shown by the carried in substitute leap year.	grams) if that station: delete under FCC rules ar ne word "Yes" in column 2 o ution for programs that we umn 4. Round to no less the e general instructions in the	f ere deleted nan the third	
		Sl	JBSTITUTE	-BASIS STATION	IS: COMPUTA	TION OF DSEs		1
	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
			•••••	=		-		=
		-	•••••	=		-		=
		-	•••••	=		-	••••••	=
		-		=		-		=
	Add the DSEs of	OF SUBSTITUTE-BASIS of each station. m here and in line 3 of pa		edule,		0.00		
5		R OF DSEs: Give the am applicable to your system		boxes in parts 2, 3, and	4 of this schedule	and add them to provide t		
Total Number		of DSEs from part 2 •				<u></u>	1.00 0.00	
of DSEs		of DSEs from part 3 ● of DSEs from part 4 ●				<u></u>	0.00	
	O. Hallibel	5. 5020 nom part 4 •				-		
	TOTAL NUMBE	R OF DSEs						1.00

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

	WNER OF CABLE S						S	YSTEM ID# 304111	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
<ul> <li>If your answer if '</li> </ul>	'No," complete bloo	cks B and C I		TELEVISION MA	ADVETS				Computation o
Is the cable system	n located wholly ou	ıtside of all m		er markets as defin		ion 76.5 of EC	C rules and regula	tions in	3.75 Fee
effect on June 24,  Yes—Com	1981? plete part 8 of the	schedule—D	•	LETE THE REMAIN			o raise ana regula		
No—Comp	olete blocks B and								
				IAGE OF PERM					
Column 1: CALL SIGN	FCC rules and re	gulations pride DSE Sched	or to June 25, 1 dule. (Note: The	part 2, 3, and 4 of the 981. For further ex the letter M below ref act of 2010.)	planation of p	ermitted station	ns, see the	•	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommerica D Grandfathered instructions fo E Carried pursua *F A station prev	les and reguled pursuant to on as defined al educational station (76.6 r DSE schedant to individuciously carried the station w	ations cited belothe FCC markin 76.5(kk) (76 ll station [76.59 lls) (see paragralle). It was a waiver of 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) is stitution of grass prior to June	June 24, 1981.) 76.61(b)(c), 76 referring to 76.6 to 76.61(d)] ndfathered staf	.63(a) referring to 61(e)(1)		
Column 3:		e stations ide	ntified by the le	parts 2, 3, and 4 of tter "F" in column 2			ksheet on page 14	l 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	
WTVW		1.00							
								1.00	
		E	BLOCK C: CC	MPUTATION OF	3.75 FEE				
₋ine 1: Enter the	total number of	DSEs from	part 5 of this s	schedule					
ine 2: Enter the	sum of permitted	d DSEs fron	n block B abo	ve			,		
				of DSEs subject 7 of this schedule		ate.			
ine 4: Enter gro	ess receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represer partially
ine 5: Multiply li	ine 4 by 0.0375 a	and enter su	m here				. x		permited/ partially nonpermitted
_ine 6: Enter tota	al number of DSE	Es from line	3						carriage? If yes, see par 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	

CABLE ONE, INC. d/b/a SPARKLIGHT 304111												
			A: TELEVIS	SION MARKETS		JED)	1		•			
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6			
									Computation 3.75 Fee			
									0.70100			

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. d/b/a SPARKLIGHT 304111 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? Yes—Complete blocks B and C . No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Is any station listed in block B of part 6 the primary stream of a Was any station listed in block B of part 7 carried in any 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 DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE 0.00 0.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC. d/b/a SPARKLIGHT	304111	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	559,031.91	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	/ 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 DSI is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	≣	
	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		
Section 4a	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 4b blank. NOTE: If the DSI 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)	Ξ	
	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	304111
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation of the		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ \$	
Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1)	
Surcharge		C. Multiply line B by 3.000 and enter here	
		D. Enter 0.00089 of gross receipts (the amount in section 1)	
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here	
		F. Multiply line D by line E and enter here	
		G. Add lines A, C, and F. This is your surcharge.  Enter here and on line 2, block 4, space L (page 7)	
		Syndicated Exclusivity Surcharge	
8 Computation of Base Rate Fee	6 was of In blood In blood In blood If you blank.  What if were lood In the were lood In blood In the were lood In the blood In the blo	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5.  ck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.  r answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.  r answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below	v
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did yo	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
		X Yes—Complete part 9 of this schedule. No—Complete the following sections.	
	Section	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	1	Enter the amount of gross receipts from space K (page 7) ▶ _\$	
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule.  (If block A of part 6 was checked "Yes,"  use the total number of DSEs from part 5.).	
	Section 3	If the figure in section 2 is <b>4.000 or less</b> , 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 SCH	EDULE. PAGE 17.	ACCOUNTING	6 PERIOD: 2020/1
	AME OF OWNER OF CABLE SYSTEM: S' IE ONE, INC. d/b/a SPARKLIGHT	YSTEM ID# 304111	Name
Section 4	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		0
· ·	A. Enter 0.01064 of gross receipts		8
	(the amount in section 1) <b>&gt;</b>		
	B. Enter 0.00701 of gross receipts		Commutation
	(the amount in section 1)   * \$		Computation of
	C. Multiply line B by 3.000 and enter here <b>&gt;</b>		Base Rate Fee
	D. Enter 0.00330 of gross receipts		
	(the amount in section 1) <b>&gt;</b> \$		
	E. Subtract 4.000 from total DSEs  (the figure in section 2) and enter here   ▶		
	(the lighter in section 2) and enter here		
	F. Multiply line D by line E and enter here <b>&gt;</b> \$		
	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	
	Base Rate Fee	0.00	
instead Space In Gen receipts	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast so be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel ling.  eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to so from subscribers located within the station's local service area, from your system's total gross receipts. To take advance, you must:	ne-ups in	<b>9</b> Computation of Base Rate Fee
station DSEs a	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the und the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each subscriber group. That total is the base rate fee for your system.	e number of	and 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 par mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below cable system is wholly located outside all major television markets, complete block A only.		Partially Distant Stations, and
How to	Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
-	For each community served, determine the local service area of each wholly distant and each partially distant station to that community.	ı you	Stations
	For each wholly distant and each partially distant station you carried, determine which of your subscribers were locat the station's local service area. A subscriber located outside the local service area of a station is distant to that statio		

same token, the station is distant to the subscriber.)

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

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

In each section:

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 304111 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.

DI O	UCK V · C	OMDLITATION	E BASE DA	TE FEES FOR EACH	1 STIBSUD	IRER CPOLIR		
		UBSCRIBER GRO				SUBSCRIBER GROU	IP .	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0	9 Computa		
CALL SIGN [	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	1.00							Base Rate
								and
								Syndica
								Exclusiv
								Surchar
								for
								Partiall
								Distan
								Station
otal DSEs			1.00	Total DSEs			0.00	
	_						_	
						\$	0.00	
Gross Receipts First Group	<u>\$</u>	55	9,031.91	Gross Receipts Secon	nd Group	Ψ		
Gross Receipts First Group	· <u>\$</u>	55	9,031.91	Gross Receipts Secon	nd Group	<u> </u>	0.00	
				Gross Receipts Secon  Base Rate Fee Secon			0.00	
Base Rate Fee First Group	\$		5,948.10		nd Group	\$	0.00	
Base Rate Fee First Group	\$		5,948.10		nd Group		0.00	
3ase Rate Fee First Group	\$		5,948.10		nd Group FOURTH	\$	0.00	
Base Rate Fee First Group	\$		<b>5,948.10</b>	Base Rate Fee Secon	nd Group FOURTH	\$	<b>0.00</b>	
Base Rate Fee First Group  COMMUNITY/ AREA	\$		<b>5,948.10</b>	Base Rate Fee Secon	nd Group FOURTH	\$	<b>0.00</b>	
Base Rate Fee First Group  COMMUNITY/ AREA	THIRD SI	UBSCRIBER GRO	5,948.10 DUP 0	Base Rate Fee Secon	FOURTH	\$ I SUBSCRIBER GROU	0.00 JP 0	
Base Rate Fee First Group  COMMUNITY/ AREA	THIRD SI	UBSCRIBER GRO	5,948.10 DUP 0	Base Rate Fee Secon	FOURTH	\$ I SUBSCRIBER GROU	0.00 JP 0	
COMMUNITY/ AREA	THIRD SI	UBSCRIBER GRO	5,948.10 DUP 0	Base Rate Fee Secon	FOURTH	\$ I SUBSCRIBER GROU	0.00 JP 0	
Base Rate Fee First Group  COMMUNITY/ AREA	THIRD SI	UBSCRIBER GRO	5,948.10 DUP 0	Base Rate Fee Secon	FOURTH	\$ I SUBSCRIBER GROU	0.00 JP 0	
Base Rate Fee First Group  COMMUNITY/ AREA	THIRD SI	UBSCRIBER GRO	5,948.10 DUP 0	Base Rate Fee Secon	FOURTH	\$ I SUBSCRIBER GROU	0.00 JP 0	
Base Rate Fee First Group  COMMUNITY/ AREA	THIRD SI	UBSCRIBER GRO	5,948.10 DUP 0	Base Rate Fee Secon	FOURTH	\$ I SUBSCRIBER GROU	0.00 JP 0	
Base Rate Fee First Group  COMMUNITY/ AREA	THIRD SI	UBSCRIBER GRO	5,948.10 DUP 0	Base Rate Fee Secon	FOURTH	\$ I SUBSCRIBER GROU	0.00 JP 0	
Base Rate Fee First Group  COMMUNITY/ AREA	THIRD SI	UBSCRIBER GRO	5,948.10 DUP 0	Base Rate Fee Secon	FOURTH	\$ I SUBSCRIBER GROU	0.00 JP 0	
Base Rate Fee First Group  COMMUNITY/ AREA	THIRD SI	UBSCRIBER GRO	5,948.10 DUP 0	Base Rate Fee Secon	FOURTH	\$ I SUBSCRIBER GROU	0.00 JP 0	
Base Rate Fee First Group  COMMUNITY/ AREA	THIRD SI	UBSCRIBER GRO	5,948.10 DUP 0	Base Rate Fee Secon	FOURTH	\$ I SUBSCRIBER GROU	0.00 JP 0	
Base Rate Fee First Group  COMMUNITY/ AREA	THIRD SI	UBSCRIBER GRO	5,948.10 DUP 0	Base Rate Fee Secon	FOURTH	\$ I SUBSCRIBER GROU	0.00 JP 0	
Base Rate Fee First Group  COMMUNITY/ AREA	THIRD SI	UBSCRIBER GRO	5,948.10 DUP 0	Base Rate Fee Secon	FOURTH	\$ I SUBSCRIBER GROU	0.00 JP 0	
COMMUNITY/ AREA	THIRD SI	UBSCRIBER GRO	5,948.10 DUP 0	Base Rate Fee Secon	FOURTH	\$ I SUBSCRIBER GROU	0.00 JP 0	
Base Rate Fee First Group  COMMUNITY/ AREA	THIRD SI	UBSCRIBER GRO	5,948.10 DUP 0	Base Rate Fee Secon	FOURTH	\$ I SUBSCRIBER GROU	0.00 JP 0	
Base Rate Fee First Group  COMMUNITY/ AREA	THIRD SI	UBSCRIBER GRO	5,948.10 DUP 0	Base Rate Fee Secon	FOURTH	\$ I SUBSCRIBER GROU	0.00 JP 0	
CALL SIGN [	THIRD SI	UBSCRIBER GRO	5,948.10 DUP 0	Base Rate Fee Secon	FOURTH	\$ I SUBSCRIBER GROU	0.00 JP 0	
CALL SIGN [	THIRD SI	CALL SIGN	5,948.10  DUP  DSE  0.00	Base Rate Fee Secon  COMMUNITY/ AREA  CALL SIGN  Total DSEs	FOURTH DSE	SUBSCRIBER GROU	0.00  JP  O  DSE  O  O  O  O  O  O  O  O  O  O  O  O  O	
CALL SIGN [	THIRD SI	CALL SIGN	5,948.10  DUP  O  DSE	Base Rate Fee Secon  COMMUNITY/ AREA  CALL SIGN	FOURTH DSE	\$ I SUBSCRIBER GROU	JP 0	
Base Rate Fee First Group  COMMUNITY/ AREA	THIRD SI	CALL SIGN	5,948.10  DUP  DSE  0.00	Base Rate Fee Secon  COMMUNITY/ AREA  CALL SIGN  Total DSEs	FOURTH DSE	SUBSCRIBER GROU	0.00  JP  O  DSE  O  O  O  O  O  O  O  O  O  O  O  O  O	
CALL SIGN [	THIRD SI	CALL SIGN	5,948.10  DUP  DSE  0.00	Base Rate Fee Secon  COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE h Group	SUBSCRIBER GROU	0.00  JP  O  DSE  O  O  O  O  O  O  O  O  O  O  O  O  O	

LEGAL NAME OF OWN CABLE ONE, INC						S	304111	Name
				TE EEE'S FOR FAO	п спвоор	IDED COOLID	507111	
		SUBSCRIBER GRO		TE FEES FOR EAC		IBER GROUP  I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> 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 C	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	SEVENTH	SUBSCRIBER GRO	)UP		EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			·····		·····			
	·····		·····					
	••••		····		••••			
			·····					
Total DSEs			0.00	Total DSEs			0.00	
	Group	¢	0.00		th Group	ė	0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	ui Gioup	\$	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 a	as shown in the boxes	above.	\$		

	GAL NAME OF OWNER OF CABLE SYSTEM:  ABLE ONE, INC. d/b/a SPARKLIGHT  SYSTEM ID#  304111								
		COMPUTATION C		ATE FEES FOR EAC		IBER GROUP I SUBSCRIBER GROU	JP		
COMMUNITY/ AREA	Α		0	COMMUNITY/ ARE	Α		0	<b>9</b> 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	1		0.00	Total DSEs	<u>'</u>		0.00		
Gross Receipts Firs	t Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First		\$	0.00	Base Rate Fee Sec		\$	0.00		
		SUBSCRIBER GRO		COMMUNITY/ADE		I SUBSCRIBER GROU	JP <b>0</b>		
COMMUNITY/ ARE	4		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 Thir	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Fou	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)				\$			

CABLE ONE, INC.						S	YSTEM ID# 304111	Name
			E BASE DA	TE FEES FOR EAC	H SURSCP	IBER GROUP		
		SUBSCRIBER GRO		П		SUBSCRIBER GROU	IP	_
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-						and
								Syndicated
	-			-				Exclusivity Surcharge
	<u> </u>		····				·····	for
								Partially
								Distant
			<u>.</u>					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	ond Group	\$	0.00	
	FTEENTH	SUBSCRIBER GRO		Ti .		I SUBSCRIBER GROU	IP -	
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	
				Ш				
Base Rate Fee: Add th Enter here and in block			criber group a	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN						S	304111	Name
			F BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
		SUBSCRIBER GRO		TI .		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	·		0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
				-	·····			Exclusivity Surcharge
			·····	-				for
								Partially
								Distant
								Stations
			·····				·····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First (		\$	0.00	Base Rate Fee Seco		\$	0.00	
		SUBSCRIBER GRO		Ti .		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	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 : Enter here and in bloo			criber group a	as shown in the boxes	above.	\$		

	GAL NAME OF OWNER OF CABLE SYSTEM:  ABLE ONE, INC. d/b/a SPARKLIGHT  SYSTEM ID#  304111								
TWE		COMPUTATION C SUBSCRIBER GRO	DUP	ii -	TY-SECONE	IBER GROUP  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	
	<u>.</u>							for	
	·····			-				Partially Distant	
								Stations	
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00		
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00		
	NTY-THIRD	SUBSCRIBER GRO		T .		SUBSCRIBER GROU	JP <b>0</b>		
COMMUNITY/ AREA			0	COMMUNITY/ AREA					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
			····	-					
	·····								
				-					
				-					
	<u>.</u>								
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	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.	\$			

LEGAL NAME OF OW						S	304111	Name
,			DE BASE DA	TE FEES FOR EAC	H SURSCE	IRER GPOLIP	507111	
TW		SUBSCRIBER GRO		TI .		I SUBSCRIBER GROU	JP	_
COMMUNITY/ AREA	4		0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
			••••					for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
		SUBSCRIBER GRO		Ti .		I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	A		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	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
_								
Base Rate Fee: Add Enter here and in blo			criber group a	as shown in the boxes	above.	\$		

LEGAL NAME OF OW						S	304111	Name
,			DE BASE DA	TE FEES FOR EAC	H SURSOR	IRER GROUD	307111	
TW		SUBSCRIBER GRO				I SUBSCRIBER GROU	JP	_
COMMUNITY/ AREA	4		0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
			····					Surcharge
								for
								Partially
								Distant
								Stations
			····					
			2.00				0.00	
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	and Group	\$	0.00	
TI	HIRTY-FIRST	SUBSCRIBER GRO	DUP	THIR	TY-SECONE	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	Α		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	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				Ш				
			criber group a	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	304111	Name
THIF		COMPUTATION C SUBSCRIBER GRO	UP	ii -	TY-FOURTH	IBER GROUP I 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
			<u></u>	-				Partially Distant
								Stations
			····					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
<b>Base Rate Fee</b> First G	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
THI	RTY-FIFTH	SUBSCRIBER GRO	UP	TI	HIRTY-SIXTH	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	Group	<b>\$</b>	0.00	Gross Receipts Four	th Group	\$	0.00	
C. 000 Necepto Tilla	Cioup			Total Receipts Four	Group	<del>*</del>		
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
<b>Base Rate Fee:</b> Add to Enter here and in bloc			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNI						S	304111	Name
THIRTY		COMPUTATION C SUBSCRIBER GRO	UP	11	RTY-EIGHTH	IBER GROUP I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
	•••••		····					Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
			<u></u>					
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		\$	0.00	Base Rate Fee Sec		\$	0.00	
	RTY-NINTH	SUBSCRIBER GRO				I SUBSCRIBER GROU	_	
COMMUNITY/ AREA			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	\$	0.00	Gross Receipts Fou	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	as shown in the boxes	above.	\$		

LEGAL NAME OF OW						S	304111	Name
,,			NE RASE DA	TE FEES FOR EAC	H SHBSCB	IRER CROUD	307111	
F(		SUBSCRIBER GRO		TI .		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	<b>9</b> 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
			<u>.</u>					Stations
<u> </u>								
			0.00				2.22	
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 Second	ond Group	\$	0.00	
FC	ORTY-THIRD	SUBSCRIBER GRO	UP	FOR	TY-FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	<i></i>		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 Four	th Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				Ш				
			criber group a	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	304111	Name
			)F BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP	22	
		SUBSCRIBER GRO		П		I SUBSCRIBER GROU	JP	_
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
			<u>.</u>		<u>.</u>			and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
			····	-				
				-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First (	-	\$	0.00	Base Rate Fee Seco		\$	0.00	
	'-SEVENTH	SUBSCRIBER GRO				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	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
				Ш				
Base Rate Fee: Add to Enter here and in blood			criber group a	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWN						S	304111	Name
		COMPUTATION C		ATE FEES FOR EAC		IBER GROUP I SUBSCRIBER GROL	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
Cross resorpts riller c	лоцр	<u> </u>		Cross reserve cost	ona Group			
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	FTY-FIRST	SUBSCRIBER GRO	0 0	Ti .		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	
<b>Base Rate Fee:</b> Add to Enter here and in bloc			criber group	as shown in the boxes	above.	\$		

CALL SIGN         DSE         CALL SIGN         DSE         CALL SIGN         DSE         CALL SIGN         DSE         Ball           Image: Control of the properties of the prop	Name
COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 CALL SIGN DSE CALL SIG	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Bate SECOND SE SECOND SECON	9
CALL SIGN   DSE	Computation
	of
Total DSEs Gross Receipts First Group  Base Rate Fee First Group  \$ 0.00 Gross Receipts Second Group  \$ 0.00 FIFTY-FIFTH SUBSCRIBER GROUP  COMMUNITY/ AREA  0 COMMUNITY/ AREA  0 COMMUNITY/ AREA  0	ase Rate Fee
Total DSEs Gross Receipts First Group  Base Rate Fee First Group  \$ 0.00 Gross Receipts Second Group  \$ 0.00 FIFTY-FIFTH SUBSCRIBER GROUP  COMMUNITY/ AREA  0 COMMUNITY/ AREA  0 COMMUNITY/ AREA  0	and Syndicated
	Exclusivity
Total DSEs Gross Receipts First Group  Base Rate Fee First Group  \$ 0.00  Gross Receipts Second Group  \$ 0.00  Base Rate Fee First Group  \$ 0.00  FIFTY-FIFTH SUBSCRIBER GROUP  COMMUNITY/ AREA  0  COMMUNITY/ AREA  0  COMMUNITY/ AREA  0	Surcharge
Total DSEs Gross Receipts First Group  Base Rate Fee First Group  \$ 0.00  Gross Receipts Second Group  \$ 0.00  Base Rate Fee Second Group  \$ 0.00  FIFTY-FIFTH SUBSCRIBER GROUP  COMMUNITY/ AREA  0 COMMUNITY/ AREA	for
Total DSEs O.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross	Partially Distant
Gross Receipts First Group \$ 0.00  Base Rate Fee First Group \$ 0.00  Base Rate Fee Second Group \$ 0.00  FIFTY-FIFTH SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	Stations
Gross Receipts First Group \$ 0.00  Base Rate Fee First Group \$ 0.00  Base Rate Fee Second Group \$ 0.00  FIFTY-FIFTH SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	
Gross Receipts First Group \$ 0.00  Base Rate Fee First Group \$ 0.00  Base Rate Fee Second Group \$ 0.00  FIFTY-FIFTH SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	
Gross Receipts First Group \$ 0.00  Base Rate Fee First Group \$ 0.00  Base Rate Fee Second Group \$ 0.00  FIFTY-FIFTH SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	
Gross Receipts First Group \$ 0.00  Base Rate Fee First Group \$ 0.00  Base Rate Fee Second Group \$ 0.00  FIFTY-FIFTH SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	
Gross Receipts First Group \$ 0.00  Base Rate Fee First Group \$ 0.00  Base Rate Fee Second Group \$ 0.00  FIFTY-FIFTH SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	
Base Rate Fee First Group \$ 0.00  FIFTY-FIFTH SUBSCRIBER GROUP  COMMUNITY/ AREA  0  COMMUNITY/ AREA  0	
FIFTY-FIFTH SUBSCRIBER GROUP  COMMUNITY/ AREA  0  COMMUNITY/ AREA  0	
COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	
Company	
Total DSEs	
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.  Enter here and in block 3, line 1, space L (page 7)  \$	

CABLE ONE, INC						S	304111	Name
				TE FEES FOR EAC				
	-SEVENTH	SUBSCRIBER GRO				SUBSCRIBER GROL		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
								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		\$	0.00	Base Rate Fee Sec		\$	0.00	
	FTY-NINTH	SUBSCRIBER GRO				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	Group	<u>\$</u>	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				Ш				
Base Rate Fee: Add to Enter here and in bloc	he <b>base rat</b> k 3, line 1, s	e fees for each subs pace L (page 7)	criber group a	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN CABLE ONE, INC						S	304111	Name
S	IXTY-FIRST	COMPUTATION C SUBSCRIBER GRO	UP	11	(TY-SECOND	IBER GROUP 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
			<u></u>					for
								Partially
							·····	Distant Stations
			<u> </u>					
			····					
Total DSEs			0.00	Total DSEs	<u> </u>		0.00	
Gross Receipts First (	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (		\$	0.00	Base Rate Fee Sec		\$	0.00	
		SUBSCRIBER GRO				I SUBSCRIBER GROU	_	
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	<u>'</u>		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 to Enter here and in bloo			criber group	as shown in the boxes	above.	\$		

CABLE ONE, INC						S	304111	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO		TI .		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		\$	0.00	Base Rate Fee Sec		\$	0.00	
		SUBSCRIBER GRO	OUP <b>0</b>	ii		SUBSCRIBER GROU	JP <b>0</b>	
COMMUNITY/ AREA				COMMUNITY/ ARE	4			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			·····					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	I Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	I Group	\$	0.00	Base Rate Fee Fou	rth 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	ck 3, line 1, s	space L (page 7)				\$		

LEGAL NAME OF OWNE CABLE ONE, INC.						S	304111	Name
		COMPUTATION C SUBSCRIBER GRO		ATE FEES FOR EAC		IBER GROUP 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
								Base Rate Fee
								and Syndicated
	····		····				·····	Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
	····		····				······	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
SEVE	NTY-FIRST	SUBSCRIBER GRO	UP	SEVEN	TY-SECOND	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	····							
	····		····					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
<b>Base Rate Fee:</b> Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC. d/b/a SPARKLIGHT  304111								
		COMPUTATION C SUBSCRIBER GRC		ATE FEES FOR EAC	ITY-FOURTH	IBER GROUP I SUBSCRIBER GROU	JP <b>0</b>	9
COMMUNITY 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 Second Group \$ 0.00			0.00		
Base Rate Fee First G		\$	0.00	Base Rate Fee Seco		\$	0.00	
	NTY-FIFTH	SUBSCRIBER GRO		1		SUBSCRIBER GROU	JP O	
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	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
•					-			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add to Enter here and in bloc			criber group	as shown in the boxes	above.	\$		

CABLE ONE, INC						S	304111	Name
				TE FEES FOR EAC				
	'-SEVENTH	SUBSCRIBER GRO		ii —		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 0	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	NTY-NINTH	SUBSCRIBER GRO	)UP			SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	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	
				П				
Base Rate Fee: Add to Enter here and in blood	the <b>base rat</b> ck 3, line 1, s	e fees for each subsequent epace L (page 7)	criber group a	as shown in the boxes	above.	\$		

0 9 Computation DSE of Base Rate Fe and Syndicated	BER GROUP SUBSCRIBER GROU		TE FEES FOR EACH	F BASE RA	COMPLITATION C		
0	SUBSCRIBER GROU	V SECOND	III .				
DSE of Base Rate Fe and		T-SECOND			SUBSCRIBER GRO	HTY-FIRST	
DSE of Base Rate Fe and			COMMUNITY/ AREA	0			COMMUNITY/ AREA
and	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
····							
Syndicated							
Exclusivity							
Surcharge for							
Partially	-			••••		••••	
Distant							
Stations							
····							
···							
····							
0.00			Total DSEs	0.00			Total DSEs
0.00	\$	Gross Receipts Secor	0.00	\$	roup	Gross Receipts First G	
					-	•	, ,
0.00	\$	nd Group	Base Rate Fee Secor	0.00	\$	roup	Base Rate Fee First G
	SUBSCRIBER GROU	Y-FOURTH	EIGHT	UP	SUBSCRIBER GRO	ITY-THIRD	EIGH
<b>O</b>	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			Total DSTa
			Total DSEs		Total DSEs 0.00		
0.00	\$	n Group	Gross Receipts Fourth	0.00	\$	Broup	Gross Receipts Third (
0.00	\$	ı Group	Base Rate Fee Fourth	0.00	\$	Group	Base Rate Fee Third (

LEGAL NAME OF OW						S	304111	Name
,,			E BASE DA	TE FEES FOR EAC	H CHBCCD	IRED CDOLID	507111	
EI		SUBSCRIBER GRO		TI .		I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
				-				Syndicated
				-				Exclusivity Surcharge
			••••	-				for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	-	\$	0.00	Base Rate Fee Seco		\$	0.00	
		SUBSCRIBER GRO		Ti .		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	Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add	the base rat	e fees for each subs	criber group a	as shown in the boxes	above.			
Enter here and in blo						\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC. d/b/a SPARKLIGHT  304111								
				TE FEES FOR EAC				
		SUBSCRIBER GRO		001444474455		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	
		SUBSCRIBER GRO		11		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	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 Fou	rth Group	\$	0.00	
Page Pate Fee Third	I Croup		0.00	Page Pate Fee Fou	rth Croup		0.00	
Base Rate Fee Third	. Этоир	\$	0.00	Base Rate Fee Fou	iai Oioup	\$	0.00	
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	ck 3, line 1, s	space L (page 7)				\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC. d/b/a SPARKLIGHT  SYSTEM ID#  304111								
NINE		COMPUTATION C SUBSCRIBER GRO	UP	ii e	TY-FOURTH	IBER GROUP I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	<i></i>		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
	•••••		····					Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
			····					
Total DSEs 0.00			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	
	ETY-FIFTH	SUBSCRIBER GRO				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 (	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
,	•				r			
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
<b>Base Rate Fee:</b> Add tl 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#  304111								
NINETY		COMPUTATION C SUBSCRIBER GRO	UP	Ti .	ETY-EIGHTH	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 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	Base Rate Fee Seco	ond Group	\$	0.00	
NIN	ETY-NINTH	SUBSCRIBER GRO	UP	ONE H	HUNDREDTH	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 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 blood			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC. d/b/a SPARKLIGHT  304111								
		COMPUTATION O SUBSCRIBER GRO		ONE HUNDR	ED SECOND	IBER GROUP  SUBSCRIBER GROU	JP 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 G	Gross Receipts First Group \$ 0.00		0.00	Gross Receipts Second Group \$ 0.00			0.00	
Base Rate Fee First G	-	\$	0.00	Base Rate Fee Seco		\$	0.00	
	RED THIRD	SUBSCRIBER GRO		Ti .		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 (	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	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE CABLE ONE, INC.						S	304111	Name
			F BASE D	TE FEES FOR EAC	H SURSOP	IBER GROUP	JU-1111	
		SUBSCRIBER GRO		II		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
	<u>.</u>				<u>.</u>			and
	<del></del>							Syndicated Exclusivity
	···							Surcharge
								for
								Partially
								Distant
								Stations
	<del></del>			-				
	····			-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Gross Receipts First Group \$ 0.00			Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED	SEVENTH	SUBSCRIBER GRO	LIP	ONE HUNDE	RED EIGHTE	I SUBSCRIBER GROU	IP	
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	Proup	•	0.00	Gross Receipts Four	th Group	<u> </u>	0.00	
TOTOSS TRECEIPIS THIII C	or Orah	\$	0.00	Gross Receipts Four	и отоир	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWNE CABLE ONE, INC.						S	304111	Name
				TE FEES FOR EAC				
	ED NINTH	SUBSCRIBER GRO		li .		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
	<u> </u>							Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
	<u> </u>							
			<del></del>					
			<u> </u>					
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	
	LEVENTH	SUBSCRIBER GRO		1		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>					
	<u> </u>							
			····					
			····					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	iroup	\$	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	
Base Rate Fee: Add th Enter here and in block	e <b>base rat</b> e 3, line 1, s	e fees for each subso pace L (page 7)	riber group a	as shown in the boxes	above.	\$		

CABLE ONE, INC.						S	304111	Name
				ATE FEES FOR EAC				
ONE HUNDRED THI COMMUNITY/ AREA	IRTEENTH	SUBSCRIBER GROI	JP <b>0</b>	COMMUNITY/ AREA		I SUBSCRIBER GROU	JP <b>0</b>	9
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 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 GROI	JP <b>0</b>	ONE HUNDRED  COMMUNITY/ AREA		SUBSCRIBER GROU	JP <b>0</b>	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC. d/b/a SPARKLIGHT  304111							Name	
ONE HUNDRED SEVE				TE FEES FOR EAC		BER GROUP SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
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 G	2roup	•	0.00	Gross Receipts Sec	and Group	<b>\$</b>	0.00	
Gross Neceipts First C	ыоцр	4	0.00	Gross Necelpla Sec	ond Group	•	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	IINTEENTH	SUBSCRIBER GRO		1		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	······································		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 Enter here and in bloc			criber group a	as shown in the boxes	above.	\$		

CABLE ONE, INC						S	304111	Name
	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCRI	BER GROUP		
	ENTY-FIRST	SUBSCRIBER GRO		H .		SUBSCRIBER GROUP		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
			<u></u>	-				Exclusivity Surcharge
	····		<u></u>					for
								Partially
								Distant
								Stations
				-				
			<b>-</b>					
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 Seco	ond Group	\$	0.00	
ONE HUNDRED TWE	ENTY-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>					
			1					
			<u></u>					
			<del></del>					
Total DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Foul	rth 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 <b>base rat</b> e k 3, line 1, s	e fees for each subsc pace L (page 7)	riber group	as shown in the boxes	above.	\$		

EGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC. d/b/a SPARKLIGHT  304111							Name	
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	H SUBSCRI	BER GROUP		
ONE HUNDRED TW	ENTY-FIFTH	SUBSCRIBER GROU		tt -		SUBSCRIBER GROUP	•	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
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 TWENT	TY-SEVENTH	SUBSCRIBER GROU	Р	ONE HUNDRED TW	ENTY-EIGHTH	SUBSCRIBER GROUP	1	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs	•		0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	th Group	\$	0.00	
				Ш				
Base Rate Fee: Add to Enter here and in blood	the <b>base rat</b> ck 3, line 1, s	e fees for each subsemble (page 7)	criber group a	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC. d/b/a SPARKLIGHT  SYSTEM ID#  304111								Name
		COMPUTATION O		ATE FEES FOR EAC		IBER GROUP		•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
	····							and Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
Base Rate Fee First G	iroup	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
ONE HUNDRED TH	IRTY-FIRST	SUBSCRIBER GROU	Р	ONE HUNDRED THI	RTY-SECOND	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	·····		····					
			····					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC. d/b/a SPARKLIGHT  SYSTEM ID#  N  N								
		COMPUTATION C SUBSCRIBER GROU		ONE HUNDRED THE	RTY-FOURTH	IBER GROUP  SUBSCRIBER GROUP	0	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
			····				······	Syndicated
								Exclusivity
								Surcharge
			<u></u>					for Partially
								Distant
								Stations
			···		•••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First 0	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
						<u>·</u>		
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED TH	IIRTY-FIFTH	SUBSCRIBER GROU	Р	ONE HUNDRED	THIRTY-SIXTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			····					
			····					
		-						
			····					
Total DSEs		П	0.00	Total DSEs		11	0.00	
	Orouga Orouga	•	0.00		th Croup	•	0.00	
Gross Receipts Third	υισαρ	\$	0.00	Gross Receipts Four	ai Gioup	\$	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 OW						S	304111	Name
,			F BASE RA	ATE FEES FOR EAC	H SUBSCR	RIBER GROUP		
ONE HUNDRED THIR		SUBSCRIBER GROU		11		H SUBSCRIBER GROUP	ı	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
				-				Stations
			····					
				_			2.22	
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 T	HIRTY-NINTH	SUBSCRIBER GROU	Р	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	
				-				
			·····					
				-				
				-				
			••••	1				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				Ш				
			criber group	as shown in the boxes	above.			
Enter here and in blo	ск 3, line 1, s	space L (page 7)				\$		

CABLE ONE, INC							304111	Name
	BLOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GROU		Ti .		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
								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 GROUP		TI .		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	
				Ш				
			criber group	as shown in the boxes	above.			
Enter here and in bloo	ck 3, line 1, s	space L (page 7)				\$		

EGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC. d/b/a SPARKLIGHT  304111							Name	
	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCRI	BER GROUP		
ONE HUNDRED F	ORTY-FIFTH	SUBSCRIBER GROUP	<b>-</b>	ONE HUNDRED	FORTY-SIXTH	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
			<del> </del>					Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
			<del></del>					
			<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First 0	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	<b>-</b>	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>					
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	<u>\$</u>	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
				Ш				
Base Rate Fee: Add t Enter here and in bloc	he <b>base rat</b> k 3, line 1, s	e fees for each subso pace L (page 7)	riber group a	as shown in the boxes	above.	\$		

EGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC. d/b/a SPARKLIGHT  SYSTEM ID# 304111							Name	
				TE FEES FOR EAC				
ONE HUNDRED FOR	TY-NINTH	SUBSCRIBER GRO		li .		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 DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Seco		\$	0.00	
	TY-FIRST	SUBSCRIBER GRO		1		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	····						·····	
	····							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
·	•				•			
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				**				
Base Rate Fee: Add th Enter here and in block			criber group a	as shown in the boxes	above.	\$		

EGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC. d/b/a SPARKLIGHT  SYSTEM ID# 304111							Name	
				TE FEES FOR EAC				· · · · · · · · · · · · · · · · · · ·
ONE HUNDRED FII COMMUNITY/ AREA	-TY-THIRD	SUBSCRIBER GRO	UP <b>0</b>	ONE HUNDRED FIF		SUBSCRIBER GROU	JP <b>0</b>	9
- COMMONT 17 7 TREET				CONMONT 17 7 (AZZ)				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				-				Base Rate Fee and
								Syndicated
								Exclusivity
								Surcharge for
			···					Partially
								Distant
								Stations
			···	-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Seco		\$	0.00	
ONE HUNDRED FI	FTY-FIFTH	SUBSCRIBER GRO	<u>UP</u> <b>0</b>	ONE HUNDRED  COMMUNITY/ AREA		SUBSCRIBER GROU	JP <b>0</b>	
COMMONITY AREA				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 (	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 Enter here and in block			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OW						S	304111	Name
•			F BASE RA	ATE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDRED FIF		SUBSCRIBER GROU		11		SUBSCRIBER GROUP	1	_
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
				-				Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
				-				
				-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE LUMBRES	FIETY ( NUNITURE	OLIDOODIDED ODOL		ONE HUNDS	DED OLVETIETI	L OUR CORRESPONDED COROLLE		
		SUBSCRIBER GROU		li		SUBSCRIBER GROUP	•	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
			••••					
			<u>.</u>					
				-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBS  FIRST SUBSCRIBER GROUP  COMMUNITY/ AREA  CALL SIGN  DSE  CALL SIGN  CALL SIGN  DSE  CALL SIGN  CALL SIGN  DSE  CALL SIGN  CALL SIGN  DSE	OND SUBSCRIBER GROUP	DSE Ba	of ase Rate and Syndicate Exclusivi Surcharg for Partially Distant
COMMUNITY/ AREA COMMUNITY/ AREA		DSE Ba	Computati of ase Rate   and Syndicate Exclusivi Surcharg for Partially Distant
	CALL SIGN	DSE Ba	of ase Rate and Syndicate Exclusivi Surcharg for Partially
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	CALL SIGN	DSE Ba	of ase Rate I and Syndicate Exclusivit Surcharg for Partially Distant
		S	and Syndicate Exclusivit Surcharg for Partially Distant
		E .	Syndicate Exclusivit Surcharg
		E .	Exclusivit Surcharg for Partially Distant
			Surcharg for Partially Distant
			for Partially Distant
			Distant
			Stations
otal DSEs Total DSEs		0.00	
Gross Receipts First Group \$ 559,031.91 Gross Receipts Second Group	\$	0.00	
sase Rate Fee First Group \$ 0.00 Base Rate Fee Second Group	\$	0.00	
THIRD SUBSCRIBER GROUP FOUR	RTH SUBSCRIBER GROUP	P	
COMMUNITY/ AREA		<b>0</b>	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	CALL SIGN	DSE	
		<u></u>	
		····	
		····	
		····	
otal DSEsTotal DSEs		0.00	
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group	\$	0.00	
		<u>_</u>	
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group	\$	0.00	
ase Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. nter here and in block 3, line 1, space L (page 7)	\$	0.00	

CABLE ONE, INC. d/b		SYSTEM: ARKLIGHT					304111	Name
				ATE FEES FOR EAC				
	FIFTH S	SUBSCRIBER GRO				H 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 F
								and
					<u></u>			Syndicate
								Exclusivit
								Surcharge
			<del>.</del>					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	
SEV	/ENTH S	SUBSCRIBER GRO	UP		EIGHTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN [	OSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>					
			···					
			···					
			<u></u>					
			0.00	Total DSEs	•		0.00	
Total DSFs					41- 0	_		
	_	\$	0.00	Gross Receipts Four	uı Group	\$	0.00	
Total DSEs Gross Receipts Third Grou	р	•		II				

LEGAL NAME OF OWNE CABLE ONE, INC.						;	304111	Name
			F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP	-	
		SUBSCRIBER GRO				H SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computation
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
			<u>.</u>					
				-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Book Bote Ese First C	-0.110		0.00	Page Pote Fee Coo	and Craun		0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Sec		\$	0.00	
<u> </u>	LEVENTH	SUBSCRIBER GRO		<b> </b>		H SUBSCRIBER GRO	UP	
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 G	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add th	e <b>base rat</b> e	e fees for each subs	criber group	as shown in the boxes	above.			
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxes	above.	\$		

CABLE ONE, INC.						\$	304111	Name
			F BASE RA	TE FEES FOR EAC	CH SUBSCR	RIBER GROUP	-	
		SUBSCRIBER GRO		П		SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA			0	COMMUNITY/ ARE.	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
			<u>.</u>					Distant
							······	Stations
			<u>.</u>					
			····	-				
				-				
	·····		<u>.</u>	-			······	
	····		····				······	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Cross resolpts rilet C	гоцр	<u> </u>		ll cross ressipts ess	ona Oroap	<u> </u>		
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
F	IFTEENTH	SUBSCRIBER GRO	UP		SIXTEENTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
	····		<mark></mark>				······	
				-				
	····		····	-				
							······	
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (	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			criber group a	II as shown in the boxes	above.	\$		

	a SPARKLI	EM: I <b>GHT</b>				•	304111	Name
				ATE FEES FOR EAC				
	ENTH SUBSC	RIBER GROU		Ti .		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computat
CALL SIGN D	SE CAL	L SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate I
			<u></u>					and
			<mark></mark>					Syndicate Exclusivit
								Surcharg
								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	
NINTE	ENTH SUBSC	RIBER GRO	JP		TWENTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN D	SE CAL	L SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Fotal DSEs			0.00	Total DSEs			0.00	
			0.00	Total DSEs	th Group			
Total DSEs Gross Receipts Third Group	\$		0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00	

							304111	
				ATE FEES FOR EAC			IID.	
	TY-FIRST	SUBSCRIBER GRO	<u>0</u>	11		SUBSCRIBER GROU	<b>0</b>	9
OMMUNITY/ AREA				COMMUNITY/ ARE	*			Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicate
								Exclusivit
								Surcharg
								for
								Partially Distant
			<u></u>		······			Stations
	-							Otations
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
•	·	<u> </u>				·		
ase Rate Fee First G	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
TWEN	TY-THIRD	SUBSCRIBER GRO	UP	TWEN	ITY-FOURTH	SUBSCRIBER GROU	JP	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			_	
				III	¥		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN		
	DSE	CALL SIGN				CALL SIGN	DSE	
otal DSEs		CALL SIGN	0.00	Total DSEs	DSE	CALL SIGN	DSE	
		CALL SIGN			DSE	CALL SIGN	DSE	
otal DSEs			0.00	Total DSEs	DSE		DSE	
otal DSEs	Group		0.00	Total DSEs	DSE		DSE	

	b/a SP	SYSTEM: ARKLIGHT					304111	Name
				ATE FEES FOR EAC				
TWENT	Y-FIFTH	SUBSCRIBER GRO	UP <b>0</b>	COMMUNITY/ AREA		1 SUBSCRIBER GROU	JP <b>0</b>	9
COMMONT I/ AREA				COMMONT IT AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
			····					and Syndicate
			····					Exclusivit
								Surcharge
								for
				-				Partially Distant
			····					Stations
			····					
Γotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Grou	ıp	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
·					•			
Base Rate Fee First Grou	ıp	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	VENTH	SUBSCRIBER GRO		T .		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
				-				
Γotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gro	up	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
•	-				•			
		l		11				

LEGAL NAME OF OWNE CABLE ONE, INC.						;	304111	Name
E	BLOCK A:	COMPUTATION C		ATE FEES FOR EAC	H SUBSCR	RIBER GROUP		
TWEN	TY-NINTH	SUBSCRIBER GRO	UP		THIRTIETH	SUBSCRIBER GRO	UP	^
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	<b>9</b> 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
	<u></u>							Distant
								Stations
			2.00				2.22	
Total DSEs			0.00	Total DSEs		_	0.00	
Gross Receipts First G	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
THIR	TY-FIRST	SUBSCRIBER GRO	)UP	THIR	TY-SECONE	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		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 Fou	th Group	\$	0.00	
Base Rate Fee Third G	iroun	•	0.00	Base Rate Fee Four	th Group	¢	0.00	
	up	\$	0.00	Just Nate 1 ee i Oui	Стоир	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxes	above.	\$		

CABLE ONE, INC.						;	304111	Name
			F BASE RA	TE FEES FOR EAC	H SUBSCR	RIBER GROUP	-	
		SUBSCRIBER GRO				SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA	······		0	9 Computation
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
	····		····					otation.
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	oup	\$	0.00	Base Rate Fee Sec		\$	0.00	
	RTY-FIFTH	SUBSCRIBER GRO				SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	······		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							······	
							······	
	···		····					
			····					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fou	th Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group a	as shown in the boxes	above.	\$		

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP   THIRTY-SEVENTH SUBSCRIBER GROUP   TOTAL DSES   T	Name
THIRTY-SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIGN	
CALL SIGN DSE CA	
Total DSEs	<b>9</b> Computation
Total DSEs	of
Gross Receipts First Group \$ 0.00  Base Rate Fee First Group \$ 0.00  THIRTY-NINTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O COMMUNITY/ AREA	Base Rate Fe
Gross Receipts First Group  Base Rate Fee First Group  \$ 0.00  Base Rate Fee Second Group  THIRTY-NINTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O COMMUNITY/ AREA  O COMMUNITY/ AREA  O COMMUNITY/ AREA  O COMMUNITY/ AREA	and
Gross Receipts First Group \$ 0.00  Base Rate Fee First Group \$ 0.00  THIRTY-NINTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O COMMUNITY/ AREA	Syndicated
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00  Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00  THIRTY-NINTH SUBSCRIBER GROUP FORTIETH SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	Exclusivity
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00  Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00  THIRTY-NINTH SUBSCRIBER GROUP FORTIETH SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	Surcharge
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00  Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00  THIRTY-NINTH SUBSCRIBER GROUP FORTIETH SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	for Partially
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00  Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00  THIRTY-NINTH SUBSCRIBER GROUP FORTIETH SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	Distant
Gross Receipts First Group \$ 0.00  Base Rate Fee First Group \$ 0.00  THIRTY-NINTH SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	Stations
Gross Receipts First Group \$ 0.00  Base Rate Fee First Group \$ 0.00  THIRTY-NINTH SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00  Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00  THIRTY-NINTH SUBSCRIBER GROUP FORTIETH SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00  Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00  THIRTY-NINTH SUBSCRIBER GROUP FORTIETH SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00  Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00  THIRTY-NINTH SUBSCRIBER GROUP FORTIETH SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	
Gross Receipts First Group \$ 0.00  Base Rate Fee First Group \$ 0.00  THIRTY-NINTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O COMMUNITY/ AREA	
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00  Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00  THIRTY-NINTH SUBSCRIBER GROUP FORTIETH SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	
Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00  THIRTY-NINTH SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	
THIRTY-NINTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  COMMUNITY/ AREA  O  COMMUNITY/ AREA  O	
THIRTY-NINTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  COMMUNITY/ AREA  O  COMMUNITY/ AREA  O	
COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	<u> </u>
	-
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	
	1
	1
	-
	1
	1
Total DSEs Total DSEs	
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	
Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.  Enter here and in block 3, line 1, space L (page 7)  \$	

	IRST SUBSCRIBER		ATE FEES FOR EACTOR FOR COMMUNITY ARE	RTY-SECONE	BER GROUP  SUBSCRIBER GROU	JP	
OMMUNITY/ AREA			TI .		SUBSCRIBER GRU	JP	_
	SE CALL SIGN		IICOMINIONI I/ AIL	/ \		0	9
CALL SIGN D:	SE CALL SIGN	······		······································			Computat
		DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate
							and
							Syndicate
							Exclusivi
							Surcharg
						······	for
							Partially Distant
		······					Stations
otal DSEs		0.00	Total DSEs			0.00	
Gross 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	
FORTY-T	HIRD SUBSCRIBER	GROUP	FOI	RTY-FOURTH	I SUBSCRIBER GROU	JP	
OMMUNITY/ AREA		0	COMMUNITY/ ARE	A		0	
CALL SIGN DS	SE CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		••••••					
otal 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	s	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
	<u> </u>	3.00		F	LŤ		

LEGAL NAME OF OWI						•	304111	Name
F		COMPUTATION C SUBSCRIBER GRO		TE FEES FOR EAC		IBER GROUP	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								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		П		I SUBSCRIBER GRO	UP <b>0</b>	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A			
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 Enter here and in blo			criber group a	as shown in the boxes	above.	\$		

CABLE ONE, INC. d/b/a	ABLE SYSTEM: SPARKLIGHT					304111
	A: COMPUTATION C		ATE FEES FOR EAC			
FOR I Y-NIN  COMMUNITY/ AREA	TH SUBSCRIBER GRO	<b>0</b>	COMMUNITY/ ARE		SUBSCRIBER GRO	0 0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
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				0.00
		0.00	Base Rate Fee Sec	ond Group	\$	0.00
FIFTY-FIR	ST SUBSCRIBER GRO				SUBSCRIBER GRO	
	ST SUBSCRIBER GRO			TY-SECOND		
OMMUNITY/ AREA	11	OUP	FIF	TY-SECOND		UP
OMMUNITY/ AREA		OUP 0	FII COMMUNITY/ ARE	TY-SECOND	SUBSCRIBER GROU	UP 0
OMMUNITY/ AREA		OUP 0	FII COMMUNITY/ ARE	TY-SECOND	SUBSCRIBER GROU	UP 0
OMMUNITY/ AREA		OUP 0	FII COMMUNITY/ ARE	TY-SECOND	SUBSCRIBER GROU	UP 0
OMMUNITY/ AREA		OUP 0	FII COMMUNITY/ ARE	TY-SECOND	SUBSCRIBER GROU	UP 0
OMMUNITY/ AREA		OUP 0	FII COMMUNITY/ ARE	TY-SECOND	SUBSCRIBER GROU	UP 0
COMMUNITY/ AREA		OUP 0	FII COMMUNITY/ ARE	TY-SECOND	SUBSCRIBER GROU	UP 0
COMMUNITY/ AREA		OUP 0	FII COMMUNITY/ ARE	TY-SECOND	SUBSCRIBER GROU	UP 0
COMMUNITY/ AREA		OUP 0	FII COMMUNITY/ ARE	TY-SECOND	SUBSCRIBER GROU	UP 0
COMMUNITY/ AREA		OUP 0	FII COMMUNITY/ ARE	TY-SECOND	SUBSCRIBER GROU	UP 0
COMMUNITY/ AREA		OUP 0	FII COMMUNITY/ ARE	TY-SECOND	SUBSCRIBER GROU	UP 0
COMMUNITY/ AREA		OUP 0	FII COMMUNITY/ ARE	TY-SECOND	SUBSCRIBER GROU	UP 0
CALL SIGN DSE		OUP 0	FII COMMUNITY/ ARE	TY-SECOND	SUBSCRIBER GROU	UP 0
COMMUNITY/ AREA		DUP 0	CALL SIGN	DSE	SUBSCRIBER GROU	DSE

LEGAL NAME OF OWNE CABLE ONE, INC.						;	304111	Name
			OF BASE RA	TE FEES FOR EAC	CH SUBSCR	RIBER GROUP	-	
		SUBSCRIBER GRO		TI.		H SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
	<u></u>							for
								Partially
							······	Distant
					······		·······	Stations
	····							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FI	FTY-FIFTH	SUBSCRIBER GRO	OUP		FIFTY-SIXTH	H SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		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	
	Group	<u> </u>			rth Group	<b>s</b>		
C. 500 Mossipio Filia C	oup	<u>-</u>		Siece i teoripie i ou	Отоир	<del>-</del>		
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Gross Receipts Third C  Base Rate Fee Third C  Base Rate Fee: Add the Enter here and in block	Group ne <b>base rat</b>	e fees for each subs	0.00	Gross Receipts Fou	rth Group	\$ \$	0.00	

LEGAL NAME OF OWNE						(	304111	Name
			F BASE RA	ATE FEES FOR EAC	CH SUBSCR	IBER GROUP	-	
		SUBSCRIBER GRO				SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
		-						for
								Partially
								Distant
							······	Stations
			···	-				
	····		••••		•••••		······	
							·······	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FIF	TY-NINTH	SUBSCRIBER GRO	UP		SIXTIETH	SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<del></del>				······		······	
	<del> </del>			-			······	
							······	
	···			-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

	ı/a SPA	SYSTEM: ARKLIGHT				•	304111	Name
				ATE FEES FOR EAC				
	FIRST S	SUBSCRIBER GROU	JP <b>0</b>	TI .		SUBSCRIBER GROU		9
COMMUNITY/ AREA				COMMUNITY/ AREA			0	Computat
CALL SIGN I	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicate
								Exclusivi Surcharg
								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	, <u>[</u>	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
SIXTY-	THIRD S	SUBSCRIBER GROU	JP	SIX	TY-FOURTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN I	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			***************************************					
Total DSFs			0.00	Total DSFs			0.00	
			0.00	Total DSEs	th Crows		0.00	
Fotal DSEs Gross Receipts Third Grou	2	\$	0.00	Total DSEs Gross Receipts Four	th Group	\$	0.00	

CABLE ONE, INC.		E SYSTEM: <b>ARKLIGHT</b>				`	304111	Name
				ATE FEES FOR EACI				
	Y-FIFTH	SUBSCRIBER GRO		11		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicate
								Exclusivit
								Surcharge
					·····			for Partially
					····			Distant
		-						Stations
	<u> </u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	up	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
			l	II.			, H	
Base Rate Fee First Gro	oup 	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
		SUBSCRIBER GRO				SUBSCRIBER GROU		
SIXTY-S		SUBSCRIBER GRC			(TY-EIGHTH			
SIXTY-S		SUBSCRIBER GRO	OUP	SIX	(TY-EIGHTH		UP	
SIXTY-S COMMUNITY/ AREA	EVENTH		0 0	SIX COMMUNITY/ AREA	(TY-EIGHTH	I SUBSCRIBER GROU	UP <b>0</b>	
SIXTY-S COMMUNITY/ AREA	EVENTH		0 0	SIX COMMUNITY/ AREA	(TY-EIGHTH	I SUBSCRIBER GROU	UP <b>0</b>	
SIXTY-S COMMUNITY/ AREA	EVENTH		0 0	SIX COMMUNITY/ AREA	(TY-EIGHTH	I SUBSCRIBER GROU	UP <b>0</b>	
SIXTY-S COMMUNITY/ AREA	EVENTH		0 0	SIX COMMUNITY/ AREA	(TY-EIGHTH	I SUBSCRIBER GROU	UP <b>0</b>	
SIXTY-S COMMUNITY/ AREA	EVENTH		0 0	SIX COMMUNITY/ AREA	(TY-EIGHTH	I SUBSCRIBER GROU	UP <b>0</b>	
SIXTY-S COMMUNITY/ AREA	EVENTH		0 0	SIX COMMUNITY/ AREA	(TY-EIGHTH	I SUBSCRIBER GROU	UP <b>0</b>	
SIXTY-S COMMUNITY/ AREA	EVENTH		0 0	SIX COMMUNITY/ AREA	(TY-EIGHTH	I SUBSCRIBER GROU	UP <b>0</b>	
SIXTY-S COMMUNITY/ AREA	EVENTH		0 0	SIX COMMUNITY/ AREA	(TY-EIGHTH	I SUBSCRIBER GROU	UP <b>0</b>	
SIXTY-S COMMUNITY/ AREA	EVENTH		0 0	SIX COMMUNITY/ AREA	(TY-EIGHTH	I SUBSCRIBER GROU	UP <b>0</b>	
SIXTY-S COMMUNITY/ AREA	EVENTH		0 0	SIX COMMUNITY/ AREA	(TY-EIGHTH	I SUBSCRIBER GROU	UP <b>0</b>	
SIXTY-S COMMUNITY/ AREA	EVENTH		0 0	SIX COMMUNITY/ AREA	(TY-EIGHTH	I SUBSCRIBER GROU	UP <b>0</b>	
SIXTY-S COMMUNITY/ AREA	EVENTH		0 0	SIX COMMUNITY/ AREA	(TY-EIGHTH	I SUBSCRIBER GROU	UP <b>0</b>	
SIXTY-S COMMUNITY/ AREA	EVENTH		0 0	SIX COMMUNITY/ AREA	(TY-EIGHTH	I SUBSCRIBER GROU	UP <b>0</b>	
SIXTY-S COMMUNITY/ AREA  CALL SIGN	EVENTH		DUP 0	COMMUNITY/ AREA  CALL SIGN	(TY-EIGHTH	I SUBSCRIBER GROU	DSE	
SIXTY-S COMMUNITY/ AREA  CALL SIGN  Fotal DSEs	DSE	CALL SIGN	DUP  O  DSE  O  O  O  O  O  O  O  O  O  O  O  O  O	COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE	CALL SIGN	DSE	
SIXTY-S COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE		DUP 0	COMMUNITY/ AREA  CALL SIGN	DSE	I SUBSCRIBER GROU	DSE	
COMMUNITY/ AREA	DSE	CALL SIGN	DUP  O  DSE  O  O  O  O  O  O  O  O  O  O  O  O  O	COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE	CALL SIGN	DSE	
SIXTY-S COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE	CALL SIGN	DUP  O  DSE  O  O  O  O  O  O  O  O  O  O  O  O  O	COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE h Group	CALL SIGN	DSE	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUD  SIXTY-NINTH SUBSCRIBER GROUP  COMMUNITY/ AREA  CALL SIGN  DSE  CALL SIGN  CALL SIGN  DSE  CALL SIGN  CALL	R GROUP  0 Computation
SIXTY-NINTH SUBSCRIBER GROUP  COMMUNITY/ AREA  CALL SIGN  DSE	R GROUP  0 Computation
CALL SIGN DSE CALL SIGN DSE CALL SIGN  CALL SIGN DSE CALL SIGN  DSE GALL SIGN  DSE CALL SIGN  DS	Computation
Total DSEs  Gross Receipts First Group  Base Rate Fee First Group  \$ 0.00  Gross Receipts Second Group  \$ SEVENTY-FIRST SUBSCRIBER GROUP  SEVENTY-SECOND SUBSCRIB	
Total DSEs  Gross Receipts First Group  Base Rate Fee First Group  \$ 0.00  Gross Receipts Second Group  \$ SEVENTY-FIRST SUBSCRIBER GROUP  SEVENTY-SECOND SUBSCRIB	N DSE of
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$   Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$   SEVENTY-FIRST SUBSCRIBER GROUP SEVENTY-SECOND SUBSCRIBER GROUP	Base Rate Fe
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$   Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$   SEVENTY-FIRST SUBSCRIBER GROUP SEVENTY-SECOND SUBSCRIBER GROUP	and
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ SEVENTY-FIRST SUBSCRIBER GROUP SEVENTY-SECOND SUBSCRIBER GROUP	Syndicated
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ SEVENTY-FIRST SUBSCRIBER GROUP SEVENTY-SECOND SUBSCRIBER GROUP	Exclusivity
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ SEVENTY-FIRST SUBSCRIBER GROUP SEVENTY-SECOND SUBSCRIBER GROUP	Surcharge
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ SEVENTY-FIRST SUBSCRIBER GROUP SEVENTY-SECOND SUBSCRIBER GROUP	for Partially
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ SEVENTY-FIRST SUBSCRIBER GROUP SEVENTY-SECOND SUBSCRIBER GROUP	Distant
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ SEVENTY-FIRST SUBSCRIBER GROUP SEVENTY-SECOND SUBSCRIBER GROUP	Stations
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ SEVENTY-FIRST SUBSCRIBER GROUP SEVENTY-SECOND SUBSCRIBER GROUP	
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ SEVENTY-FIRST SUBSCRIBER GROUP SEVENTY-SECOND SUBSCRIBER GROUP	
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ SEVENTY-FIRST SUBSCRIBER GROUP SEVENTY-SECOND SUBSCRIBER GROUP	
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ SEVENTY-FIRST SUBSCRIBER GROUP SEVENTY-SECOND SUBSCRIBER GROUP	
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ SEVENTY-FIRST SUBSCRIBER GROUP SEVENTY-SECOND SUBSCRIBER GROUP	
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ SEVENTY-FIRST SUBSCRIBER GROUP SEVENTY-SECOND SUBSCRIBER GROUP	
Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$  SEVENTY-FIRST SUBSCRIBER GROUP SEVENTY-SECOND SUBSCRIBER	0.00
SEVENTY-FIRST SUBSCRIBER GROUP SEVENTY-SECOND SUBSCRIB	0.00
SEVENTY-FIRST SUBSCRIBER GROUP SEVENTY-SECOND SUBSCRIB	
	0.00
	₹ GROUP
COMMUNITY/ AREA	0
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN	N DSE
Total DSEs Total DSEs	0.00
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$	l
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$	0.00
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.  Enter here and in block 3, line 1, space L (page 7)  \$	0.00

	/a SPA	SYSTEM: ARKLIGHT					304111	Name
				ATE FEES FOR EAC				
SEVENTY- COMMUNITY/ AREA	THIRD S	SUBSCRIBER GROU	JP <b>0</b>	SEVEN COMMUNITY/ AREA		SUBSCRIBER GROU	<b>0</b>	9
								Computati
CALL SIGN D	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate I
								and
					•••••			Syndicate
								Exclusivit
								Surcharge
								for
								Partially Distant
					•••••			Stations
					·····			
					•••••			
Fotal DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts First Group	•	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
Sioss recoupts i list Group	-			Gross receipts ecoc	та Стоар	•	0.00	
Base Rate Fee First Group		\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
SEVENTY-	FIFTH S	SUBSCRIBER GROU	JP	SEVI	ENTY-SIXTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN D	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Fotal DSEs			0.00	Total DSEs			0.00	
		•	0.00	Total DSEs	th Group		0.00	
Fotal DSEs Gross Receipts Third Group		\$	0.00	Total DSEs Gross Receipts Four	th Group	\$	0.00	

CABLE ONE, INC.						\$	304111	Name
E	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCR	RIBER GROUP	-	
		SUBSCRIBER GRO		m		SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
			<u></u>					Syndicated
								Exclusivity
								Surcharge
	<mark>.</mark>		<u>.</u>					for
								Partially
	····		·····				······	Distant
	····						······	Stations
			····					
			····				······	
							·······	
				-			······	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	<b>\$</b>	0.00	
						<u> </u>		
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SEVEN	TY-NINTH	SUBSCRIBER GRO	)UP		EIGHTIETH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	٩		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	····		<u>.</u>					
	····						······	
	····		••••	-				
	····		·····				······	
							······	
	····							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fou	rth Group	<b>\$</b>	0.00	
-								
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group a	as shown in the boxes	above.	\$		

304111 Na						d/b/a SP	
			ATE FEES FOR EA				
0	SUBSCRIBER GROU	1-SECOND	COMMUNITY/ ARE	<b>0</b>	SUBSCRIBER GROU	1 T-FIKSI	EIGH COMMUNITY/ AREA
Comp			COMMONT I/ ARE				SOMMONT I/ AREA
DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base R							
aı				<u>.</u>			
Synd							
Exclu							
Surc fe		····		····		····	
Pari							
Dis	-			···		<u> </u>	
Stat							
				····			
0.00			Total DSEs	0.00			Total DSEs
0.00	\$	nd Group	Gross Receipts Se	0.00	\$	oup	Gross Receipts First Gr
0.00	\$						
			Base Rate Fee Se	0.00	\$		
	SUBSCRIBER GROU		EIG	UP	SUBSCRIBER GROU		EIGH
0	SUBSCRIBER GROU				SUBSCRIBER GROU		EIGH
0 DSE	SUBSCRIBER GROU		EIG	UP	SUBSCRIBER GROU		EIGH
		Y-FOURTH	EIG COMMUNITY/ ARE	UP <b>0</b>		TY-THIRD	EIGH'
		Y-FOURTH	EIG COMMUNITY/ ARE	UP <b>0</b>		TY-THIRD	EIGH'
		Y-FOURTH	EIG COMMUNITY/ ARE	UP <b>0</b>		TY-THIRD	EIGH'
		Y-FOURTH	EIG COMMUNITY/ ARE	UP <b>0</b>		TY-THIRD	EIGH'
		Y-FOURTH	EIG COMMUNITY/ ARE	UP <b>0</b>		TY-THIRD	EIGH'
		Y-FOURTH	EIG COMMUNITY/ ARE	UP <b>0</b>		TY-THIRD	EIGH'
		Y-FOURTH	EIG COMMUNITY/ ARE	UP <b>0</b>		TY-THIRD	EIGH'
		Y-FOURTH	EIG COMMUNITY/ ARE	UP <b>0</b>		TY-THIRD	EIGH'
		Y-FOURTH	EIG COMMUNITY/ ARE	UP <b>0</b>		TY-THIRD	EIGH'
		Y-FOURTH	EIG COMMUNITY/ ARE	UP <b>0</b>		TY-THIRD	EIGH'
		Y-FOURTH	EIG COMMUNITY/ ARE	UP <b>0</b>		TY-THIRD	EIGH'
		Y-FOURTH	EIG COMMUNITY/ ARE	UP <b>0</b>		TY-THIRD	EIGH'
		Y-FOURTH	EIG COMMUNITY/ ARE	UP <b>0</b>		TY-THIRD	EIGH'
DSE		Y-FOURTH	CALL SIGN	DSE		TY-THIRD	EIGH COMMUNITY/ AREA  CALL SIGN
DSE	CALL SIGN	Y-FOURTH  DSE	CALL SIGN  CALL SIGN  Total DSEs	DSE DSE O.000	CALL SIGN	DSE DSE	EIGH COMMUNITY/ AREA  CALL SIGN  Fotal DSEs
DSE		Y-FOURTH  DSE	CALL SIGN	DSE		DSE DSE	EIGH COMMUNITY/ AREA  CALL SIGN  Fotal DSEs
DSE	CALL SIGN	Y-FOURTH  DSE	CALL SIGN  CALL SIGN  Total DSEs	DSE DSE O.000	CALL SIGN	DSE DSE	COMMUNITY/ AREA
DSE	CALL SIGN	Y-FOURTH  DSE  Group	CALL SIGN  CALL SIGN  Total DSEs	DSE DSE O.000	CALL SIGN	TY-THIRD	EIGH COMMUNITY/ AREA  CALL SIGN  Fotal DSEs

		SYSTEM: <b>RKLIGHT</b>				:	304111	Name
				ATE FEES FOR EAC				
EIGHTY- COMMUNITY/ AREA	FIFTH S	SUBSCRIBER GROU	<u>JP</u> 0	COMMUNITY/ AREA		I SUBSCRIBER GROU	JP <b>0</b>	9
								Computation
CALL SIGN [	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F and
								Syndicate
								Exclusivit
								Surcharge
								for Partially
								Distant
								Stations
otal 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	
	ENTH S	SUBSCRIBER GROU		1		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN [	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			······					
Total DSEs			0.00	Total DSEs			0.00	
			0.00		th Group	\$		
Fotal DSEs Gross Receipts Third Group				Total DSEs Gross Receipts Four	th Group	\$	0.00	

LEGAL NAME OF OWNE CABLE ONE, INC.						;	304111	Name
			F BASE RA	TE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
EIGH	TY-NINTH	SUBSCRIBER GRO	DUP		NINTIETH	SUBSCRIBER GRO	UP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	<b>9</b> 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 G	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
<b></b> .			0.00				2.22	
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Sec		\$	0.00	
	TY-FIRST	SUBSCRIBER GRO				SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE/	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
	<u></u>		·····		······			
				-				
	···		••••					
			<u>.</u>					
							······	
				-				
				-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
				**				
<b>Base Rate Fee:</b> Add th Enter here and in block			criber group a	as shown in the boxes	above.	\$		

CABLE ONE, INC. d		: SYSTEM: ARKLIGHT				3	304111	Name
				ATE FEES FOR EAC			ID.	
COMMUNITY/ AREA	'-THIRD	SUBSCRIBER GRO	<b>0</b>	COMMUNITY/ AREA		I SUBSCRIBER GROU	<b>0</b>	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate F
								and
								Syndicate
								Exclusivit
								Surcharge
								for
								Partially Distant
								Stations
			0.00				0.00	
Γotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Grou	ıp	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Grou	ıp	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
NINET	Y-FIFTH	SUBSCRIBER GRO	JP	NI	NETY-SIXTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>					
Total DSEs			0.00	Total DSFs			0.00	
		¢	0.00	Total DSEs	th Craus	•	0.00	
otal DSEs Gross Receipts Third Gro	up	\$	0.00	Total DSEs Gross Receipts Four	th Group	\$	0.00	

							304111	Name
KIIKIETY/OEY/				ATE FEES FOR EAC			ID	
COMMUNITY/ AREA	ENIHS	SUBSCRIBER GRO	<b>0</b>	COMMUNITY/ AREA		I SUBSCRIBER GROU	0 0	9
CALL SIGN D	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computatio of
CALL SIGN D	/SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fe
								and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
							······	
				-				
			<u></u>					
Total DSEs			0.00	Total DSEs	_		0.00	
Gross Receipts First Group	<u> </u>	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
Base Rate Fee First Group		\$	0.00	Base Rate Fee Seco		\$	0.00	
	NINTH S	SUBSCRIBER GRO		ii —		I SUBSCRIBER GROU	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN D	SE	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 Four	th Group	\$	0.00	
, 31-5	<u>-</u> Г				•			
			0.00	Base Rate Fee Four	th Croun	\$	0.00	

LEGAL NAME OF OWNE CABLE ONE, INC.						;	304111	Name
			F BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP	-	
		SUBSCRIBER GRO		П		SUBSCRIBER GRO	UP	_
COMMUNITY/ AREA			0	COMMUNITY/ AREA	······		0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
	<mark>.</mark>		<u>.</u>					for
	<mark>.</mark>							Partially
								Distant
							······	Stations
	<del></del>							
	•••••••••••••		····		·····			
	····						·······	
	···			-			······	
Total DSEs		I	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 HUNDR	ED THIRD	SUBSCRIBER GRO	)UP	ONE HUNDR	ED FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<mark>.</mark>							
	<del></del>		<u>.</u>				······	
	<del></del>			-				
	····						······	
	····	-		-				
	····							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Door Date For Third C	`raus		0.00	Been Bata Fra F	th Oraci		0.00	
Base Rate Fee Third G	ıoup	\$	0.00	Base Rate Fee Four	ın Group	\$	0.00	
Base Rate Fee: Add th		e fees for each subspace L (page 7)	criber group a	as shown in the boxes	above.	\$		

CABLE ONE, INC. d/b/a	ABLE SYSTEM: SPARKLIGHT				<u>.</u>	304111	Name
	A: COMPUTATION (		п				
ONE HUNDRED FIF	TH SUBSCRIBER GRO	0UP <b>0</b>	ONE HUN COMMUNITY/ ARE		SUBSCRIBER GROU	UP <b>0</b>	9
COMMUNITY AREA			COMMONT 1/ ARE	······································			Computat
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate
							and Syndicate
							Exclusivi
							Surcharg
							for Partially
							Distant
							Stations
otal DSEs		0.00	Total DSEs			0.00	
Gross 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	
			III.				
ONE HUNDRED SEVEN	TH SUBSCRIBER GRO	 OUP	ONE HUND	RED EIGHTH	I SUBSCRIBER GROU	JP	
	TH SUBSCRIBER GRO	OUP 0	ONE HUND COMMUNITY/ ARE		I SUBSCRIBER GROU	UP <b>0</b>	
OMMUNITY/ AREA			11		I SUBSCRIBER GROU		
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
CALL SIGN DSE		DSE	COMMUNITY/ ARE.	Α		DSE	
CALL SIGN DSE	CALL SIGN	0.00	COMMUNITY/ ARE.	DSE	CALL SIGN	0.00	
COMMUNITY/ AREA		DSE	COMMUNITY/ ARE.	DSE		DSE	

CABLE ONE, INC. d/b/		SYSTEM: ARKLIGHT				\$	304111	Name
				ATE FEES FOR EACH			ID.	
ONE HUNDRED N	INTH S	SUBSCRIBER GROU	<b>0</b>	COMMUNITY/ AREA		1 SUBSCRIBER GROU	<b>0</b>	9
	or II	0411 01011	l por	0.411.010.41	Loop	T ONL SION	l por	Computatio
CALL SIGN D	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate F
								and
								Syndicated
								Exclusivity
								Surcharge
				-				for Partially
					••••			Distant
								Stations
					<u>.</u>			
				-				
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group	-	¢	0.00	Gross Receipts Seco	and Group	•	0.00	
oloss Receipis Filsi Gloup		\$	0.00	Gloss Receipts Seco	ilia Gloup	\$	0.00	
Base Rate Fee First Group	<u> </u>	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED ELEVI	ENTH S	SUBSCRIBER GROU	JP	ONE HUNDREI	D TWELVTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN D	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			······································					
			0.00	Total DSEs			0.00	
otal DSEs				II				
	-	<b>c</b>		Gross Receipts Fourt	h Group	¢	0 00	
Fotal DSEs Gross Receipts Third Group	- ) <u>:</u> -	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	

1 Name								
_	ID			TI .		COMPUTATION O		
9	0	SUBSCRIBER GROU	JRIEENIH	COMMUNITY/ ARE	<u>0</u>	SUBSCRIBER GRU	RIEENIH	ONE HUNDRED THIF COMMUNITY/ AREA
Computat				COMMONT IT ARE				COMMONITY AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicat								
Exclusiv								
Surchar							···	
Partiall			···		···		···	
Distant					<del></del>		···	
Station								
							<u></u>	
1	0.00							
-	0.00			Total DSEs	0.00			otal DSEs
-	0.00	\$	nd Group	Gross Receipts Sec	0.00	\$	oup	ross Receipts First Gr
1								
	0.00	\$		Base Rate Fee Sec	0.00	\$		
] = -	'	\$ SUBSCRIBER GROU			UP	\$ SUBSCRIBER GRO		
] = -	'					\$UBSCRIBER GRO		ONE HUNDRED FI
] = -	JP			ONE HUNDRE	UP	\$ SUBSCRIBER GRO		ONE HUNDRED FII OMMUNITY/ AREA
] = - :-	JP 0	SUBSCRIBER GROU	SIXTEENTH	ONE HUNDREI	UP <b>0</b>		FTEENTH	ONE HUNDRED FII OMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	SIXTEENTH	ONE HUNDREI	UP <b>0</b>		FTEENTH	ONE HUNDRED FII OMMUNITY/ AREA
] = - - - - - - -	JP 0	SUBSCRIBER GROU	SIXTEENTH	ONE HUNDREI	UP <b>0</b>		FTEENTH	ONE HUNDRED FII OMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	SIXTEENTH	ONE HUNDREI	UP <b>0</b>		FTEENTH	ONE HUNDRED FII OMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	SIXTEENTH	ONE HUNDREI	UP <b>0</b>		FTEENTH	ONE HUNDRED FII OMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	SIXTEENTH	ONE HUNDREI	UP <b>0</b>		FTEENTH	ONE HUNDRED FII OMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	SIXTEENTH	ONE HUNDREI	UP <b>0</b>		FTEENTH	ONE HUNDRED FII OMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	SIXTEENTH	ONE HUNDREI	UP <b>0</b>		FTEENTH	ONE HUNDRED FII
	JP 0	SUBSCRIBER GROU	SIXTEENTH	ONE HUNDREI	UP <b>0</b>		FTEENTH	ONE HUNDRED FII OMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	SIXTEENTH	ONE HUNDREI	UP <b>0</b>		FTEENTH	ONE HUNDRED FII
	JP 0	SUBSCRIBER GROU	SIXTEENTH	ONE HUNDREI	UP <b>0</b>		FTEENTH	ONE HUNDRED FII
	JP 0	SUBSCRIBER GROU	SIXTEENTH	ONE HUNDREI	UP <b>0</b>		FTEENTH	ONE HUNDRED FII
	JP 0	SUBSCRIBER GROU	SIXTEENTH	ONE HUNDREI	UP <b>0</b>		FTEENTH	ONE HUNDRED FII
	DSE	SUBSCRIBER GROU	SIXTEENTH	ONE HUNDREI COMMUNITY/ ARE CALL SIGN	DSE		FTEENTH	ONE HUNDRED FII
	DSE	CALL SIGN	DSE	ONE HUNDREI COMMUNITY/ ARE CALL SIGN  Total DSEs	DSE	CALL SIGN	DSE	ONE HUNDRED FII
	DSE	SUBSCRIBER GROU	DSE	ONE HUNDREI COMMUNITY/ ARE CALL SIGN	DSE		DSE	ONE HUNDRED FILE COMMUNITY/ AREA  CALL SIGN  otal DSEs
	DSE	CALL SIGN	DSE	ONE HUNDREI COMMUNITY/ ARE CALL SIGN  Total DSEs	DSE	CALL SIGN	DSE	ONE HUNDRED FII COMMUNITY/ AREA  CALL SIGN  Fotal DSEs  Gross Receipts Third G
	DSE	CALL SIGN	DSE	ONE HUNDREI COMMUNITY/ ARE CALL SIGN  Total DSEs	DSE	CALL SIGN	TOUP	ONE HUNDRED FILE COMMUNITY/ AREA  CALL SIGN  fotal DSEs

CABLE ONE, INC.		E SYSTEM: ARKLIGHT				\$	304111	Name
				ATE FEES FOR EACH				
ONE HUNDRED SEVE	NTEENTH	SUBSCRIBER GROU		TI .	IGHTEENTH	I 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 F
								and
								Syndicated
								Exclusivit
								Surcharge for
					····			Partially
	·		···		···			Distant
								Stations
	<u>.</u>							
	<u>.</u>		<u></u>		<u></u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED NI	NTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED T	WENTIETH	SUBSCRIBER GROU	JP	
	NTEENTH	SUBSCRIBER GRO	UP <b>0</b>	ONE HUNDRED T	WENTIETH	I SUBSCRIBER GROU	UP <b>0</b>	
	DSE	SUBSCRIBER GRO		1	WENTIETH	SUBSCRIBER GROU		
COMMUNITY/ AREA		11	0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA		11	0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA		11	0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA		11	0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA		11	0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA		11	0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA		11	0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA		11	0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA		11	0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA		11	0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA		11	0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA		11	0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA		11	0	COMMUNITY/ AREA			0	
CALL SIGN		11	DSE	COMMUNITY/ AREA  CALL SIGN			DSE	
CALL SIGN  CALL SIGN  Fotal DSEs	DSE	11	0 DSE	COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE	CALL SIGN	0.00	
CALL SIGN  CALL SIGN  Fotal DSEs	DSE	11	DSE	COMMUNITY/ AREA  CALL SIGN	DSE		DSE	
COMMUNITY/ AREA	DSE	CALL SIGN	0 DSE	COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE	CALL SIGN	0.00	
CALL SIGN  CALL SIGN  Total DSEs	DSE	CALL SIGN	0 DSE	COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE STORY OF THE PROPERTY OF T	CALL SIGN	0.00	
CALL SIGN  CALL SIGN  Fotal DSEs  Gross Receipts Third G	DSE	CALL SIGN	0.00 0.00	COMMUNITY/ AREA  CALL SIGN  Total DSEs  Gross Receipts Fourth	DSE STORY OF THE PROPERTY OF T	CALL SIGN	0 DSE	

LEGAL NAME OF OWNER CABLE ONE, INC. o			•			S	304111	Name
Bl	OCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
ONE HUNDRED TWEN	ITY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED TWEN	ITY-SECONE	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
			···					Surcharge
			······································		····			for
		-	•		••••			Partially
								Distant
								Stations
			<mark></mark>					
			<mark></mark>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED TWEN	TY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED TWEN	NTY-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<mark></mark>		<del></del>			
					<u> </u>		••••	
			•					
		-						
			<mark></mark>					
			<mark></mark>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			iber group a	s shown in the boxes at	oove.	\$		

CABLE ONE, INC						•	304111	Name
				TE FEES FOR EAC				
COMMUNITY/ AREA		SUBSCRIBER GROU	0	COMMUNITY/ ARE		SUBSCRIBER GROUF	0	9 Commutation
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
								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 GROU		11		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	
Book Both For This	Crove		0.00	Book Bata Fara F	eth Carrie		0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rui Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group a	as shown in the boxes	above.	\$		

	CABLE SYSTEM: SPARKLIGHT				<u> </u>	304111	Name
	( A: COMPUTATION		II				
ONE HUNDRED TWENTY-NI COMMUNITY/ AREA	NTH SUBSCRIBER GRO	0 0	ONE HUNDS		1 SUBSCRIBER GROUP	0	9
COMMONITY AREA			COMMONT IT ARE				Computa
CALL SIGN DS	E CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate and
							Syndicate
							Exclusiv
							Surcharç for
							Partially
							Distant
							Stations
otal DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	<b>\$</b>	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 THIRTY-FI	RST SUBSCRIBER GRO		TI .		SUBSCRIBER GROUP		
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
CALL SIGN DS	E CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						0.00	
		0.00	Total DSEs			0.00	
Fotal DSEs Gross Receipts Third Group	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00	

		ARKLIGHT					304111	
ONE LUNDRED T				ATE FEES FOR EAC				
COMMUNITY/ AREA		SUBSCRIBER GROU	0	COMMUNITY/ ARE		SUBSCRIBER GROUF	0	9
DOMINIONIT I/ AREA				COMMONT IT ARE	······································			Computat
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicate
								Exclusivi
			<u></u>					Surcharg
								for
			<u></u>					Partially Distant
								Stations
			····					Clation
otal DSEs			0.00	Total DSEs			0.00	
Gross 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 TH	IRTY-FIFTH	SUBSCRIBER GRO	)UP	ONE HUNDRED T	HIRTY-SIXTH	SUBSCRIBER GROU	JP	
OMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
otal DSEs			0.00	Total DSEs			0.00	
	Group	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00	
Fotal DSEs Gross Receipts Third	Group	\$			rth Group	\$		
Gross Receipts Third	·	\$	0.00	Gross Receipts Fou	·		0.00	
	·	\$			·	\$		

	SPARKLIGHT				•	304111	Name
			ATE FEES FOR EAC				
ONE HUNDRED THIRTY-SEVEN	NTH SUBSCRIBER GRO		11		1 SUBSCRIBER GROUP		9
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	Computatio
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate Fo
							and
							Syndicated
							Exclusivity Surcharge
				•••••			for
							Partially
							Distant
							Stations
Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED THIRTY-NIN	ITH SUBSCRIBER GR	OUP			SUBSCRIBER GRO	JP	
	ITH SUBSCRIBER GR	0 O		) FORTIETH	1 SUBSCRIBER GRO	UP <b>0</b>	
	П		ONE HUNDRE	) FORTIETH	SUBSCRIBER GROU		
COMMUNITY/ AREA	П	0	ONE HUNDRE	D FORTIETH		0	
COMMUNITY/ AREA	П	0	ONE HUNDRE	D FORTIETH		0	
COMMUNITY/ AREA	П	0	ONE HUNDRE	D FORTIETH		0	
COMMUNITY/ AREA	П	0	ONE HUNDRE	D FORTIETH		0	
COMMUNITY/ AREA	П	0	ONE HUNDRE	D FORTIETH		0	
COMMUNITY/ AREA	П	0	ONE HUNDRE	D FORTIETH		0	
COMMUNITY/ AREA	П	0	ONE HUNDRE	D FORTIETH		0	
COMMUNITY/ AREA	П	0	ONE HUNDRE	D FORTIETH		0	
COMMUNITY/ AREA	П	0	ONE HUNDRE	D FORTIETH		0	
COMMUNITY/ AREA	П	0	ONE HUNDRE	D FORTIETH		0	
	П	0	ONE HUNDRE	D FORTIETH		0	
COMMUNITY/ AREA	П	0	ONE HUNDRE	D FORTIETH		0	
CALL SIGN DSE	П	DSE	ONE HUNDRE	D FORTIETH		DSE	
CALL SIGN DSE	E CALL SIGN	0 DSE	ONE HUNDREI COMMUNITY/ AREA CALL SIGN  Total DSEs	DSE	CALL SIGN	0.00	
COMMUNITY/ AREA	П	DSE	ONE HUNDRE	DSE		DSE	

CABLE ONE, INC. d/b/a	ABLE SYSTEM: SPARKLIGHT				\$	304111	Name
	A: COMPUTATION (		H				
ONE HUNDRED FORTY-FIF	RST SUBSCRIBER GROU	JP <b>0</b>	ONE HUNDRED FO		SUBSCRIBER GROUP	0	9
							Computa
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate
							Base Rate
							Syndica
							Exclusiv
							Surchar for
							Partial
							Distan
							Station
		·····					
otal DSEs		0.00	Total DSEs			0.00	
Gross 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 FORTY-TH	IRD SUBSCRIBER GROU		TI .		I SUBSCRIBER GROUF		
	IRD SUBSCRIBER GROU	JP <b>0</b>	ONE HUNDRED FO		I SUBSCRIBER GROUF	0	
OMMUNITY/ AREA	П		TI .		SUBSCRIBER GROUF		
OMMUNITY/ AREA		0	COMMUNITY/ ARE	A		0	
OMMUNITY/ AREA		0	COMMUNITY/ ARE	A		0	
OMMUNITY/ AREA		0	COMMUNITY/ ARE	A		0	
OMMUNITY/ AREA		0	COMMUNITY/ ARE	A		0	
OMMUNITY/ AREA		0	COMMUNITY/ ARE	A		0	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	A		0	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	A		0	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	A		0	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	A		0	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	A		0	
OMMUNITY/ AREA		0	COMMUNITY/ ARE	A		0	
CALL SIGN DSE		DSE	CALL SIGN	A		DSE	
CALL SIGN DSE	E CALL SIGN	0 DSE	COMMUNITY/ AREA	DSE	CALL SIGN	0 DSE	
COMMUNITY/ AREA		DSE	CALL SIGN	DSE		DSE	

	/a SP	SYSTEM: ARKLIGHT				\$	304111	Name
				ATE FEES FOR EACH	I SUBSCR	IBER GROUP		
ONE HUNDRED FORTY	/-FIFTH S	SUBSCRIBER GROUP		1		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computa
CALL SIGN [	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicate
								Exclusiv
								Surcharg
			<mark></mark>		<u>.</u>			for
			<mark></mark>					Partially
								Distant
							·····	Stations
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			<mark></mark>		····			
			<mark></mark>		····			
			···		····			
			0.00			П	0.00	
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group	)	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Group	)	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
				+				
ONE HUNDRED FORTY-SE	VENTH :	SUBSCRIBER GROUF	)	ONE HUNDRED FO	RTY-EIGHTH	SUBSCRIBER GROUP	)	
	VENTH :	SUBSCRIBER GROUF	0	ONE HUNDRED FO	RTY-EIGHTH	SUBSCRIBER GROUP	0	
COMMUNITY/ AREA	VENTH :	SUBSCRIBER GROUF		1	RTY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
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COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
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COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN [			DSE	CALL SIGN			DSE	
CALL SIGN [			0	COMMUNITY/ AREA			0	
CALL SIGN [	DSE		DSE	CALL SIGN	DSE		DSE	
CALL SIGN [	DSE	CALL SIGN	0.00	COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE	CALL SIGN	0.00	
CALL SIGN  CALL SIGN  CALL SIGN  Fotal DSEs  Gross Receipts Third Group  Base Rate Fee Third Group	DSE DSE	CALL SIGN	0.00	COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE STATE OF THE PROPERTY OF T	CALL SIGN	0.00	

LEGAL NAME OF OWNE CABLE ONE, INC.						\$	304111	Name
В	LOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDRED FOR	TY-NINTH	SUBSCRIBER GRO	)UP	ONE HUNDR	ED FIFTIETH	SUBSCRIBER GRO	JP	^
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
			<u>.</u>					Surcharge
								for
								Partially
								Distant
								Stations
			····					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
							1	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED FIF	TY-FIRST	SUBSCRIBER GRO	)UP	ONE HUNDRED FIF	TY-SECONE	SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	<i></i>		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u>.</u>					
			<u>.</u>					
			····	-				
							······	
	-							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	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	
Base Rate Fee: Add the Enter here and in block			criber group a	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE						\$	304111	Name
•			F BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDRED FIF				П		I SUBSCRIBER GRO	JP	_
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED FIF	TY-FIFTH	SUBSCRIBER GRO	UP	ONE HUNDRED I	FIFTY-SIXTH	I SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							<mark>.</mark>	
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Total DSEs			0.00	Total DSEs	1		0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add th			criber group a	as shown in the boxes	above.	\$		

<u> </u>								
ONE LUMBBER FIE				ATE FEES FOR EAC				
ONE HUNDRED FIF		SUBSCRIBER GROU	<u>0</u>	COMMUNITY/ ARE		SUBSCRIBER GROUP	0	9
COMMUNITY AREA				COMMONT IT ARE	······································			Computat
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
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			····				······	for
						-		Partially Distant
								Stations
			••••					Otatione
			••••					
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
		<u>·</u>				·		
ase Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED F	ICTV/ NUNITU							
	IF I Y-INIIN I M	SUBSCRIBER GRO	UP	ONE HUNDR	ED SIXTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	IF I Y-INIIN I FI	SUBSCRIBER GRO	0 0	ONE HUNDR		SUBSCRIBER GROU	UP <b>0</b>	
OMMUNITY/ AREA		SUBSCRIBER GRO		1		SUBSCRIBER GROU		
	DSE	CALL SIGN		1		SUBSCRIBER GROU		
			0	COMMUNITY/ ARE.	Α		0	
			0	COMMUNITY/ ARE.	Α		0	
			0	COMMUNITY/ ARE.	Α		0	
			0	COMMUNITY/ ARE.	Α		0	
			0	COMMUNITY/ ARE.	Α		0	
			0	COMMUNITY/ ARE.	Α		0	
CALL SIGN			0	COMMUNITY/ ARE.	Α		0	
			0	COMMUNITY/ ARE.	Α		0	
			0	COMMUNITY/ ARE.	Α		0	
			0	COMMUNITY/ ARE.	Α		0	
			0	COMMUNITY/ ARE.	Α		0	
			0	COMMUNITY/ ARE.	Α		0	
			0	COMMUNITY/ ARE.	Α		0	
			DSE	COMMUNITY/ ARE.	Α		DSE	
CALL SIGN  CALL SIGN  Total DSEs			0	COMMUNITY/ ARE.	Α		0	
CALL SIGN	DSE		DSE	COMMUNITY/ ARE.	DSE		DSE	
CALL SIGN	DSE	CALL SIGN	0 DSE	COMMUNITY/ ARE.	DSE	CALL SIGN	0 DSE	
CALL SIGN	DSE	CALL SIGN	0.00 0.00	COMMUNITY/ ARE.	DSE CONTRACTOR OF THE CONTRACT	CALL SIGN	0 DSE	
CALL SIGN	DSE	CALL SIGN	0 DSE	COMMUNITY/ ARE.	DSE CONTRACTOR OF THE CONTRACT	CALL SIGN	0 DSE	

ACCOUNTING PERIOD: 2020/1 FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. d/b/a SPARKLIGHT 304111 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 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 

FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. d/b/a SPARKLIGHT 304111 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. FIFTH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 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 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 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 

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. d/b/a SPARKLIGHT 304111 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 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 

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. d/b/a SPARKLIGHT 304111 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 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 

ACCOUNTING PERIOD: 2020/1 FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. d/b/a SPARKLIGHT 304111 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. SEVENTEENTH SUBSCRIBER GROUP EIGHTEENTH 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 NINEENTH SUBSCRIBER GROUP TWENTYTH 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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ILEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC. d/b/a SPARKLIGHT

SYSTEM ID# 304111

## 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 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 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. ONE HUNDRED FIFTH SUBSCRIBER GROUP ONE HUNDRED 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 

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CABLE ONE. INC. d/b/a SPARKLIGHT 304111

## 9

Name

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

**Stations** 

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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. ONE HUNDRED NINTH SUBSCRIBER GROUP ONE HUNDRED 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		computation
SYNDICATED EXCLUSIVITY		SYNDICATED EXCLUSIVITY
SURCHARGE		SURCHARGE
First Group	\$	Second Group

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

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

Fourth Group . . . . . . . . . . . . . . .

FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. d/b/a SPARKLIGHT 304111 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 THIRTEENTH SUBSCRIBER GROUP ONE HUNDRED 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 ONE HUNDRED FIFTEENTH SUBSCRIBER GROUP ONE HUNDRED 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 . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

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SURCHARGE

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

SURCHARGE

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