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

SA3E Long Form

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCO	UNTING PERIOD	COVERED BY TH	IS STATEMENT:				
Accounting Period	20	20/2						
B Owner	rate title List <i>If th</i> <i>a single</i>	e the full legal name of of the subsidiary, not t any other name or name nere were different own statement of account a	hat of the parent corporation of the parent corporation of the own	ation. ner conducts the busine ng period, only the owne covering the entire acc	ess of the cable syste er on the last day of th counting period.	ne accounting period should s		063102
	LEGAL	NAME OF OWNER/	AILING ADDRESS OF	CABLE SYSTEM				
	Illi	nois Bell Teleph	one Company					
							06310	220202
							063102	2020/2
		60 E Imperial Hv Segundo, CA 90	-					
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.							
System		NTIFICATION OF CABLE	SYSTEM:					
	MAI	LING ADDRESS OF CAE	BLE SYSTEM:					
	2 (Num	nber, street, rural route, apart	ment, or suite number)					
	(City	, town, state, zip code)						
D	Instruc	tions: For complete	space D instructions	, see page 1b. Identi	ify only the frst com	munity served below and	relist on pag	ge 1b
Area		communities.						
Served	CIT	Y OR TOWN			STATE			
First	Ch	ampaign			IL			
Community			orting communities if	you report multiple c		r'		
		Y OR TOWN (SAMPLI	E)		STATE	CH LINE UP	SUE	GRP#
Sample	Alda Alliance				MD	AB		1 2
	Gering	•			MD	B		3
-						ying information (PII) requested , such as name, address and tele		
numbers. By provid	ding PII, you	are agreeing to the routi	ne use of it to establish and	d maintain a public record	, which includes appear	ing in the Offce's public indexes	and in	
search reports prep	pared for the	e public. The effect of not	providing the PII requested	d is that it may delay proc	essing of your statemen	t of account and its placement in	the	

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\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

2/24/21

STATEMENT OF ACCOUNT for Secondary Transmissions by

Cable Systems (Long Form)

General instructions are located in

the first tab of this workbook.

FORM SA3E. PAGE 1b.

FORM SA3E. PAGE 1b.				
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
Illinois Bell Telephone Company			063102	
Instructions: List each separate community served by the cable system. A "community" in FCC rules: "a separate and distinct community or municipal entity (including unincorpo areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst of system identification hereafter known as the "first community." Please use it as the first	rated communities community that ye	s within unincorpo ou list will serve as	rated	D Area Served
Note: Entities and properties such as hotels, apartments, condominiums, or mobile home below the identified city or town.	e parks should be	reported in parent	heses	
If all communities receive the same complement of television broadcast stations (i.e., one all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each releadesignated by a number (based on your reporting from Part 9).	column blank. If y	ou report any stat	tions	
When reporting the carriage of television broadcast stations on a community-by-commun channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns be	a subscriber group			
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	
Champaign	IL			First
Champaign Unincorporated County	IL			Community
Danville	IL			
Decatur	IL			
Grandview	IL			
Harristown	IL			
Jerome	IL 			See instructions for
Leland Grove	IL "			additional information on alphabetization.
Macon Unincorporated County Mount Zion	IL II			
Sangamon Unincorporated County	IL IL			
	IL			
Savoy Sherman	IL			Add rows as necessary.
Springfield	IL			
Tilton	IL			
Urbana	IL			
Vermilion Unincorporated County	IL			

••		 	
•••		 	
••		 	

Name	LEGAL NAME OF OWNER OF CABLE	E SYSTEM:						S	YSTEM ID	
Hume	Illinois Bell Telephone C	Company							06310	
F	SECONDARY TRANSMISSION			-						
E	In General: The information in	-		-		-				
Cocondom/	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									
Secondary Transmission	last day of the accounting period						iose existir	ng on the		
Service: Sub-							he cable s	system, broken		
scribers and		Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in								
Rates	each category by counting the nu									
	separately for the particular servi									
	Rate: Give the standard rate	-						-	ie	
	unit in which it is generally billed. category, but do not include disc				ny standaro	d rate variations	within a pa	articular rate		
	Block 1: In the left-hand bloc				tegories	of secondarv t	ransmissi	on service that ca	able	
	systems most commonly provide	-			-	-				
	that applies to your system. Not									
	categories, that person or entity s									
	subscriber who pays extra for ca					in the count und	ler "Service	e to the		
	first set" and would be counted o Block 2: If your cable system					ission convice	that are di	ifforant from that	•	
	printed in block 1 (for example, ti		-		-				e	
	with the number of subscribers a	,	-							
	sufficient.	·	0			•				
	BLC	DCK 1 NO. OF	-				BLOC	K 2 NO. OF	1	
	CATEGORY OF SERVICE	SUBSCRIBI		RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE	
	Residential:									
	Service to first set		4,204	\$ 19.00	HD Tech			2,560	\$ 10.0	
	Service to additional set(s)				Set-Top			4,223	\$0-\$1	
	• FM radio (if separate rate) Motel, hotel				Broadca	st TV Surcharg	e	4,204	\$8.99-\$9.9	
	Commercial		19	\$ 20.00						
	Converter		10	φ 20.00						
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC									
F	In General: Space F calls for r	ate (not subse	criber)	information w	ith respec	-	-		were	
F	In General: Space F calls for r not covered in space E, that is, th	ate (not subsenessed and services the servic	criber) hat are	information w not offered in c	vith respect combination	n with any seco	ndary trans	mission	were	
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					SYSTEM ID# 063102	Namo
Illinois Bell Tel	•				003102	
PRIMARY TRANSMITTE						
					and low power television stations) only on a part-time basis under	G
	, ,			,	n network programs [sections	
			-	(e)(2) and (4))]; ar	nd (2) certain stations carried on a	Primary
substitute program bas Substitute Basis S			•	carried by your ca	ble system on a substitute program	Transmitters: Television
pasis under specifc FC						relevision
	-		it in space I (the	Special Statemer	nt and Program Log)—if the	
station was carried • List the station here,	-		ion was carried	both on a substitu	te basis and also on some other	
basis. For further in	formation conce				the general instructions located	
in the paper SA3 fo Column 1: List eac		sian. Do not re	port origination	program services	such as HBO, ESPN, etc. Identify	
		-		-	on. For example, report multi-	
	-2". Simulcast s	streams must l	be reported in co	olumn 1 (list each	stream separately; for example	
NETA-simulcast). Column 2: Give the	e channel numb	er the FCC ha	as assigned to th	ne television statio	n for broadcasting over-the-air in	
ts community of licens	e. For example	, WRC is Cha			hay be different from the channel	
on which your cable sy Column 3: Indicate			ation is a network	k station an inder	endent station, or a noncommercial	
				-	st), "I" (for independent), "I-M"	
for independent multic	cast), "E" (for no	oncommercial	educational), or	"E-M" (for noncon	nmercial educational multicast).	
For the meaning of the Column 4: If the st					e paper SA3 form. s". If not, enter "No". For an ex-	
planation of local servi						
-			-	-	ating the basis on which your	
cable system carried th carried the distant stati		-	• •	-	ring "LAC" if your cable system	
					payment because it is the subject	
of a written agreement	entered into on		- 20 2000 hat			
-				-	em or an association representing	
the cable system and a	a primary transn	nitter or an as	sociation represe	enting the primary	em or an association representing transmitter, enter the designa- er basis, enter "O." For a further	
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FORM SA3E. PAGE						
	OWNER OF CABLE SY				SYSTEM ID# 063102	Name
	Telephone Con				063102	
	AITTERS: TELEVISIO					
					nd low power television stations) only on a part-time basis under	G
					network programs [sections	
•	•			•	d (2) certain stations carried on a	Primary
	n basis, as explained		•	corriad by your ool	ala avatam an a avkatituta program	Transmitters
	fc FCC rules, regula			carried by your car	ble system on a substitute program	Television
-	-			Special Statemen	t and Program Log)—if the	
	rried only on a subst					
					e basis and also on some other he general instructions located	
in the paper SA		sinnig substitu		s, see page (v) or t	The general manualions located	
		-		-	such as HBO, ESPN, etc. Identify	
			-	-	n. For example, report multi-	
NETA-simulcast).		streams must	be reported in co	numm i (list each s	stream separately; for example	
		er the FCC ha	as assigned to th	e television statior	n for broadcasting over-the-air in	
			nnel 4 in Washir	igton, D.C. This m	ay be different from the channel	
	ole system carried th licate in each case w		ation is a network	station. an indep	endent station, or a noncommercial	
				-	it), "I" (for independent), "I-M"	
for independent n	nulticast), "E" (for no	oncommercial	educational), or	"E-M" (for noncom	mercial educational multicast).	
	of these terms, see p he station is outside				paper SA3 form. '. If not, enter "No". For an ex-	
	service area, see pa					
		• • • •			ting the basis on which your	
-		-		-	ing "LAC" if your cable system	
	t station on a part-tin				pacity. ayment because it is the subject	
			ie 30. 2009. Delv	veen a cable syste	m or an association representing	
-				-	m or an association representing transmitter, enter the designa-	
the cable system a tion "E" (exempt).	and a primary transr For simulcasts, also	nitter or an ass enter "E". If y	sociation represe ou carried the ch	enting the primary the primary the primary the primary of the prim	transmitter, enter the designa- er basis, enter "O." For a further	
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LEG	AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name
Illir	ois Bell Telephone Company		063102	Name
Inst all a (as	DSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amo mounts (gross receipts) paid to your cable system by subscribers for the system's secon identifed in space E) during the accounting period. For a further explanation of how to co e (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	ndary transmiss	ion service	K Gross Receipts
IMP	during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	\$ (Amount	1,683,282.26 of gross receipts)	
 Instru Cor Cor If you fee If you fee 	(RIGHT ROYALTY FEE ctions : Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. ur system did not carry any distant television stations, leave block 3 blank. Enter the am from block 1 on line 1 of block 4, and calculate the total royalty fee. ur system did carry any distant television stations, you must complete the applicable par pompanying this form and attach the schedule to your statement of account.			L Copyright Royalty Fee
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.	e entered on line	1 of	
· ·	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be e low.	ntered on line 2	in block	
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shou block 4 below.	uld be entered o	n line	
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or me least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.	is 1.064 percer	t of the	
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.	\$	1,683,282.26	
	This is your minimum fee.	\$	17,910.12	
Block 2	 DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with th space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colum "Yes" in this block. Did your cable system carry any distant television stations during the accounting perio Yes—Complete the DSE schedule. In a space Complete the	n 4, you must c	heck	
Block 3	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	\$	17,910.12	Cable systems
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.		0.00	submitting additional deposits under
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	Section 111(d)(7) should contact the Licensing
	Line 4. FILING FEE	\$	725.00	additional fees. Division for the appropriate
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$	18,635.12	form for submitting the
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See general instructions located in the paper SA3 form for more information.)	e page (i) of the		additional fees.

FORM SA3E. PAGE 7.

ACCOUNTING PERIO	DD: 2020/2									FORM SA3	E. PAGE 8.
Name	LEGAL NAME	OF OWNER OF C	ABLE SY	/STEM:						SYS	TEM ID#
	Illinois B	ell Telephon	le Cor	npany							063102
M		ons: You must gi		the number of chan cable system's to							
Chaineis				hannels on which roadcast stations						18	
	on wh	ich the cable s	system	ctivated channels carried television	broadcast stat					612]
N Individual to				IF FURTHER INFOR tement of accoun		EDED : (Identify ar	n individual				
Be Contacted for Further Information	Name	Myriam N	assif					Τ	elephone	310-964-1930	
	Address			al Hwy Room							
		(Number, street El Seguno (City, town, stat	do, C	Dute, apartment, or su	lite number)						
	Email	n	nn112	2s@att.com				Fax (optional			
0	CERTIFICATI	ON (This staten	ment of	account must be co	ertifed and signe	ed in accordance	with Copyr	ight Office regula	ations.)		
Certifcation	• I, the und	lersigned, hereb	oy certif	fy that (Check one,	but only one , of	f the boxes.)					
	Ownei (Ownei	other than cor	poratio	on or partnership)	am the owner o	of the cable system	m as identi	fed in line 1 of sp	bace B; or		
	🦲 (Agent			In corporation or Ind that the owner is				ent of the owner	of the cable :	system as identified	
	X (Offic	er or partner) in line 1 of spa		an officer (if a corp	poration) or a p	oartner (if a parti	nership) of	f the legal entity	/ identifed as	s owner of the cable syst	em
	are true,		correct	of account and her to the best of my k)]	-					erein	
			Х	/s/ Michael S	antogrossi						
		(e	e.g., /s/	electronic signature John Smith). Befor nen type /s/ and you	e entering the fir	st forward slash o	of the /s/ sig	gnature, place you	ur cursor in th	ne box and press the "F2" ibility settings.	
		т	yped c	or printed name:	Michael Sa	antogrossi					
		-	itle:	Vice Preside	nt - Financ						
		1	ide.			corporation or partr	nership)				
		D	ate:	February 24, 202	21						
			11-21	Chattan Contact	wines the C	abt Offers to "	ot th	enelly idea if i	:		
Privacy Act Notice:	Section 111 (ו נונופ 1/ of the	united	a states Code autho	mzes the Copyri	grit uffce to colle	ect the pers	unally identifying	s information	(PII) requested on this	

form in order to process your statement of account. Pli is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing Pll, 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 Pll 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 fing, a determination that would be made by a court of law.

FORM SA3E, PAGES	FORM	SA3E.	PAGE9
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LEGAL NAME OF OWNER OF CABLE SYSTEM: IIIinois Bell Telephone Company	SYSTEM ID# 063102	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 add lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for service of providing secondary transmissions of primary broadcast transmitters, the system shall not scribers and amounts collected from subscribers receiving secondary transmissions pursuant to see For more information on when to exclude these amounts, see the note on page (vii) of the general instruct paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmise of gross receipts	the basic ot include sub- ction 119." ions in the	P Special Statement Concerning Gross Receipts Exclusion
X NO YES. Enter the total here and list the satellite carrier(s) below.		
Name Name Mailing Address Mailing Address		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or un 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	- days	
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)	- erest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assis contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	stance 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 please list below the owner, address, first community served, accounting period, and ID number as given i filing.		
Owner Address		
First community served Accounting period ID number		

form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the filing, a determination that would be made by a court of law.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

The Minimum Fee/Base Rate Fee/3.75 Percent Fee. All cable sys-

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

What is a "Permitted" Station? A permitted station refers to a distant station whose carriage is not subject to the 3.75 percent rate but is subject to the base rate and, where applicable, the Syndicated Exclusivity Surcharge. A permitted station would include the following: 1) A station actually carried within any portion of a cable system prior

to June 25, 1981, pursuant to the former FCC rules.

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

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

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

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

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

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

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

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

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

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

DSE SCHEDULE. PAGE 11.

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

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

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

Each of the second, third, and fourth DSEs 0.701% of gross receipts 0.330% of gross receipts

PARTIALLY DISTANT STATIONS-PART 9 OF THE DSE SCHEDULE

· If any of the stations were partially distant:

The fifth and each additional DSE

1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.

2. Identify the communities/areas represented by each subscriber group. 3. For each subscriber group, calculate the total number of DSEs of

that group's complement of stations.

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

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

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

5. Calculate a separate base rate fee for each subscriber group, using (1) the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) the amount of gross receipts attributable to that group.

6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.

7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

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

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

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

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

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

Distant Stations Carried Identification of Subscriber Groups In most cases under current FCC STATION DSF CITY OUTSIDE LOCAL GROSS RECEIPTS rules, all of Fairvale would be within A (independent) 1.0 SERVICE AREA OF FROM SUBSCRIBERS Santa Rosa B (independent) 10 Stations A. B. C. D .E the local service area of both stations \$310,000.00 0.083 Rapid City Stations A and C 100,000.00 A and C and all of Rapid City and Bo-C (part-time) D (part-time) 0 1 3 9 Bodega Bay Stations A and C 70,000.00 dega Bay would be within the local E (network) 0.25 Fairvale Stations B. D. and E 120,000.00 service areas of stations B. D. and E. 2.472 TOTAL GROSS RECEIPTS \$600,000.00 TOTAL DSEs \$600,000.00 Minimum Fee Total Gross Receipts Santa Rosa Stations A and C x .01064 35 mile zone \$6,384.00 First Subscriber Group Third Subscriber Group Second Subscriber Group (Fairvale) (Santa Rosa) (Rapid City and Bodega Bay) Fairvale Gross receipts \$310,000.00 Gross receipts \$170,000.00 Gross receipts \$120,000.00 Rapid City 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 Bodega \$310,000 x .00701 x 1.472 = 3,198.80 \$170,000 x .00701 x .083 = 98.91 \$120,000 x .00701 x .389 = 327.23 Bay \$6,497.20 \$1,907.71 \$1,604.03 Base rate fee Base rate fee Base rate fee Stations B, D, 1 Total Base Rate Fee: \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94 and E

In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

35 mile zone

DSE SCHEDULE. PAGE 11. (CONTINUED)

1	LEGAL NAME OF OWNER OF CABLE	E SYSTEM:			S	STEM ID#			
I	Illinois Bell Telephone Company 06310								
	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.								
2 Computation	nstructions: n 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). n 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, giv	e the DSE as ".2							
Category "O" Stations	CALL SIGN	DSE	CATEGORY "O" STATION CALL SIGN	DSES	CALL SIGN	DSE			
Stations	CALL SIGN	DOL	CALL SIGN	DOL	CALL SIGN	DOL			
Add rows as necessary. Remember to copy all formula into new									
rows.									

L	h	h

Name		WINER OF CABLE SYSTEM: Felephone Company						OG310
3 Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should o Column 3 Column 4 be carried out Column 5 give the type-v Column 6	st the call sign of all distant For each station, give the correspond with the inform For each station, give the Divide the figure in colu- at least to the third decimination For each independent states	ne number of ho nation given in : ne total number mn 2 by the figunal point. This is tation, give the umn 4 by the figuna	purs your cable system space J. Calculate onli- of hours that the static ure in column 3, and gi the "basis of carriage "type-value" as "1.0." f gure in column 5, and g	carried the station one DSE for earning one DSE for earning one description of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the	n during the accounting p ch station. the air during the accoun ecimals in column 4. This tition. or noncommercial educa	nting period. 6 figure must ational station, ss than the	
Capacity			CATEGORY	LAC STATIONS:	COMPUTAT	ION OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	JRS D BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OI CARRIAC VALUE			SE
			÷		=	x	=	
			÷ ÷		=	x x	=	
			÷		=	x	=	
			÷		=	.x	=	
			÷ ÷		=	x x	=	
			÷		=	x	=	
Computation of DSEs for Substitute- Basis Stations	Broadcast o space I). Column 2: F at your option. T Column 3: F Column 4: F	ct on October 19, 1976 (a ne or more live, nonnetwo For each station give the This figure should corres Enter the number of days Divide the figure in colum This is the station's DSE (ork programs dur number of live, pond with the ir in the calendar n 2 by the figure	ing that optional carria nonnetwork programs iformation in space I. year: 365, except in a e in column 3, and give	ge (as shown by th carried in substit leap year. the result in colu	ution for programs that w umn 4. Round to no less t	ere deleted than the third	
		SI	JBSTITUTE	BASIS STATION	IS: COMPUTA	TION OF DSEs	1	1
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBE OF DAY IN YEAF	s	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
			•			•	÷ •	
			•	=			÷	=
			:	=			÷	= = =
				=		• ••••	÷ ÷	=
			÷				÷ ÷	
	Add the DSEs of	OF SUBSTITUTE-BASI	S STATIONS:	=	· · · · · · · ·		+ + + -	
5	Add the DSEs of Enter the sur	G OF SUBSTITUTE-BASI	S STATIONS: art 5 of this sche	= = = edule,	4 of this schedule	0.0	÷ ÷ ÷ 0	
5 Total Number	Add the DSEs of Enter the su	GOF SUBSTITUTE-BASI of each station. Im here and in line 3 of pa ER OF DSEs: Give the am	S STATIONS: art 5 of this sche	= = = edule,	4 of this schedule	0.0	÷ ÷ ÷ 0	
-	Add the DSEs of Enter the su	• OF SUBSTITUTE-BASI of each station. Im here and in line 3 of pa ER OF DSEs: Give the am s applicable to your system	S STATIONS: art 5 of this sche	= = = edule,	4 of this schedule	0.0	÷ ÷ • 0	
Total Number	Add the DSEs of Enter the sur TOTAL NUMBE number of DSEs 1. Number 2. Number	COF SUBSTITUTE-BASI of each station. Im here and in line 3 of pa CR OF DSEs: Give the am s applicable to your system of DSEs from part 2 ●	S STATIONS: art 5 of this sche	= = = edule,	4 of this schedule	0.0	+ + + 0 0 he total 0.00	

ACCOUNTING PERIOD:	2020/2
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	WNER OF CABLE S						S	YSTEM ID# 063102	Name
	· ·							003102	
In block A:	ck A must be comp								6
schedule.				of the DSE schedu	ule blank and	complete part	8, (page 16) of the	•	0
 If your answer if 	"No," complete blo	cks B and C I		TELEVISION M	ARKETS				Computation of
		utside of all m		er markets as defin		tion 76.5 of FC	C rules and regula	ations in	3.75 Fee
effect on June 24,		schedule—D		LETE THE REMAII	NDER OF PA	RT 6 AND 7			
	plete blocks B and								
		BL O				Ec			
Column 1:	l ist the call signs			part 2, 3, and 4 of t			m was permitted to		
CALL SIGN	under FCC rules	and regulations of the second se	ons prior to Jun dule. (Note: Th	e 25, 1981. For fur e letter M below re	ther explanat	ion of permitte	d stations, see the		
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru	iles and regul	lations cited be	sis on which you ca low pertain to thos ket quota rules [76	e in effect on	June 24, 1981	,		
	C Noncommeric	al educationa d station (76.6 or DSE sched	al station [76.59 55) (see paragi ule).	6.59(d)(1), 76.61(e) 9(c), 76.61(d), 76.63 9 regarding sub 2 rules (76.7)	3(a) referring	to 76.61(d)]			
	*F A station pre	viously carrie JHF station w	d on a part-tim ithin grade-B c	e or substitute basi ontour, [76.59(d)(5			rring to 76.61(e)(5)]	
Column 3:		e stations ide	ntified by the le	parts 2, 3, and 4 of tter "F" in column 2			rksheet on page 1	4 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	
			1	1				1	
								0.00	
		E	BLOCK C: CC	MPUTATION OF	- 3.75 FEE				
Line 1. Enter the	total number of I	DSEs from r	part 5 of this s	chedule				_	
Line 2: Enter the	sum of permitted	d DSEs from	ı block B abo	ve				-	
				of DSEs subject t of this schedule		ate.		0.00	
Line 4: Enter gro	oss receipts from	space K (pa	ige 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ne 4 by 0.0375 a	nd enter sur	n here						permited/ partially nonpermitted
Line 6: Enter tota	al number of DSE	Es from line (3					-	carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ine 6 by line 5 and	d enter here	and on line 2	, block 3, space l	_ (page 7)			0.00	

DSE SCHEDULE. PAGE 13.

			/ A. TELEV!!		D (CONTINI				
4.0411								0.005	6
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	U
									Computatio
									3.75 Fee
				[

	·							DSE	E SCHEDULE. P/	AGE 14.
	LEGAL NAME OF OWN	ER OF CABLE S	SYSTEM:						SYSTE	M ID#
Name	Illinois Bell Tel	ephone Cor	npany						063	3102
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	 Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3)). 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 5: Rolumn 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. 									
		0501/7								
					ΕD	ON A PART-TIME AND				
	1. CALL	2. PRIC		COUNTING		4. BASIS OF		RESENT	6. PERMITT	ED
	SIGN	DSE	Pl	ERIOD		CARRIAGE	l	DSE	DSE	
7 Computation of the		"Yes," complet	e blocks B and C, b		art 8	8 of the DSE schedule.				
Syndicated			BLOC	K A' MAJOR	TF	LEVISION MARKE	т			
Exclusivity										
Surcharge	 Is any portion of the c 	able system wit	hin a top 100 major	television marke	t as	defned by section 76.5	of FCC rules	s in effect June 24,	1981?	
	X Yes—Complete	blocks B and (c		No—Proceed to part 8					
		DIOCKS D and	0.							
		arriage of V/HE	Grade B Contour	Stations	PLOCK C. Computation of Exampt DSEs					
	Is any station listed in commercial VHF station or in part, over the cal	block B of part on that places	t 6 the primary strea	BLOCK C: Computation of Exempt DSEs Was any station listed in block B of part 7 carried in any commu- nity served by the cable system prior to March 31, 1972? (refer to former FCC rule 76.159)						
			its appropriate permit	ted DSF			,	ith its appropriate pe	rmitted DSF	
	X No—Enter zero a			led DSE		X No—Enter zero an				
						[1
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIGN	DSE	
			TOTAL DSEs	0.00				TOTAL DSEs	(0.00
	1				- 11					

DSE SCHEDULE. PA	GE15.
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LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Illinois Bell Telephone Company	SYSTEM ID# 063102	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	1,683,282.26	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 defined by the FCC? Yes—Complete section 3 below. Xo—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 is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE .	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1) • • \$		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here	_	
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	Yes Complete part 9 of this schedule. Image: Schedule in the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

DSE	SCHED	ULE.	PAGE	16

Name		ME OF OWNER OF CABLE SYSTEM: Illinois Bell Telephone Company	SYSTEM ID# 063102
7 Computation	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1)	
of the 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	<mark></mark>
8 Computation of Base Rate Fee	You m 6 was • In blo • If you • If you blank What i were lo	ctions: nust 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. bock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B belock c. 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 "loca e area," see page (v) of the general instructions.	ow
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	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)	.26
	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.)	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)	
		B. Enter 0.00701 of gross receipts (the amount in section 1)	
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here	
		D. Multiply line B by line C and enter here	
		E. Add lines A, and D. This is your base rate fee. Enter here]
		and in block 3, line 1, space L (page 7) Base Rate Fee	-
			······

DSE SCHEDULE. PAGE 17.

LEGAL NAME OF (OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nama
Illinois Bell	Telephone Company	063102	Name
Section If the figu	rre in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.		
4			8
A. En	ter 0.01064 of gross receipts		0
(th	e amount in section 1) F	-	
B. En	ter 0.00701 of gross receipts		Computation
(th	e amount in section 1) ► \$		of Base Rate Fee
C. Mu	ultiply line B by 3.000 and enter here►\$	_	Dase Mater ee
D En	ter 0.00330 of gross receipts		
(th	e amount in section 1)		
	btract 4.000 from total DSEs		
	e figure in section 2) and enter here		
F. MU	Itiply line D by line E and enter here		
	Id lines A, C, and F. This is your base rate fee. ter here and in block 3, line 1, space L (page 7)		
	ise Rate Fee \$	0.00	
	t is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcas		
Instead be report Space G.	rted on a community-by-community basis (subscriber groups) if the cable system reported multiple channel	line-ups in	9
•	ny of the stations you carried were partially distant, the statute allows you, in computing your base rate fee,	to exclude	Computation
	ubscribers located within the station's local service area, from your system's total gross receipts. To take ad	vantage of this	Computation of
exclusion, you n	nust.		Base Rate Fee
	of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to ame group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the		and Syndicated
	ortion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for e		Exclusivity Surcharge
Finally: Add up	the separate base rate fees for each subscriber group. That total is the base rate fee for your system.		for
	ortion of your cable system is located within the top 100 television market and the station is not exempt in pa Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B belo		Partially Distant
	em is wholly located outside all major television markets, complete block A only.	Jw. nowever, ii	Stations, and
How to Identify	y a Subscriber Group for Partially Distant Stations		for Partially Permitted
	ch community served, determine the local service area of each wholly distant and each partially distant station	on you	Stations
carried to that c	•		
outside the stati	ch wholly distant and each partially distant station you carried, determine which of your subscribers were loc ion's local service area. A subscriber located outside the local service area of a station is distant to that stat a station is distant to the subscriber.)		
	your subscribers into subscriber groups according to the complement of stations to which they are distant. E		
•	p must consist entirely of subscribers who are distant to exactly the same complement of stations. Note tha e only one subscriber group when the distant stations it carried have local service areas that coincide.	t a cable	
	base rate fee for each subscriber group: Block A contains separate sections, one for each of your syste	em's subscriber	
groups.			
In each section: • Identify the cor	mmunities/areas represented by each subscriber group.		
	ign for each of the stations in the subscriber group's complement—that is, each station that is distant to all	of the	
subscribers in th	he group.		
• lf:			
 your system i of this schedu 	is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in ile; or,	parts 2, 3, and	
2) any portion of part 6 of this	f your system is located in a major or smaller televison market, give each station's DSE as you gave it in blo schedule.	ock B,	
Add the DSEs	for each station. This gives you the total DSEs for the particular subscriber group.		
 Calculate gros in the paper S 	as receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general in A3 form.	structions	
page. In making	se rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the p g this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (tha roup's complement of stations and total gross receipts from the subscribers in that group). You do not need ons on the form.	t is, the total	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SY	STEM
	Illinois Bell Telephone Company	063′
	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	e
	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.	

FORM SA3E. P	AGE 19.
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LEGAL NAME OF OWNE						5	SYSTEM ID# 063102	Name
		: COMPUTATION OF		TE FEES FOR EAC				
	FIRST	SUBSCRIBER GROU				SUBSCRIBER GRO		9
COMMUNITY/ AREA 0			U	COMMUNITY/ ARE/				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and Syndicated
					•••••			Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	<u>\$</u> 1,683	3,282.26	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	Ρ		FOURTH	SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					••••••			
Total DSEs	1		0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third (Froun	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
	F	L *	0.00		I*	L *		
		e fees for each subscri	ber group a	s shown in the boxes a	bove.]	
Enter here and in block	x 3, line 1, s	pace L (page 7)				\$	0.00	

FORM SA3E.	PAGE	19.
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LEGAL NAME OF OWNE						ę	8YSTEM ID# 063102	Name
				TE FEES FOR EAC				
COMMUNITY/ AREA	FIFTH	SUBSCRIBER GROU	JP 0	COMMUNITY/ AREA		SUBSCRIBER GRO	JP 0	9
COMMUNITY/ AREA		0				U	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>	-				
			•					
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 G	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	SEVENTH	SUBSCRIBER GROU	JP		EIGHTH	SUBSCRIBER GRO	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 G	roup	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add th			riber group a	as shown in the boxes a	above.			
Enter here and in block	3, line 1, s	space L (page 7)				\$		

I

COMMUNITY/ AREA 0 COMMUNITY/ AREA	GROUP SCRIBER GROUP 0 Comp
COMMUNITY/ AREA 0 COMMUNITY/ AREA	0
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE C	
	ALL SIGN DSE
	Base F
	a a Synd
	Excl
	Surc
	f
	Par
	Dis
Total DSEs 0.00 Total DSEs	0.00
	0.00
Gross Receipts First Group \$ 1,683,282.26 Gross Receipts Second Group \$	
Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$	0.00
	SCRIBER GROUP
COMMUNITY/ AREA	0
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE C	ALL SIGN DSE
Total DSEs 0.00 Total DSEs	0.00
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) \$	0.00

LEGAL NAME OF OW						S	O63102	Name
				ATE FEES FOR EACH				
FIFTH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUF COMMUNITY/ AREA 0 COMMUNITY/ AREA			JP 0	9				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computatio of
								Base Rate F
								and Syndicate
								Exclusivit
								Surcharge for
								Partially
								Distant
								Stations
			•••••					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Firs	t Group	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee Firs	t Group	\$	0.00	Base Rate Fee Secor	nd Group	\$	0.00	
	SEVENTH	SUBSCRIBER GRO	UP		EIGHTI	H SUBSCRIBER GROU	JP	
COMMUNITY/ ARE	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 Thir	d Group	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00	
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Fourth	h Group	\$	0.00	
			criber group a	as shown in the boxes at	bove.	¢]	
Enter here and in bl	ock 3, line 1, s	space L (page 7)				\$		

		FORM SA3E. PAGE 20				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Illinois Bell Telephone Company	SYSTEM ID# 063102				
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP				
9	If your cable system is located within a top 100 television market and th Syndicated Exclusivity Surcharge. Indicate which major television mark by section 76.5 of FCC rules in effect on June 24, 1981:					
Computation of	First 50 major television market	Second 50 major television market				
Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	 INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. 					
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP				
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs				
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs				
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation				
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP				
	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation				
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group				
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page 7					

		FORM SA3E. PAGE 20				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Illinois Bell Telephone Company	SYSTEM ID 063102				
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP				
9	If your cable system is located within a top 100 television market and th Syndicated Exclusivity Surcharge. Indicate which major television marked by section 76.5 of FCC rules in effect on June 24, 1981:					
Computation of	First 50 major television market	Second 50 major television market				
Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	 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. 					
	FIFTH SUBSCRIBER GROUP	SIXTH SUBSCRIBER GROUP				
	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs	Line 1: Enter the VHF DSEs				
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation				
	SEVENTH SUBSCRIBER GROUP	EIGHTH SUBSCRIBER GROUP				
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs				
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group				
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page 7					

C	Cable Worksheet	Total amount of remittance	Number of SAs rec'	d Initials	
		Date of remittance	_ □Check □EFT		
Cable ID #				Amount Initials	
Examined by	Reviewed by	Date examination completed	Allocation number		
Space A Accounting Period					
	□ January 1 - June 30, 2017	C	July 1 - December 31, 2017		
	Letter sent		Information received		
	Accepted	C	Phone call/Date/Contact		
Space B Owner					
	Letter sent	C	Information received		
		C	Phone call/Date/Contact		
Space D Area Served					
	Letter sent	C	Information received		
		C	Phone call/Date/Contact		
Space E Secondary Transission					
Service Subscribers:	Letter sent	Ľ	Information received		
and Rates		Ľ	Phone call/Date/Contact		
Space G Primary Transmitters:					
Television	Letter sent	E	Information received		
	Accepted		Phone call/Date/Contact		
Space H Primary Transmitters:					
Radio	□ Accepted □ Phone call/Date/Contact				

		Space I Substitute Carriage
Letter sent	□ Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
☑ Letter sent	□ Information received	(SA3 only)
Accepted	□ Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	□ Information received	
Letter sent	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fee
□ Royalty Fee should be	□ Refund request to fiscal	
Letter sent	□ Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	□ Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	□ Information received	
Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	□ Information received	
Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	□ Info/add'l fee received	
	Phone call/Date/Contact	