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					
2/24/21	\$					
	ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:								
Accounting	2020/2								
Period									
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 63037								
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
	Indiana Bell Telephone Company, Incorporated								
				630372020					
				63037 2020/2					
	2260 E Imperial Hwy Room 839								
	El Segundo, CA 90245								
С	INSTRUCTIONS: In line 1, give any business or trade names used to in								
•	names already appear in space B. In line 2, give the mailing address of	t the system, if dif	ferent from the address giv	en in space B.					
System	1 IDENTIFICATION OF CABLE SYSTEM:								
	MAILING ADDRESS OF CABLE SYSTEM:								
	2 (Number, street, rural route, apartment, or suite number)								
	(City, town, state, zip code)								
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst com	munity served below and re	list on page 1b					
Area	with all communities.								
Served	CITY OR TOWN	STATE							
First	South Bend	IN							
Community	Below is a sample for reporting communities if you report multiple cha	annel line-ups in S	Space G.						
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#					
Sample	Alda	MD	Α	1					
-	Alliance	MD	В	2					
	Gering	MD	В	3					

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

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 63037 Indiana Bell Telephone Company, Incorporated Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future 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. CITY OR TOWN CH LINE UP STATE SUB GRP# South Bend IN First **Elkhart Unincorporated County** IN Community Granger IN Indian Village IN IN Mishawaka **Notre Dame** IN See instructions for **OSCEOLA** IN additional information on alphabetization. Roseland IN Saint Joseph Unincorporated County IN **Benton Harbor** MI **Benton Township** ΜI **Bertrand Township** MI **Buchanan** MI **Chikaming Township** ΜI **Grand Beach** MI **Lincoln Township** MI **New Buffalo** MI **New Buffalo Township** MI **Niles** ΜI **Niles Township** ΜI **Royalton Township** MI Saint Joseph MI Saint Joseph Township ΜI **Sodus Township** MI Stevensville MI **Three Oaks** MI

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Name legal name of owner of cable system: SYSTEM ID#
Indiana Bell Telephone Company, Incorporated 63037

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1		BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	F	RATE
Residential:	SOBSCRIBERS		IXIL	CATEGORY OF SERVICE	SOBSCRIBERS	'	VAIL
Service to first set	6,458	\$	19.00	HD Tech Fee	4,054	\$	10.00
Service to additional set(s)		ļ		Set-Top Box	6,496		\$0-\$15
•FM radio (if separate rate)		ļ		Broadcast TV Surcharge	6,458	\$8.9	99-\$9.99
Motel, hotel		ļ					
Commercial	38	\$	20.00				
Converter							
Residential							
Non-residential		<u> </u>					
i e							

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable		Motel, hotel		Video on Demand	\$0-\$100
Pay cable—add'l channel	\$5-\$199	Commercial		Service Activation Fee	\$0-\$35
Fire protection		Pay cable		Credit Management Fee	\$0-\$449
•Burglar protection		Pay cable-add'l channel		Dispatch on Demand	\$99
Installation: Residential		Fire protection		Wireless Receiver	\$0 - \$49
• First set	\$0-\$199	Burglar protection		HD Premium Tier	\$10
Additional set(s)		Other services:		DVR Upgrade Fee	\$105
•FM radio (if separate rate)		Reconnect	\$0-\$35	Vacation Hold	\$7
Converter		Disconnect		Program Downgrade Fee	\$ 5.00
		Outlet relocation	\$0-\$55	Non-Return Eqpt Fee	\$0-\$150
		Move to new address			

LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	!		
Indiana Bell Tel	ephone Co	mpany, Ind	orporated		63037	, 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.								
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the								
station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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).								
its community of licens on which your cable sy	e. For example stem carried th	e, WRC is Cha le station.	annel 4 in Wash	nington, D.C. This	on for broadcasting over-the-air in may be different from the channel			
educational station, by (for independent multion For the meaning of the	entering the le ast), "E" (for no se terms, see l	tter "N" (for no oncommercia page (v) of the	etwork), "N-M" (f l educational), o e general instruc	for network multicate for network multicate for "E-M" (for noncontions located in the	ast), "I" (for independent), "I-M" mmercial educational multicast).			
1	ave entered "Yo ne distant statio	es" in column on during the	4, you must con accounting perion	nplete column 5, s od. Indicate by ent	stating the basis on which your ering "LAC" if your cable system			
of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th	entered into or a primary transi simulcasts, also ree categories	n or before Ju mitter or an as o enter "E". If , see page (v)	ne 30, 2009, be ssociation repre- you carried the of the general i	tween a cable system senting the primal channel on any ot instructions locate	payment because it is the subject stem or an association representing y transmitter, enter the designaher basis, enter "O." For a further d in the paper SA3 form.			
	anadian statio	ns, if any, giv	e the name of th	ne community with	v to which the station is licensed by the which the station is identifed. channel line-up.			
		CHANN	EL LINE-UP	AA		_		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
WBND-LD/WBND	57/1057	N	No		South Bend, IN	_		
WCWW-LD/WCWV	25/1025	ı	No		South Bend, IN	See instructions for		
WHME	46	ı	No		South Bend, IN	additional information on alphabetization.		
WMYS-LD/WMYSI	69/1069	ı	No		South Bend, IN	on alphabetization.		
WNDU/WNDUHD	16/1016	N	No		South Bend, IN			
WNIT/WNITHD	34/1034	E	No		South Bend, IN			
WSBT/WSBTHD	22/1022	N	No		South Bend, IN	_		
WSBTD2/WSBTH2	22/1022	ı	No		South Bend, IN	_		
						_		
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				I	l .			

LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#			
Indiana Bell Tel	lephone Co	mpany, Ind	corporated		63037	Name		
PRIMARY TRANSMITTERS: TELEVISION								
carried by your cable s FCC rules and regulati	ystem during the ons in effect or	ne accounting n June 24, 19	period, except 81, permitting th	(1) stations carried ne carriage of certa	and low power television stations) d only on a part-time basis under in 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 on a substitute program basis, as explained in the next paragraph.								
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program								
basis under specifc FC • Do not list the station	-			e Special Stateme	ent and Program Log)—if the			
station was carried	-			o opoolal olatollio				
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 eac	h station's call	-			s such as HBO, ESPN, etc. Identify			
			•	•	ion. For example, report multi- ı stream separately; for example			
WETA-simulcast).	-Z . Omnulcast	streams musi	i be reported in t	column 1 (list caci	i stream separatery, for example			
			•		on for broadcasting over-the-air in			
on which your cable sy Column 3: Indicate	stem carried the in each case v	ne station. whether the st	tation is a netwo	rk station, an inde	may be different from the channel pendent station, or a noncommercial st), "I" (for independent), "I-M"			
	•	•	,		mmercial educational multicast).			
For the meaning of the		• ,	•		• •			
planation of local servi					s". If not, enter "No". For an ex- naper SA3 form			
					tating the basis on which your			
1 -		_		•	ering "LAC" if your cable system			
carried the distant stati For the retransmiss	-				payment because it is the subject			
of a written agreement	entered into or	n or before Ju	ine 30, 2009, be	tween a cable sys	tem or an association representing			
· ·			-		y transmitter, enter the designa- ner basis, enter "O." For a further			
					d in the paper SA3 form.			
Column 6: Give the	e location of ea	ch station. Fo	or U.S. stations,	list the community	to which the station is licensed by the			
Note: If you are utilizin				•	which the station is identifed. channel line-up.			
,		•	EL LINE-UP		<u> </u>			
	o Dioxot	I	Ι		0 1 00 1 TION OF OTATION			
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION			
CIGIT	NUMBER	STATION	(103 01 110)	(If Distant)				
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ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63037 Indiana Bell Telephone Company, Incorporated PRIMARY TRANSMITTERS: RADIO Н 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** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio 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 LOCATION OF STATION CALL SIGN S/D LOCATION OF STATION AM or FM S/D AM or FM

FURM SA3E. PAGE 5.						ACCOUNTING	PERIOD: 2020/2
LEGAL NAME OF OWNER OF Indiana Bell Telephone			ted.		S	YSTEM ID# 63037	Name
-		•				63037	
In General: In space I, ident substitute basis during the a explanation of the programm	ify every nor	nnetwork televiseriod, under spe	sion program broadcast by a ecific present and former FC	ı distant static C rules, regul	ations, or authorizations.	For a further	Substitute Carriage:
1. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE CARRIAGE				Special
During the accounting per broadcast by a distant state		r cable system	carry, on a substitute basi	s, any nonne	twork television program		Statement and Program Log
Note: If your answer is "No log in block 2.	", leave the	rest of this pag	e blank. If your answer is '	Yes," you mu	ust complete the progran	n	
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love L Column 2: If the prograr Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	oce, please a of every nor distant statis gulations, o tion. Do no Lucy" or "NB m was broad sign of the saddant station and day "ye "5/7." es when the Example: a er "R" if the and regulatio ogramming	attach additional network televion and that your authorization to use general of the Basketball: a least live, enterestation broadcan's location (the livens, if any, the when your system of the program carrillisted program carrillisted program on sin effect during the livens in eff	al pages. sion program (substitute pur cable system substituteds. See page (vi) of the geneategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the stem carried the substitute program was carried by your ded by a system from 6:01:10 was substituted for programing the accounting period	rogram) that, d for the progeral instruction "basketball". o." m. station is lice station is ider program. Use table system. 5 p.m. to 6:2 mming that y; enter the let	during the accounting pramming of another state on slocated in the paper. List specific program onsed by the FCC or, in niffied). List the times accurated the second of	ion th y	
					EN SUBSTITUTE	7. REASON	
1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	IAGE OCCURRED 6. TIMES	FOR DELETION	
	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO		
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ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 6.

Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#											
Name	Indiana Bell	Bell Telephone Company, Incorporated 63037										
	PART-TIME CA	RRIAGE I OG										
J	In General: Thi time carriage du	s space ties in v ue to lack of acti	vith column 5 of spac vated channel capac station. If you need n	ity, you are requ	ired to comp	lete this	log giving the t					
Part-Time Carriage Log	column 5 of spa Column 2 (D curred during th	ace G. lates and hours be accounting pe	the call sign of every s of carriage): For earlod. the carriage occurre	ach station, list t	he dates and	hours w	when part-time o	carriage oc-				
	State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.— 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.— 12:00 p.m."											
			DATES	AND HOURS	OF PART-TIM	1E CARI	RIAGE					
	CALL SIGN	WHEI	CARRIAGE OCCU		CALL	SIGN -	WHEI	N CARRIAGE O				
	0,122 0,011	DATE FROM TO			07.22	0.0.1	DATE	DATE FROM				
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	SA3E. PAGE 7. AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#				
	liana Bell Telephone Company, Incorporated	63037	Name			
Inst all a (as pag	OSS RECEIPTS tructions: The figure you give in this space determines the form you fle and the amount you paramounts (gross receipts) paid to your cable system by subscribers for the system's secondary identified in space E) during the accounting period. For a further explanation of how to compute e (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. FORTANT: You must complete a statement in space P concerning gross receipts.	transmission service	K Gross Receipts			
• Con • Con • If you fee • If you	(RIGHT ROYALTY FEE actions: Use the blocks in this space L to determine the royalty fee you owe: implete block 1, showing your minimum fee. implete block 2, showing whether your system carried any distant television stations. Our system did not carry any distant television stations, leave block 3 blank. Enter the amount of from block 1 on line 1 of block 4, and calculate the total royalty fee. Our system did carry any distant television stations, you must complete the applicable parts of the ompanying this form and attach the schedule to your statement of account.	of the minimum	L Copyright Royalty Fee			
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be enterest 3 below.	ed on line 1 of				
٠ .	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered elow.	on line 2 in block				
١- ٠	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be oblock 4 below.	entered on line				
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are re least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.06 system's gross receipts for the accounting period.	64 percent of the				
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064	\$ 2,583,264.94				
	Enter the result here. This is your minimum fee.	27,485.94				
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the inform space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column 4, you "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period? Yes—Complete the DSE schedule. x No—Leave block 3 below blank and comple	ou must check				
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$ -				
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	0.00				
	Line 3. Add lines 1 and 2 and enter here	-				
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7	\$ 27,485.94	Cable systems submitting			
	(block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9	0.00	additional deposits under Section 111(d)(7)			
	(Interest Worksheet)	0.00	should contact the Licensing			
	Line 4. FILING FEE	\$ 725.00	additional fees. Division for the appropriate			
TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here						
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See pa general instructions located in the paper SA3 form for more information.)	,	submitting the additional fees.			

ACCOUNTING PERIOD: 2020/2
FORM SA3E_PAGE 8

		FORM SA3E. PAGE 8.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Indiana Bell Telephone Company, Incorporated	SYSTEM ID# 63037
М	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast st	ations
IVI	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	auons
Channels		
	Enter the total number of channels on which the cable	15
	system carried television broadcast stations	
	Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	602
	and nonbroadcast services	
N	individual TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
Individual to	,	
Be Contacted		
for Further Information	Name Myriam Nassif Telephone 3	10-964-1930
imormation		
	Address 2260 E Imperial Hwy Room 839 (Number, street, rural route, apartment, or suite number)	
	El Segundo, CA 90245	
	(City, town, state, zip)	
	Email mn112s@att.com Fax (optional)	
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulat	ions.)
0		,
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; o	r
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syst	em as identified
	in line 1 of space B and that the owner is not a corporation or partnership; or	
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner	of the cable system
	in line 1 of space B.	
	• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained he	rein
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	
	/s/Michael Santogrossi	
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement.	
	(e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibil	
	T. J. J. J. Mishael Contamoral	
	Typed or printed name: Michael Santogrossi	
	Title: Vice President – Finance (Title of official position held in corporation or partnership)	
l	(Title of official position field in corporation of participant)	
	Date: February 24, 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 sufficiency of the fling, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Indiana Bell Telephone Company, Incorporated	63037	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 to lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not inconscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transminate by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	pasic lude sub- 119."	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Name Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underposed an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	ayment.	Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	0274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	e please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce please list below the owner, address, first community served, accounting period, and ID number as given in the filing.		
Owner		
Address		
First community served		
Accounting period		
ID number		

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

ACCOUNTING PERIOD: 2020/2

DSE SCHEDULE. PAGE 10.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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, 198I, on a substitute and/or
 part-time basis only and complete the log to determine the portion of
 the DSE exempt from the 3.75 percent rate.
- Subtract the number of DSEs resulting from this carriage from the number of DSEs reported in part 5 of the DSE Schedule. This is the total number of DSEs subject to the 3.75 percent rate. Multiply these DSEs by gross receipts by .0375. This is the 3.75 fee.

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

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

DSE SCHEDULE, PAGE 11.

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

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

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

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

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

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

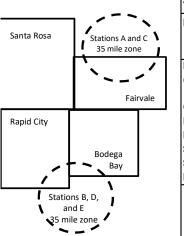
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

EXAMPLE:

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

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



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

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 \$6 384.00

		ψ0,304.00				
First Subscriber Group		Second Subscriber Group		Third Subscriber Group		
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)		
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00	
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)

1	LEGAL NAME OF OWNER OF CABLE SYSTEM:											
•	Indiana Bell Telephone	Company, In	corporated			63037						
	SUM OF DSEs OF CATEGOR		NS:									
	 Add the DSEs of each station 											
	Enter the sum here and in line	1 of part 5 of this	s schedule.		0.00							
2	Instructions: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3).											
Computation of DSEs for	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25." CATEGORY "O" STATIONS: DSEs											
Category "O"												
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE						
Add rows as												
necessary.												
Remember to copy all												
formula into new												
rows.												
												
		·										

·	 P	p	
		1	

Name		OWNER OF CABLE SYSTEM: Telephone Company	y, Incorpora	ted				S	63037
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity	Column 2 figure should Column 3 Column 4 be carried ou Column 5 give the type- Column 6	st the call sign of all dista 2: For each station, give the correspond with the infor in the correspond with the inform in the context of the	he number of mation given in the total number arms and point. This station, give the lumn 4 by the SDSE. (For me	hours your cable syster in space J. Calculate or er of hours that the statingure in column 3, and goes is the "basis of carriag ne "type-value" as "1.0."	m carried the state of the state of the carried the case of the ca	ion during the a each station. er the air during decimals in colu tation. k or noncomme a column 6. Rou viii) of the gener	the accour umn 4. This ercial educa and to no les	nting period. figure must tional station,	
	1. CALL	2. NUMBE	R	3. NUMBER	4. BASIS OI	F	5. TYPE	6. DS	SE SE
	SIGN	OF HOU CARRIE SYSTE	ED BY	OF HOURS STATION ON AIR	CARRIAC VALUE	€E	VALUE		
		31312	÷		=	x		=	
			÷		=	x		=	
			÷		=	x x		=	
			÷		=	x		=	
			÷		=	x x		=	
			÷		=	x		=	
	Add the DSEs	s OF CATEGORY LAC S of each station. ım here and in line 2 of pa		hedule,			0.00		
Computation of DSEs for Substitute-Basis Stations	Was carried tions in effetensial broadcast of space I). Column 2: at your option. Column 3: Column 4:	re the call sign of each stand by your system in substant on October 19, 1976 (one or more live, nonnetwork). For each station give the This figure should correst Enter the number of days. Divide the figure in column This is the station's DSE	itution for a pr as shown by t ork programs of number of live spond with the s in the calend an 2 by the figure (For more info	ogram that your system the letter "P" in column a during that optional carrie, nonnetwork program information in space I. ar year: 365, except in ure in column 3, and giver and in our on rounding, second	was permitted to 7 of space I); and iage (as shown by s carried in subst a leap year. we the result in co ee page (viii) of th	o delete under l the word "Yes" i titution for progi lumn 4. Round he general instr	FCC rules an column 2 or rams that we to no less tructions in the	f ere deleted han the third	n).
			1	E-BASIS STATION	11				1
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMB OF DA' IN YEA	YS	1. CALL SIGN	2. NUME OF PROG	BER BRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
			÷				+		
			÷ ÷	=			÷ ÷		=
			÷	=			÷		=
			÷ ÷	=			÷ ÷		=
	Add the DSEs	s OF SUBSTITUTE-BASI of each station. um here and in line 3 of pa	IS STATIONS:	:			0.00		
5		ER OF DSEs: Give the am sapplicable to your system		boxes in parts 2, 3, and	4 of this schedule	e and add them	to provide th	e total	
Total Number		of DSEs from part 2 •				>		0.00	
of DSEs		of DSEs from part 3 •				<u> </u>		0.00	
	3. Number	of DSEs from part 4 ●				>		0.00	
	TOTAL NUMBE	ER OF DSEs							0.00

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

	OWNER OF CABLE S elephone Com		rporated				S'	YSTEM ID# 63037	Name
In block A: • If your answer if ' schedule.	ck A must be comp	mainder of pa	•	of the DSE schedu	ule blank and	complete part	3, (page 16) of the		6
It your answer if '	"No," complete bloo	CKS B and C		TELEVISION MA	ARKETS				Computation o
effect on June 24, Yes—Com	m located wholly ou 1981? aplete part 8 of the	schedule—D	najor and smalle	er markets as defin	ed under sect		C rules and regulat	tions in	3.75 Fee
No-comp	Diete blocks b and v								
		BLO	CK B: CARR	IAGE OF PERM	MITTED DS	SEs			
Column 1: CALL SIGN	FCC rules and re	gulations pride	or to June 25, 1 dule. (Note: The	part 2, 3, and 4 of t 981. For further ex e letter M below ref act of 2010.)	planation of p	ermitted statio	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 pre	les and reguled pursuant to a sefined al educational station (76.6 r DSE sched ant to individually carried HF station will be station will be sefined and the station will be sefined as the sefined and the sefined and the sefined as the	lations cited be o the FCC mark in 76.5(kk) (76 ll station [76.59 65) (see paragrule). Lal waiver of FC d on a part-timithin grade-B co	e or substitute basi ontour, [76.59(d)(5)	e in effect on	June 24, 1981. 76.61(b)(c), 76 referring to 76. to 76.61(d)] indfathered sta	6.63(a) referring to 61(e)(1) tions in the		
Column 3:		stations ide	ntified by the le	parts 2, 3, and 4 of tter "F" in column 2			ksheet on page 14	of 3. DSE	
SIGN	BASIS		SIGN	BASIS		SIGN	BASIS		
			-						
								0.00	
		I	BLOCK C: CC	MPUTATION OF	3.75 FEE				
ine 1: Enter the	total number of l	DSEs from	part 5 of this s	chedule					
ine 2: Enter the	sum of permitted	d DSEs fron	n block B abo	/e					
	line 2 from line 1 eave lines 4–7 bl			•		ate.		0.00	
ine 4: Enter gro	oss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represen partially
ine 5: Multiply li	ine 4 by 0.0375 a	ind enter su	m here				x		permited/ partially nonpermitted
ine 6: Enter tota	al number of DSE	Es from line	3					-	carriage? If yes, see part 9 instructions.
ine 7: Multiply li	ine 6 bv line 5 an	d enter here	e and on line 2	2, block 3, space	L (page 7)			0.00	

								63037	
BLOCK A: TELEVISION MARKETS (CONTINUED)									
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
									Computation of 3.75 Fee
									3.75 Fee
							•		
						1			

ACCOUNTING PERIOD: 2020/2

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Indiana Bell Telephone Company, Incorporated 63037 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 A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections Carriage 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S-Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED DSE PERIOD CARRIAGE SIGN DSE Instructions: Block A must be completed. 7 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 defned by section 76.5 of FCC rules in effect June 24, 1981? Yes—Complete blocks B and C . X 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 commucommercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer or in part, over the cable system? to former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. X No—Enter zero and proceed to part 8. CALL SIGN CALL SIGN CALL SIGN DSE CALL SIGN DSE DSE DSE 0.00 0.00 **TOTAL DSEs** TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Indiana Bell Telephone Company, Incorporated	SYSTEM ID# 63037	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	2,583,264.94	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defned 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? Yes—Complete part 9 of this schedule. No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS	iE	
	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)		
	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	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
4a	Yes—Complete part 9 of this schedule. X No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	iE	
	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	LEGAL NAM	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	!	Indiana Bell Telephone Company, Incorporated	63037						
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		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ \$							
of the Syndicated		B. Enter 0.00189 of gross receipts (the amount in section 1)							
Exclusivity 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.	<u></u> .						
	Instru	ctions:							
8	You m	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of p checked "Yes," use the total number of DSEs from part 5.	part						
		checked Tes, use the total number of DSLs from part 5.							
Computation	1	ir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.	1						
of Base Rate Fee	blank	ır answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B be 	elow						
		is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers							
		ocated within that station's local service area and others were located outside that area. For the definition of a station's "local service area and others were located outside that area. For the definition of a station's	cal						
	service	e area," see page (v) of the general instructions.							
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS								
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?								
		Yes—Complete part 9 of this schedule. X No—Complete the following sections.							
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE							
	Section 1	Enter the amount of gross receipts from space K (page 7)	.94_						
	Section	Enter the total number of permitted DSEs from block B, part 6 of this schedule.							
	2	(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)	0.00						
	Section								
	3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.							
		A. Enter 0.01064 of gross receipts (the amount in section 1)	<u>-</u>						
		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	<u>-</u>						
		E. Add lines A, and D. This is your base rate fee. Enter here							
		and in block 3, line 1, space L (page 7)	_						
		Base Rate Fee	<u></u> .						

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Indiana Bell Telephone Company, Incorporated	63037	Name
Section If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
4		8
A. Enter 0.01064 of gross receipts (the amount in section 1) **Section 1.1**		· ·
B. Enter 0.00701 of gross receipts (the amount in section 1) \$\bigseleft\{ \bigseleft\} \bigseleft\{ \bigseleft\} \bigseleft\} \bigseleft\{ \bigseleft\} \bigseleft\{ \bigseleft\} \bigseleft\{ \bigseleft\} \bigseleft\} \bigseleft\{ \bigseleft\} \bigseleft\} \bigseleft\{ \bigseleft\} \bigseleft\} \bigseleft\{ \bigseleft\} \bigse		Computation of
		Base Rate Fee
C. Multiply line B by 3.000 and enter here \$		
D. Enter 0.00330 of gross receipts		
(the amount in section 1) > \$		
E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here		
F. Multiply line D by line E and enter here \$		
G. Add lines A, C, and F. This is your base rate fee.		
Enter here and in block 3, line 1, space L (page 7) Base Rate Fee	0.00	
IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broad instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple char		_
Space G.	mer ime-ups m	9
In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate f		Computation
receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take exclusion, you must:	advantage of this	of Base Rate Fee
First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distar	it to the same	and
station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determing DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee	ne the number of	Syndicated Exclusivity
Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	or each group.	Surcharge for
NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt i		Partially
also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B your cable system is wholly located outside all major television markets, complete block A only.	below. However, if	Distant Stations, and
How to Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
Step 1: For each community served, determine the local service area of each wholly distant and each partially distant s	tation you	Stations
carried to that community. Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were	Jocated	
outside the station's local service area. A subscriber located outside the local service area of a station is distant to that		
same token, the station is distant to the subscriber.)	at Fach	
Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note		
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 s groups.	ystem's subscriber	
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 subscribers in the group. 	all of the	
• If:		
1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave 4 of this schedule; or,	it in parts 2, 3, and	
2) any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in part 6 of this schedule.	ı block B,	
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 in the paper SA3 form.	al instructions	
Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the		
page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not ractual calculations on the form.	` '	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63037 Indiana Bell Telephone Company, Incorporated Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

LEGAL NAME OF OWNER Indiana Bell Teleph			ed			SY	63037	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
	FIRST	SUBSCRIBER GROU	Р		SECOND	SUBSCRIBER GROUP)	^
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
		-						Surcharge
		-						for
								Partially
								Distant
								Stations
					.			
					<u>.</u>			
					<u> </u>		_	
	······································			-			<u></u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	ou n	. 2.593	264.94	Gross Receipts Secon	d Croup		0.00	
Gloss Receipts Filst Git	oup	\$ 2,583	204.34	Gross Receipts Secon	a Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	Р					
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		0.00	Total DSEs			0.00		
Gross Receipts Third Group \$ 0.0		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	e base rate	e fees for each subscri	ber group a	II as shown in the boxes ab	ove.			
Enter here and in block						\$	0.00	

LEGAL NAME OF OWNE Indiana Bell Telep			ated			\$	63037	Name
	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
	FIFTH	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
			····		······			and Syndicated
								Exclusivity
								Surcharge
				-				for Partially
			···					Distant
								Stations
				-				
							2.22	
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 Seco	ond Group	\$	0.00	
	SEVENTH	SUBSCRIBER GRO				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		II	0.00	
Gross Receipts Third Group \$		0.00	Gross Receipts Four	th Group	\$	0.00		
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group a	as shown in the boxes	above.	s		

Nonpermitted 3.75 Stations

LEGAL NAME OF OW Indiana Bell Tel		E SYSTEM: mpany, Incorpor	ated			\$	63037	Name
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCRI	BER GROUP		
		SUBSCRIBER GRO				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 Fe
								and
				-		-		Syndicated Exclusivity
						<u> </u>		Surcharge
								for
								Partially
			<u></u>					Distant Stations
			····	-				Stations
				-				
Total DSEs		II	0.00	Total DSEs			0.00	
Total DSEs								
Gross Receipts First	Group	\$ 2,583	3,264.94	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP					
COMMUNITY/ AREA	A		0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
				1				
			<u>.</u>	-				
				1				
				-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$		\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
		_						
Base Rate Fee Thire	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				П				
Base Rate Fee: Add Enter here and in blo			criber group a	as shown in the boxes	above.	\$	0.00	

Nonpermitted 3.75 Stations

	Name
OCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	
FIFTH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP	0
O COMMUNITY/ AREA O C	9 Computation
DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	of
Ва	Base Rate I
	and
	Syndicate
	Exclusivit
	Surcharg for
	Partially
	Distant
	Stations
p \$ 0.00 Gross Receipts Second Group \$ 0.00	
p \$ 0.00 Base Rate Fee Second Group \$ 0.00	
VENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP	
0 COMMUNITY/ AREA 0	
DSE CALL SIGN DSE CALL SIGN DSE	
Total DSEs	

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Indiana Bell Telephone Company, Incorporated 63037 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: Computation Second 50 major television market First 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** Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Surcharge for Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. **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 First Group 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

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Indiana Bell Telephone Company, Incorporated 63037 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: Computation Second 50 major television market First 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** Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Surcharge for Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. **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 EIGHTH SUBSCRIBER GROUP SEVENTH 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