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 |                      |  |  |  |  |
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| 2/24/21                       | \$ ALLOCATION NUMBER |  |  |  |  |
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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<br>Owner | Instructions:  Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation.  List any other name or names under which the owner conducts the busines if there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire accounting the covering the system's first filing. If not, enter the system's ID. | es of the cable system<br>on the last day of the<br>unting period. | m.<br>e accounting period should su |                  |  |  |  |  |  |
|            | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM  |  |                                     |                  |  |  |  |  |  |
|            | BellSouth Telecommunications, LLC  |  |                                     |                  |  |  |  |  |  |
|            |  |  |                                     |                  |  |  |  |  |  |
|            |  |  |                                     | 6318220202       |  |  |  |  |  |
|            |  |  |                                     | 63182 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 it   |  |                                     |                  |  |  |  |  |  |
| •          | 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          | elist on page 1b |  |  |  |  |  |
| Area       | with all communities.  |  |                                     |                  |  |  |  |  |  |
| Served     | CITY OR TOWN   | STATE  |                                     |                  |  |  |  |  |  |
| First      | First Memphis TN   |  |                                     |                  |  |  |  |  |  |
| 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.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

BellSouth Telecommunications, LLC

63182

**Instructions:** List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.

D Area 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                     | STATE | CH LINE UP | SUB GRP# |
|----------------------------------|-------|------------|----------|
| Memphis                          | TN    | AA         | 1        |
| Arlington                        | TN    | AA         | 1        |
| Bartlett                         | TN    | AA         | 1        |
| Brighton                         | TN    | AA         | 1        |
| Burlison                         | TN    | AA         | 1        |
| Collierville                     | TN    | AA         | 1        |
| Covington                        | TN    | AA         | 1        |
| Dyer Unincorporated County       | TN    | AA         | 1        |
| Dvershurg                        | TN    | AA         | 2        |
| Fayette Unincorporated County    | TN    | AA         | 1        |
| Gallaway                         | TN    | AA         | 1        |
| Garland                          | TN    | AA         | 1        |
| Germantown                       | TN    | AA         | 1        |
| Gilt Edge                        | TN    | AA         | 1        |
| Lakeland                         | TN    | AA         | 1        |
| Lauderdale Unincorporated County | TN    | AA         | 1        |
| McNairy Unincorporated County    | TN    | AA         | 1        |
| Oakland                          | TN    | AA         | 1        |
| Piperton                         | TN    | AA         | 1        |
| Ripley                           | TN    | AA         | 1        |
| Rossville                        | TN    | AA         | 1        |
| Shelby Unincorporated County     | TN    | AA         | 1        |
| Somerville                       | TN    | AA         | 1        |
| Tipton Unincorporated County     | TN    | AA         | 1        |
| Williston                        | TN    | AA         | 1        |
| Alcorn Unincorporated County     | MS    | AA         | 1        |
| Batesville                       | MS    | AA         | 1        |
| Benton Unincorporated County     | MS    | AA         | 1        |
| Clarksdale                       | MS    | AA         | 1        |
| Coahoma Unincorporated County    | MS    | AA         | 2        |
| Corinth                          | MS    | AA         | 2        |
| Courtland                        | MS    | AA         | 2        |
| Desoto Unincorporated County     | MS    | AA         | 1        |
| Farmington                       | MS    | AA         | 2        |
| Farrell                          | MS    | AA         | 2        |
| Glen                             | MS    | AA         | 1        |
| Hernando                         | MS    | AA         | 1        |
| Holly Springs                    | MS    | AA         | 1        |

First Community

See instructions for additional information on alphabetization.

| Horn Lako   | MS | AA      | 4 | ı |
|---|----|---------|---|---|
| Horn Lake<br>Kossuth  |    |         | 1 | 1 |
| NOSSUTI   | MS | AA      | 2 | 1 |
| Lafayette Unincorporated County   | MS | AA      | 1 |   |
| Marshall Unincorporated County  | MS | AA      | 1 |   |
| Oxford  | MS | AA      | 1 |   |
| Kossuth Lafayette Unincorporated County Marshall Unincorporated County Oxford Panola Unincorporated County Senatobia Southaven Tate Unincorporated County Tunica Tunica Unincorporated County Walls | MS | AA      | 1 |   |
| Senatobia   | MS | AA      | 1 |   |
| Southaven   | MS | AA      | 1 |   |
| Tate Unincorporated County  | MS | AA      | 1 |   |
| Tunica  | MS | AA      | 1 |   |
| Tunica Unincorporated County  | MS | AA      | 1 |   |
| Malla   |    | <b></b> |   |   |
| Walls   | MS | AA      | 1 |   |
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Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**BellSouth Telecommunications, LLC** 

SYSTEM ID# 63182

# 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                |             |            |      |
|-------------------------------|-------------|----|-------|------------------------|-------------|------------|------|
| CATECORY OF CERVICE           | NO. OF      |    |       | CATECORY OF SERVICE    | NO. OF      | DATE       |      |
| CATEGORY OF SERVICE           | SUBSCRIBERS | ┡  | RATE  | CATEGORY OF SERVICE    | SUBSCRIBERS | RATE       |      |
| Residential:                  |             |    |       |                        |             |            |      |
| Service to first set          | 30,982      | \$ | 19.00 | HD Tech Fee            | 19,288      | \$ 10      | 0.00 |
| Service to additional set(s)  |             | Ī  |       | Set-Top Box            | 31,172      | \$0-       | \$15 |
| • FM radio (if separate rate) |             | ļ  |       | Broadcast TV Surcharge | 30,982      | \$8.99-\$9 | 9.99 |
| Motel, hotel                  |             | ļ  |       |                        |             |            |      |
| Commercial                    | 190         | \$ | 20.00 |                        |             |            |      |
| Converter                     |             | Ī  |       |                        |             |            |      |
| Residential                   |             | Ī  |       |                        |             |            |      |
| Non-residential               |             | 1  |       |                        |             |            |      |
|                               |             | †  |       |                        | ·           |            |      |

## F

#### Services Other Than Secondary Transmissions: Rates

### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

|                              | BLO       | CK 1                          |          | BLOCK 2                |            |
|------------------------------|-----------|-------------------------------|----------|------------------------|------------|
| CATEGORY OF SERVICE          | 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 OWNER OF CABLE SYSTEM: SYSTEM ID#                 |                                     |                                |  |  |   |  |  |  |
|--|---|-------------------------------------|--------------------------------|--|--|---|--|--|--|
|  | BellSouth Telec   | communica                           | tions, LLC                     |  |  | 63182   | Name                                       |  |  |
| PR   | IMARY TRANSMITTE  | RS: TELEVISIO                       | N                              |  |  |   |  |  |  |
| 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<br>su   | Primary<br>Transmitters:<br>Television                          |                                     |                                |  |  |   |  |  |  |
| ba<br>• C  | able system on a substitute program ent and Program Log)—if the | Television                          |                                |  |  |   |  |  |  |
| 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 for<br>Column 1: List each                     |                                     | sign. Do not                   | report originatior                     | n program service                          | s such as HBO, ESPN, etc. Identify                                      |  |  |  |
| ca   | st stream as "WETA<br>ETA-simulcast).                           | -2". Simulcast                      | streams mus                    | t be reported in o                     | column 1 (list eacl                        | tion. For example, report multi-<br>n stream separately; for example    |  |  |  |
| its  |   |                                     |                                | -                                      |  | on for broadcasting over-the-air in may be different from the channel   |  |  |  |
| on   | which your cable sy Column 3: Indicate                          | stem carried the                    | ne station.<br>whether the st  | tation is a netwo                      | rk station, an inde                        | ependent station, or a noncommercial ast), "I" (for independent), "I-M" |  |  |  |
| (fo  | r independent multion r the meaning of the                      | east), "E" (for no<br>se terms, see | oncommercia<br>page (v) of the | l educational), o<br>e general instruc | r "E-M" (for nonco<br>ctions located in th | mmercial educational multicast).  |  |  |  |
| pla  | nation of local servi   | ce area, see pa                     | age (v) of the                 | general instruct                       | ions located in the                        | e paper SA3 form.   |  |  |  |
| ca   | •   |                                     |                                | -                                      | · ·  | stating the basis on which your<br>ering "LAC" if your cable system     |  |  |  |
|  | rried the distant stati   | on on a part-tir                    | ne basis beca                  | ause of lack of a                      | ctivated channel                           | capacity.   |  |  |  |
| of   |   |                                     |                                |  |  | payment because it is the subject stem or an association representing   |  |  |  |
|  | •   |                                     |                                | -                                      |  | ry transmitter, enter the designa-                                      |  |  |  |
|  | ,   |                                     |                                | •                                      | •  | her basis, enter "O." For a further<br>d in the paper SA3 form.         |  |  |  |
|  |   |                                     |                                |  | -  | to which the station is licensed by the which the station is identifed. |  |  |  |
| 1  | ote: If you are utilizing                                       |                                     |                                |  | •  |   |  |  |  |
|  |   |                                     | CHANN                          | EL LINE-UP                             | AA   |   | -  |  |  |
| 1.   | CALL  | 2. B'CAST                           | 3. TYPE                        | 4. DISTANT?                            | 5. BASIS OF                                | 6. LOCATION OF STATION  | 1  |  |  |
|  | SIGN  | CHANNEL                             | OF                             | (Yes or No)                            | CARRIAGE                                   |   |  |  |  |
|  |   | NUMBER                              | STATION                        |  | (If Distant)                               |   | 1  |  |  |
| W  | ATN/WATNHD  | 24/1024                             | N                              | No                                     |  | Memphis, TN   |  |  |  |
| W  | BUY   | 40                                  | I                              | No                                     |  | Holly Springs, MS   | See instructions for                       |  |  |
| W  | HBQ/WHBQHD  | 13/1013                             | I                              | No                                     |  | Memphis, TN   | additional information on alphabetization. |  |  |
| W  | KNO/WKNOHD  | 10/1010                             | Е                              | Yes                                    | 0  | Memphis, TN   |  |  |  |
| W  | LMT/WLMTHD  | 30/1030                             | I                              | No                                     |  | Memphis, TN   |  |  |  |
| W  | MC/WMCHD  | 5/1005                              | N                              | No                                     |  | Memphis, TN   | _  |  |  |
| w  | PXX/WPXXHD  | 50/1050                             | ı                              | No                                     |  | Memphis, TN   |  |  |  |
| w  | REG/WREGHD  | 3/1003                              | N                              | No                                     |  | Memphis, TN   |  |  |  |
| w  | TWV   | 23                                  | I                              | No                                     |  | Memphis, TN   |  |  |  |
| W  | WTW   | 34                                  | I                              | No                                     |  | Senatobia, MS   |  |  |  |
|  |   |                                     |                                |  |  |   |  |  |  |
|  |   |                                     |                                |  |  |   |  |  |  |
|  |   |                                     |                                |  |  |   |  |  |  |
|  |   |                                     |                                |  |  |   | ]  |  |  |
|  |   |                                     |                                |  |  |   | -  |  |  |
|  |   |                                     |                                |  |  |   | 1  |  |  |
|  |   |                                     |                                |  |  |   | "  |  |  |
|  |   |                                     |                                |  |  |   | "  |  |  |

| LEGAL NAME OF OWN   | ER OF CABLE SY  | STEM:  |  |   | SYSTEM ID   | )#                               |
|---|---|--|--|---|---|----------------------------------|
| BellSouth Telec   |   |  |  |   | 6318  | Namo                             |
| PRIMARY TRANSMITTE  | RS: TELEVISIO   | N  |  |   |   |                                  |
| carried by your cable s<br>FCC rules and regulati<br>76.59(d)(2) and (4), 76<br>substitute program bas  | ystem during the ons in effect or .61(e)(2) and (4 sis, as explaine   | ne accounting<br>n June 24, 19<br>1), or 76.63 (r<br>d in the next   | g period, except<br>81, permitting the<br>referring to 76.6°<br>paragraph.   | (1) stations carrie<br>te carriage of certa<br>1(e)(2) and (4))]; a   | and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a   | Primary Transmitters: Television |
| basis under specifc FC  Do not list the station   | CC rules, regula<br>here in space   | tions, or auth<br>G—but do lis   | norizations:   |   | ent and Program Log)—if the   |                                  |
| basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA-simulcast).   | and also in spa<br>formation cond<br>rm.<br>h station's call<br>associated witl<br>-2". Simulcast   | ce I, if the state rning substites sign. Do not a station ac streams must  | tute basis station<br>report origination<br>cording to its ov<br>t be reported in o  | ns, see page (v) on<br>program service<br>er-the-air designa<br>column 1 (list eac  | tute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- h stream separately; for example ion for broadcasting over-the-air in  |                                  |
| its community of licens on which your cable sy  | e. For example<br>stem carried th   | e, WRC is Ch<br>e station.   | annel 4 in Wash  | ington, D.C. This   | may be different from the channel   |                                  |
| educational station, by (for independent multion For the meaning of the Column 4: If the state planation of local service Column 5: If you have cable system carried the distant state For the retransmiss of a written agreement the cable system and a stion "E" (exempt). For sexplanation of these the Column 6: Give the | entering the leteraty, "E" (for no se terms, see pation is outside ce area, see pation entered "Year entered "Year entered into on a part-time intered into on a primary transisimulcasts, also ree categories e location of ea canadian statio | tter "N" (for noncommercial page (v) of the the local servage (v) of the servage (v) of t | etwork), "N-M" (in educational), of e general instruct vice area, (i.e. "or general instruct 4, you must correct accounting perior ause of lack of a seam that is not a sign of the general in the correct of the general in the genera | for network multic.  r "E-M" (for nonce- ctions located in the distant"), enter "Ye- ions located in the nplete column 5, sod. Indicate by en- ictivated channel or subject to a royalty tween a cable sys- senting the prima channel on any of instructions locate list the community ine community with | es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. / payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. / to which the station is licensed by the m which the station is identifed. |                                  |
| Troto: II you are atmen   | g manapio onai  | • •  | •  |   | опапногино чр.  | _                                |
|   |   | CHANN  | EL LINE-UP   | AD  |   | _                                |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION  |                                  |
|   |   |  |  |   |   |                                  |
|   |   |  |  |   |   |                                  |
|   |   |  |  |   |   |                                  |
|   |   |  |  |   |   |                                  |
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|   |   |  |  |   |   |                                  |
|   |   |  |  |   |   |                                  |
|   | <u> </u>  |  |  |   |   |                                  |
|   |   |  |  |   |   |                                  |

| LEGA                                  | AL NAME OF OWNER OF CABLE SYSTEM:  IlSouth Telecommunications, LLC  | STEM ID#<br>63182  | Name   |
|---------------------------------------|---|--------------------|--|
| all a<br>(as<br>pag                   | tructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service identifed in space E) during the accounting period. For a further explanation of how to compute this amount, see ge (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s)  during the accounting period.  \$ 13,245  (Amount of gross receipts.)  | ,689.83            | <b>K</b><br>Gross Receipts   |
| Instru Con Con If you fee If you acco | YRIGHT ROYALTY FEE Juctions: 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. In our system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum from block 1 on line 1 of block 4, and calculate the total royalty fee. In our system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule companying this form and attach the schedule to your statement of account.  In art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of ck 3 below.  In art 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block |                    | L<br>Copyright<br>Royalty Fee  |
| 3 be  ▶ If pa  2 in                   | MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period.  Line 1. Enter the amount of gross receipts from space K  Line 2. Multiply the amount in line 1 by 0.01064  Enter the result here.  | ,689.83<br>,934.14 |  |
| Block<br>2                            | DIGITANT TELEVISION CTATIONS CARRIED V  | ,,,,               |  |
| Block<br>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  | 524.42             |  |
| Block<br>4                            | Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger  Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.  Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)  | 0.00               | Cable systems<br>submitting<br>additional<br>deposits under<br>Section 111(d)(7)<br>should contact |
|                                       | Line 4. FILING FEE  | 725.00             | the Licensing 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  | ,659.14            | form for submitting the additional fees.   |
|                                       | general instructions located in the paper SA3 form for more information.)   |                    |  |

ACCOUNTING PERIOD: 2020/2
FORM SA3E\_PAGE 8

|                               |   | FORM SA3E. PAGE 8.     |
|-------------------------------|---|------------------------|
| Name                          | LEGAL NAME OF OWNER OF CABLE SYSTEM:  BellSouth Telecommunications, LLC   | SYSTEM ID#<br>63182    |
|                               | CHANNELS  |                        |
| М                             | Instructions: You must give (1) the number of channels on which the cable system carried television broadcast st  | ations                 |
|                               | to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.   |                        |
| Channels                      |   |                        |
|                               | System carried television broadcast stations  | 17                     |
|                               |   |                        |
|                               | 2. Enter the total number of activated channels   |                        |
|                               | on which the cable system carried television broadcast stations and nonbroadcast services   | 608                    |
|                               |   |                        |
| N                             | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual  |                        |
|                               | we can contact about this statement of account.)  |                        |
| Individual to<br>Be Contacted |   |                        |
| for Further                   | Name Myriam Nassif Telephone 3'   | 10-964-1930            |
| Information                   |   |                        |
|                               | Address 2260 E Imperial Hwy Room 839  |                        |
|                               | (Number, street, rural route, apartment, or suite number)   |                        |
|                               | El Segundo, CA 90245 (City, town, state, zip)   |                        |
|                               | 5 11 mm 440 c @ c # c c m   |                        |
|                               | Email mn112s@att.com Fax (optional)   |                        |
|                               | CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regular  | tions \                |
| 0                             | CENTIFICATION (This statement of account must be certifed and signed in accordance with copyright Onice regular   | iions.)                |
| 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 identified 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 identified 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 are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. | erein                  |
|                               | [18 U.S.C., Section 1001(1986)]   |                        |
|                               |   |                        |
|                               |   |                        |
|                               | /s/Michael Santogrossi  |                        |
|                               | - A   |                        |
|                               | Enter an electronic signature on the line above using an "/s/" signature to certify this statement.  (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the                         | box and press the "F2" |
|                               | button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibil   | ity settings.          |
|                               | Typed or printed name: Michael Santogrossi  |                        |
|                               |   |                        |
|                               |   |                        |
|                               | Title: Vice President – Finance   |                        |
|                               | (Title of official position held in corporation or partnership)   |                        |
|                               |   |                        |
|                               | 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.

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

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

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

| LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#                       | Name                           |
|--|----------------------------------|--------------------------------|
| BellSouth Telecommunications, LLC  | 63182                            | 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 act 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 rescribers and amounts collected from subscribers receiving secondary transmissions pursuant to secondary transmissions. | or the basic<br>not include sub- | P Special Statement Concerning |
| For more information on when to exclude these amounts, see the note on page (vii) of the general instruction paper SA3 form.   |                                  | Gross Receipts<br>Exclusion    |
| During the accounting period did the cable system exclude any amounts of gross receipts for secondary to made by satellite carriers to satellite dish owners?  X NO  | ransmissions                     |                                |
| YES. Enter the total here and list the satellite carrier(s) below  |                                  |                                |
| 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 the For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 for   |                                  | Q                              |
| Line 1 Enter the amount of late payment or underpayment  |                                  | Interest<br>Assessment         |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here  | -<br>days                        |                                |
| Line 3 Multiply line 2 by the number of days late and enter the sum here   | x 0.00274                        |                                |
| Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,   |                                  |                                |
| \$ space L, (page 7)   | terest charge)                   |                                |
| * To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further ass contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.  | istance 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 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.

#### 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:

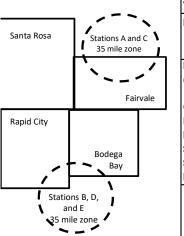
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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          | <b>GROSS RECEIPTS</b> |
| 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 CAB  |                          | 3                    | YSTEM ID# |           |          |  |  |  |  |  |  |  |  |
|--------------------|---|--------------------------|----------------------|-----------|-----------|----------|--|--|--|--|--|--|--|--|
|                    | BellSouth Telecommur  |                          |                      | 63182     |           |          |  |  |  |  |  |  |  |  |
|                    | SUM OF DSEs OF CATEGO   |                          | <b>3</b> :           |           |           |          |  |  |  |  |  |  |  |  |
|                    | <ul> <li>Add the DSEs of each station</li> <li>Enter the sum here and in line</li> </ul>  |                          | chedule              |           | 0.25      |          |  |  |  |  |  |  |  |  |
|                    | Litter the 3dm flore and in life  | , i oi pait o oi tiilo o | onedale.             | <u> </u>  | 0.20      | ]        |  |  |  |  |  |  |  |  |
| 2                  | Instructions:   | e letter "Ω" in column 5 |                      |           |           |          |  |  |  |  |  |  |  |  |
| _                  | In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3). |                          |                      |           |           |          |  |  |  |  |  |  |  |  |
| Computation        | In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-                                |                          |                      |           |           |          |  |  |  |  |  |  |  |  |
| of DSEs for        | mercial educational station, give the DSE as ".25."   |                          |                      |           |           |          |  |  |  |  |  |  |  |  |
| Category "O"       | 0.414.01044   |                          | CATEGORY "O" STATION |           |           |          |  |  |  |  |  |  |  |  |
| Stations           | CALL SIGN   | DSE                      | CALL SIGN            | DSE       | CALL SIGN | DSE      |  |  |  |  |  |  |  |  |
|                    | WKNO/WKNOHD   | 0.250                    |                      |           |           |          |  |  |  |  |  |  |  |  |
|                    |   |                          |                      |           |           |          |  |  |  |  |  |  |  |  |
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| dd rows as         |   |                          |                      |           |           |          |  |  |  |  |  |  |  |  |
| cessary.           |   |                          |                      |           |           |          |  |  |  |  |  |  |  |  |
| member to copy all |   |                          |                      |           |           |          |  |  |  |  |  |  |  |  |
| mula into new      |   |                          |                      |           |           |          |  |  |  |  |  |  |  |  |
| vs.                |   |                          |                      |           |           |          |  |  |  |  |  |  |  |  |
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| Name  |   | elecommunications,   | LLC  |  |   |  | <u> </u>                                       | 63182  |
|---|---|--|--|--|---|--|--|--------|
| Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel | Column 2 figure should Column 3 Column 4 be carried ou Column 5 give the type- Column 6                       | CAPACITY st the call sign of all dista 2: For each station, give to correspond with the infor 3: For each station, give to 1: Divide the figure in colute at least to the third decir 5: For each independent sovalue as ".25." 6: Multiply the figure in copoint. This is the station's | he number of mation given he total numb umn 2 by the f mal point. This station, give the lumn 4 by the                         | hours your cable systen in space J. Calculate or er of hours that the statingure in column 3, and go is the "basis of carriage he "type-value" as "1.0."                       | m carried the state of the state of the carried the result in the carried the | ion during the accounting ach station.  If the air during the accounting the air during the accounting the acco | unting period. s figure must sational station, |        |
| Capacity  |   | (  | CATEGOR  | Y LAC STATIONS:  | COMPUTATI   | ON OF DSEs   |  |        |
|   | 1. CALL<br>SIGN   | 2. NUMBE<br>OF HOU<br>CARRIE<br>SYSTE  | R<br>JRS<br>ED BY  | 3. NUMBER<br>OF HOURS<br>STATION<br>ON AIR   | 4. BASIS OF<br>CARRIAG<br>VALUE   | 5. TYPE  |  | SE     |
|   |   |  | ÷  |  | =   | x  | =  |        |
|   |   |  | ÷  |  | =   | <u>x</u>   | =  |        |
|   |   |  | ÷  |  | =   | x<br>x   | =  |        |
|   |   |  | ÷  |  | =   | x  | =  |        |
|   |   |  | ÷  |  | =   | X  | =  |        |
|   |   |  | ÷  |  |   | x<br>x   |  |        |
|   | Add the DSEs  | s OF CATEGORY LAC S<br>of each station.<br>um here and in line 2 of pa   |  | chedule,   |   | 0.00   |  |        |
| Computation of DSEs for Substitute-Basis Stations                                   | Column 1: Giv • Was carried tions in efference in the space I). Column 2: at your option. Column 3: Column 4: | we 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<br>as shown by to<br>ork programs of<br>number of liv<br>spond with the<br>s in the calend<br>on 2 by the fig | rogram that your system the letter "P" in column during that optional carrie, nonnetwork program a information in space I. lar year: 365, except in ure in column 3, and given | was permitted to<br>7 of space I); and<br>iage (as shown by<br>s carried in subst<br>a leap year.<br>ye the result in co  | o delete under FCC rules<br>the word "Yes" in column 2<br>itution for programs that v<br>lumn 4. Round to no less  | of were deleted than the third                 | m).    |
|   |   | SU   | JBSTITUTE  | E-BASIS STATION  | IS: COMPUTA   | ATION OF DSEs  |  |        |
|   | 1. CALL<br>SIGN   | 2. NUMBER<br>OF<br>PROGRAMS  | 3. NUMB<br>OF DA<br>IN YEA   | YS   | 1. CALL<br>SIGN   | 2. NUMBER<br>OF<br>PROGRAMS  | 3. NUMBER<br>OF DAYS<br>IN YEAR                | 4. DSE |
|   |   |  | <u> </u>   | =  |   | 4  |  | =      |
|   |   |  | <del>-</del>   | =  |   | =  |  | =      |
|   |   | 4  | -  | =  |   | -  |  | =      |
|   |   |  | <b>-</b>   | =  |   | ÷  |  | =      |
|   | Add the DSEs  | s OF SUBSTITUTE-BASI<br>of each station.<br>um here and in line 3 of pa  |  | :  | ▶   | 0.00   | ]  | -      |
| 5   | 1   | ER OF DSEs: Give the am s applicable to your system  |  | e boxes in parts 2, 3, and   | 4 of this schedule  | and add them to provide  | the total                                      |        |
| Total Number  | 1. Number   | of DSEs from part 2 ●  |  |  |   | <b>-</b>   | 0.25   |        |
| of DSEs   | 2. Number   | of DSEs from part 3 ●  |  |  |   | <u> </u>   | 0.00   |        |
|   | 3. Number   | of DSEs from part 4 ●  |  |  |   | <b>&gt;</b>  | 0.00   |        |
|   | TOTAL NUMBE   | ER OF DSEs   |  |  |   |  |  | 0.25   |

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

| LEGAL NAME OF O                                | WNER OF CABLE S                                       | SYSTEM:   |   |  |                                    |                                    | S  | YSTEM ID#   |  |
|--|---|---|---|--|------------------------------------|------------------------------------|--|-------------|--|
| BellSouth Tele                                 | communication   | ns, LLC   |   |  |                                    |                                    |  | 63182       | Name   |
| Instructions: Bloc                             | k A must be comp                                      | leted.  |   |  |                                    |                                    |  |             |  |
| In block A: • If your answer if "              | Yes," leave the re                                    | mainder of pa                                   | art 6 and part 7                              | of the DSE schedu  | ule blank and                      | complete part 8                    | 3, (page 16) of the                          |             | 6  |
| schedule. • If your answer if "                |   | •   | ·   |  |                                    |                                    | , ,,   |             |  |
| your unoner ii                                 | rte, complete ble                                     |   |   | TELEVISION MA  | ARKETS                             |                                    |  |             | Computation of   |
| Is the cable system effect on June 24,         |   | itside of all m                                 | ajor and smalle                               | er markets as defin  | ed under secti                     | ion 76.5 of FC0                    | C rules and regulat                          | tions in    | 3.75 Fee   |
|  |   | schedule—D                                      | O NOT COMPI                                   | ETE THE REMAI  | NDER OF PA                         | RT 6 AND 7.                        |  |             |  |
| X No—Compl                                     | lete blocks B and                                     | C below.  |   |  |                                    |                                    |  |             |  |
|  |   | BI O  | CK B: CARR                                    | IAGE OF PERM   | MITTED DS                          | <br>Fs                             |  |             |  |
| Column 1:                                      | List the call signs                                   |   |   | part 2, 3, and 4 of t  |                                    |                                    | n was permitted to                           | carry under |  |
| CALL SIGN                                      | FCC rules and re                                      | gulations pric<br>e DSE Sched                   | or to June 25, 1<br>dule. (Note: The          | 981. For further ex<br>e letter M below ref                        | planation of p                     | ermitted station                   | ns, see the                                  | ·           |  |
| Column 2:<br>BASIS OF<br>PERMITTED<br>CARRIAGE | (Note the FCC ru<br>A Stations carrie<br>76.61(b)(c)] | les and regul<br>ed pursuant to                 | ations cited bel<br>the FCC marl              | is on which you ca<br>low pertain to those<br>ket quota rules [76  | e in effect on 3<br>.57, 76.59(b), | June 24, 1981.)<br>76.61(b)(c), 76 | 6.63(a) referring to                         |             |  |
|  | C Noncommerica  | al educationa<br>I station (76.6<br>r DSE sched | l station [76.59<br>65) (see paragra<br>ule). | 6.59(d)(1), 76.61(e)<br>(c), 76.61(d), 76.63<br>aph regarding subs | B(a) referring to                  | o 76.61(d)]                        |  |             |  |
|  | *F A station pre                                      | viously carrie<br>HF station wi                 | d on a part-time<br>thin grade-B co           | e or substitute basi<br>ontour, [76.59(d)(5)                       | •                                  |                                    | ing to 76.61(e)(5)]                          |             |  |
| Column 3:                                      |   | stations ider                                   | ntified by the le                             | parts 2, 3, and 4 of<br>tter "F" in column 2                       |                                    |                                    | ksheet on page 14                            | 4 of        |  |
| 1. CALL<br>SIGN                                | 2. PERMITTED<br>BASIS                                 | 3. DSE  | 1. CALL<br>SIGN                               | 2. PERMITTED<br>BASIS  | 3. DSE                             | 1. CALL<br>SIGN                    | 2. PERMITTED<br>BASIS                        | 3. DSE      |  |
| WKNO/WKI                                       |   | 0.25  | CICIV   | Briolo   |                                    | CICIT                              | Briolo                                       |             |  |
|  |   |   |   |  |                                    |                                    |  |             |  |
|  |   |   |   |  |                                    |                                    |  |             |  |
|  |   |   |   |  |                                    |                                    |  |             |  |
|  |   |   |   |  |                                    |                                    |  |             |  |
|  |   |   |   |  |                                    |                                    |  | 0.25        |  |
|  |   | E   | BLOCK C: CC                                   | MPUTATION OF   | 3.75 FEE                           |                                    | <u>:                                    </u> |             |  |
| Line 1: Enter the                              | total number of I                                     |   |   |  |                                    |                                    |  |             |  |
| Line 2: Enter the                              |   | ·   |   |  |                                    |                                    |  |             |  |
| Line 3: Subtract I                             | ·   |   |   |  | to the 3.75 ra                     | ate.                               |  |             |  |
| (If zero, le                                   | eave lines 4–7 bl                                     | ank and pro                                     | ceed to part 7                                | of this schedule   | <del>:</del> )                     |                                    |  |             |  |
| Line 4: Enter gro                              | ss receipts from                                      | space K (pa                                     | ige 7)  |  |                                    |                                    | × 0.03                                       | 375         | Do any of the DSEs represent                                     |
| Line 5: Multiply lii                           | ne 4 by 0.0375 a                                      | nd enter su                                     | m here  |  |                                    |                                    |  |             | partially<br>permited/<br>partially                              |
| Line 6: Enter tota                             | ıl number of DSE                                      | Es from line                                    | 3   |  |                                    |                                    | x  |             | nonpermitted<br>carriage?<br>If yes, see part<br>9 instructions. |
|  |   |   |   |  |                                    |                                    |  |             | JJ   |
| Line 7: Multiply lin                           | ne 6 by line 5 an                                     | d enter here                                    | and on line 2                                 | 2, block 3, space  | L (page 7)                         |                                    |  | 0.00        |  |

| ellSouth Te     | OWNER OF CABLES       |       |                 |                       |          |                 |                       | 7STEM ID#<br>63182 | Name                    |
|-----------------|-----------------------|-------|-----------------|-----------------------|----------|-----------------|-----------------------|--------------------|-------------------------|
|                 |                       | BLOCK | ( A: TELEVIS    | SION MARKETS          | (CONTINU | JED)            |                       |                    |                         |
| 1. CALL<br>SIGN | 2. PERMITTED<br>BASIS |       | 1. CALL<br>SIGN | 2. PERMITTED<br>BASIS | 3. DSE   | 1. CALL<br>SIGN | 2. PERMITTED<br>BASIS | 3. DSE             | 6                       |
|                 |                       |       |                 |                       |          |                 |                       |                    | Computation of 3.75 Fee |
|                 |                       |       |                 |                       |          |                 |                       |                    |                         |
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|                 |                       |       |                 |                       |          |                 |                       |                    |                         |
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|                 |                       |       |                 |                       |          |                 |                       |                    |                         |
|                 |                       |       |                 |                       |          |                 |                       |                    |                         |
|                 |                       |       |                 |                       |          |                 |                       |                    |                         |
|                 |                       |       |                 |                       |          |                 |                       |                    |                         |
|                 |                       |       |                 |                       |          |                 |                       |                    |                         |

**ACCOUNTING PERIOD: 2020/2** 

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **BellSouth Telecommunications, LLC** 63182 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? X Yes—Complete blocks B and C . No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Is any station listed in block B of part 6 the primary stream of a Was any station listed in block B of part 7 carried in any 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:  BellSouth Telecommunications, LLC  | M ID#<br>3182 | Name                      |
|---------------|--|---------------|---------------------------|
|               | BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE   |               |                           |
| Section<br>1  | Enter the amount of gross receipts from space K (page 7)   | 89.83         | 7                         |
| Section<br>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<br>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.  X No—Complete section 4 below.  |               |                           |
|               | SECTION 3: TOP 50 TELEVISION MARKET  |               |                           |
| Section<br>3a | Did your cable system retransmit the signals of any partially distant television stations during the accounting period?      \( \overline{X} \) Yes—Complete part 9 of this schedule.      \( \overline{N} \) 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 DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below. |               |                           |
|               | A. Enter 0.00599 of gross receipts (the amount in section1)  |               |                           |
|               | B. Enter 0.00377 of gross receipts (the amount in section.1)   |               |                           |
|               | C. Subtract 1.000 from total permitted DSEs (the figure on   |               |                           |
|               | line C in section 2) and enter here  |               |                           |
|               | D. Multiply line B by line C and enter here  |               |                           |
|               | E. Add lines A and D. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge   |               |                           |
| Section<br>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<br>4a | X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.  |               |                           |
|               | If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE 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)   |               |                           |
|               | 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:   | M ID#      |  |  |  |  |  |  |  |  |
|-------------------------------------|---|--|------------|--|--|--|--|--|--|--|--|
| Name                                | l l   | BellSouth Telecommunications, LLC  | 3182       |  |  |  |  |  |  |  |  |
| 7                                   | Section<br>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<br>Syndicated<br>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.  | <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 part   |            |  |  |  |  |  |  |  |  |
|                                     |   | checked "Yes," use the total number of DSEs from part 5.  ck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.   |            |  |  |  |  |  |  |  |  |
| Computation                         | • If you  | r answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.  |            |  |  |  |  |  |  |  |  |
| of<br>Base Rate Fee                 | • If you<br>blank   | rr answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below   |            |  |  |  |  |  |  |  |  |
| Duod Hato I oo                      |   | 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," see page (v) of the general instructions.            |  |            |  |  |  |  |  |  |  |  |
|                                     |   | BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS  |            |  |  |  |  |  |  |  |  |
|                                     | • Did y   | our cable system retransmit the signals of any partially distant television stations during the accounting period?   |            |  |  |  |  |  |  |  |  |
|                                     |   | X Yes—Complete part 9 of this schedule. No—Complete the following sections.  |            |  |  |  |  |  |  |  |  |
|                                     | BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE |  |            |  |  |  |  |  |  |  |  |
|                                     | Section<br>1  | Enter the amount of gross receipts from space K (page 7)   |            |  |  |  |  |  |  |  |  |
|                                     | 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.) ▶  |            |  |  |  |  |  |  |  |  |
|                                     | Section   |  |            |  |  |  |  |  |  |  |  |
|                                     | 3   | If the figure in section 2 is <b>4.000 or less</b> , compute your base rate fee here and leave section 4 blank.  NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. |            |  |  |  |  |  |  |  |  |
|                                     |   | A. Enter 0.01064 of gross receipts  (the amount in section 1)▶   \$  |            |  |  |  |  |  |  |  |  |
|                                     |   | B. Enter 0.00701 of gross receipts  (the amount in section 1)  •   |            |  |  |  |  |  |  |  |  |
|                                     |   | C. Subtract 1.000 from total DSEs  (the figure in section 2) and enter here  -   |            |  |  |  |  |  |  |  |  |
|                                     |   | D. Multiply line B by line C and enter here  |            |  |  |  |  |  |  |  |  |
|                                     |   | E. Add lines A, and D. This is your base rate fee. Enter here  | ,          |  |  |  |  |  |  |  |  |
|                                     |   | and in block 3, line 1, space L (page 7)   | 00         |  |  |  |  |  |  |  |  |
|                                     |   | Base Rate Fee  | <u></u> ]. |  |  |  |  |  |  |  |  |

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

| LEGAL NAME OF OWNER OF  | CABLE SYSTEM:  | SYSTEM ID#       |                            |
|---|--|------------------|----------------------------|
| BellSouth Telecomn  | nunications, LLC   | 63182            | Name                       |
|   | n 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.   |                  |                            |
| 4 A Enter 0 0106  | 4 of gross receipts  |                  | 8                          |
| (the amount   | in section 1)  | _                |                            |
| B. Enter 0.0070   | 11 of gross receipts   |                  | Computation                |
| (the amount   | in section 1) <b>▶</b> \$  |                  | of                         |
| C. Multiply line  | B by 3.000 and enter here <b>\$</b>  | _                | Base Rate Fee              |
|   | 0 of gross receipts in section 1) <b>&gt;</b> \$   |                  |                            |
|   |  |                  |                            |
|   | 00 from total DSEs section 2) and enter here   |                  |                            |
|   |  |                  |                            |
|   | D by line E and enter here <b>\$</b>   |                  |                            |
|   | C, and F. This is your base rate fee. nd in block 3, line 1, space L (page 7)  |                  |                            |
| Base Rate F   |  | 0.00             |                            |
| IMPORTANT: It is no long  | ger necessary to report television signals on a system-wide basis. Carriage of television broadcas   | et eignale ehall |                            |
|   | community-by-community basis (subscriber groups) if the cable system reported multiple channel   |                  | 9                          |
|   | tations you carried were partially distant, the statute allows you, in computing your base rate fee,   |                  | Computation                |
| receipts from subscribers exclusion, you must:                          | located within the station's local service area, from your system's total gross receipts. To take ad   | vantage of this  | of                         |
| First: Divide all of your su  | bscribers into subscriber groups, each group consisting entirely of subscribers that are distant to  | the same         | Base Rate Fee and          |
| station or the same group   | of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine t  | he number of     | Syndicated<br>Exclusivity  |
|   | our system's gross receipts attributable to that group, and calculate a separate base rate fee for $\mathfrak c$ ate base rate fees for each subscriber group. That total is the base rate fee for your system.  | ach group.       | Surcharge<br>for           |
|   | our cable system is located within the top 100 television market and the station is not exempt in pa   |                  | Partially                  |
|   | d Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B bel<br>ly located outside all major television markets, complete block A only.  | ow. However, if  | Distant<br>Stations, and   |
|   | riber Group for Partially Distant Stations   |                  | for Partially<br>Permitted |
| Step 1: For each community.   | nity served, determine the local service area of each wholly distant and each partially distant station  | on you           | Stations                   |
| Step 2: For each wholly doutside the station's local                    | istant and each partially distant station you carried, determine which of your subscribers were loc service area. A subscriber located outside the local service area of a station is distant to that stat distant to the subscriber.)   | <b> </b>         |                            |
| Step 3: Divide your subso   | cribers into subscriber groups according to the complement of stations to which they are distant. Ensist entirely of subscribers who are distant to exactly the same complement of stations. Note that   | <b> </b>         |                            |
|   | ber group when the distant stations it carried have local service areas that coincide.   | t a cable system |                            |
| Computing the base rate groups.   | e fee for each subscriber group: Block A contains separate sections, one for each of your syste  | em's subscriber  |                            |
| In each section:  |  |                  |                            |
| 1   | /areas represented by each subscriber group. ch of the stations in the subscriber group's complement—that is, each station that is distant to all  | of the           |                            |
| • If:   |  |                  |                            |
| your system is located a 4 of this schedule; or,                        | wholly outside all major and smaller television markets, give each station's DSE as you gave it in   | parts 2, 3, and  |                            |
| <ol><li>any portion of your syst<br/>part 6 of this schedule.</li></ol> | em is located in a major or smaller televison market, give each station's DSE as you gave it in blo  | ock B,           |                            |
| Add the DSEs for each s   | station. This gives you the total DSEs for the particular subscriber group.  |                  |                            |
| Calculate gross receipts<br>in the paper SA3 form.                      | for the subscriber group. For further explanation of gross receipts see page (vii) of the general in   | structions       |                            |
| page. In making this com  | e for each subscriber group using the formula outline in block B of part 8 of this schedule on the p putation, use the DSE and gross receipts figure applicable to the particular subscriber group (tha uplement of stations and total gross receipts from the subscribers in that group). You do not need form. | t is, the total  |                            |

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63182 **BellSouth Telecommunications, LLC** 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 OW<br>BellSouth Telec |                     |                       |                       |                           |          | \$              | 63182      | Name            |
|-------------------------------------|---------------------|-----------------------|-----------------------|---------------------------|----------|-----------------|------------|-----------------|
|                                     | BLOCK A:            | COMPUTATION O         | F BASE RA             | ATE FEES FOR EACH         | SUBSCRIE | BER GROUP       |            |                 |
|                                     |                     | SUBSCRIBER GRO        |                       |                           | SECOND   | SUBSCRIBER GROU |            | 9               |
| COMMUNITY/ AREA                     |                     |                       | 0                     | COMMUNITY/ AREA           |          |                 |            | Computa         |
| CALL SIGN DSE CALL SIGN             |                     |                       | DSE                   | CALL SIGN                 | DSE      | CALL SIGN       | DSE        | of              |
|                                     |                     |                       |                       | WKNO/WKNOHD               | 0.25     |                 |            | Base Rate       |
|                                     |                     |                       |                       |                           |          |                 |            | and             |
|                                     |                     |                       |                       |                           |          |                 |            | Syndicate       |
|                                     |                     |                       |                       |                           |          |                 |            | Exclusivi       |
|                                     |                     |                       | ····                  |                           |          |                 |            | Surchare<br>for |
|                                     |                     |                       | ····                  |                           |          |                 |            | Partially       |
|                                     |                     |                       | ···                   |                           |          |                 |            | Distant         |
|                                     |                     |                       |                       |                           |          |                 |            | Stations        |
|                                     |                     |                       |                       |                           |          |                 |            |                 |
|                                     |                     |                       |                       |                           |          |                 |            |                 |
|                                     |                     |                       |                       |                           |          |                 |            |                 |
|                                     |                     |                       |                       |                           | -        |                 |            |                 |
|                                     |                     |                       | ····                  |                           |          |                 |            |                 |
| Fotal DSEs                          |                     |                       | 0.00                  | Total DSEs                | -        |                 | 0.25       |                 |
| Gross Receipts First                | Group               | \$ 13,04              | 8,540.06              | Gross Receipts Second     | d Group  | \$              | 197,149.77 |                 |
|                                     |                     |                       |                       |                           |          |                 | -          |                 |
| Base Rate Fee First                 | Group               | \$                    | 0.00                  | Base Rate Fee Second      | d Group  | \$              | 524.42     |                 |
|                                     | THIRD               | SUBSCRIBER GRO        |                       |                           | FOURTH   | SUBSCRIBER GROU | JP         |                 |
| COMMUNITY/ AREA 0                   |                     |                       | 0                     | COMMUNITY/ AREA           |          |                 |            |                 |
| CALL SIGN                           | DSE                 | CALL SIGN             | DSE                   | CALL SIGN                 | DSE      | CALL SIGN       | DSE        |                 |
|                                     |                     |                       | <mark>.</mark>        |                           |          |                 |            |                 |
|                                     |                     |                       |                       |                           |          |                 |            |                 |
|                                     |                     |                       |                       |                           |          |                 |            |                 |
|                                     |                     |                       | ····                  |                           |          |                 |            |                 |
|                                     |                     |                       | ····                  |                           |          |                 |            |                 |
|                                     |                     |                       |                       |                           |          |                 |            |                 |
|                                     |                     |                       |                       |                           |          |                 |            |                 |
|                                     |                     |                       |                       |                           | -        |                 |            |                 |
|                                     |                     |                       |                       |                           | ļ        |                 |            |                 |
|                                     |                     |                       |                       |                           |          |                 |            |                 |
|                                     |                     |                       |                       |                           |          |                 |            |                 |
|                                     |                     |                       |                       |                           |          |                 |            |                 |
|                                     |                     |                       |                       |                           |          |                 |            |                 |
| Total DSEs                          |                     |                       | 0.00                  | Total DSEs                |          |                 | 0.00       |                 |
| Gross Receipts Third Group \$ 0.00  |                     | 0.00                  | Gross Receipts Fourth | Group                     | \$       | 0.00            |            |                 |
|                                     |                     |                       |                       |                           |          |                 |            |                 |
| Base Rate Fee Third                 | d Group             | \$                    | 0.00                  | Base Rate Fee Fourth      | Group    | \$              | 0.00       |                 |
|                                     |                     |                       |                       | <u>II</u>                 |          |                 |            |                 |
| Rase Rate Foo: Add                  | the <b>hase rat</b> | e fees for each subsc | riber group s         | as shown in the boxes abo | ove      |                 |            |                 |
| inter here and in blo               |                     |                       | inei gioup a          | o anown in the boxes abo  | JV 6.    | \$              | 524.42     |                 |
|                                     |                     |                       |                       |                           |          |                 |            |                 |

| LEGAL NAME OF OW<br>BellSouth Telec         |                      |                        |                    |                        |                   | \$              | 63182  | Name          |  |
|---|----------------------|------------------------|--------------------|------------------------|-------------------|-----------------|--------|---------------|--|
|   | BI OCK A             | · COMPLITATION (       | DE BASE DA         | ATE FEES FOR EAC       | H SHRSCD          | IRER GROUD      |        |               |  |
|   |                      | SUBSCRIBER GRO         |                    |                        |                   | SUBSCRIBER GROU | JP     |               |  |
| COMMUNITY/ AREA                             |                      |                        |                    |                        | COMMUNITY/ AREA 0 |                 |        |               |  |
| CALL SIGN DSE                               |                      | CALL SIGN              | DSE                | CALL SIGN              | DSE               | CALL SIGN       | DSE    | Computatio of |  |
|   |                      |                        |                    |                        |                   |                 |        | Base Rate F   |  |
|   |                      |                        |                    |                        |                   |                 |        | and           |  |
|   |                      |                        |                    |                        |                   |                 |        | Syndicated    |  |
|   |                      |                        |                    |                        |                   |                 |        | Exclusivity   |  |
|   |                      |                        |                    |                        |                   |                 |        | Surcharge     |  |
|   |                      |                        |                    |                        |                   |                 |        | for           |  |
|   |                      |                        |                    |                        |                   |                 |        | Partially     |  |
|   |                      |                        |                    |                        |                   |                 |        | Distant       |  |
|   |                      |                        |                    |                        |                   |                 |        | Stations      |  |
|   |                      |                        |                    |                        |                   |                 |        |               |  |
|   |                      |                        |                    |                        |                   |                 |        |               |  |
|   |                      |                        |                    |                        |                   |                 | ·····  |               |  |
|   |                      |                        |                    |                        |                   |                 |        |               |  |
|   |                      |                        |                    |                        |                   |                 |        |               |  |
| Total DSEs                                  |                      | 1                      | 0.00               | Total DSEs             |                   |                 | 0.00   |               |  |
| Olai DSES                                   |                      |                        |                    | Total DSES             |                   |                 |        |               |  |
| Bross Receipts First                        | Group                | \$                     | 0.00               | Gross Receipts Sec     | ond Group         | \$              | 0.00   |               |  |
| Base Rate Fee First                         | Group                | \$                     | 0.00               | Base Rate Fee Sec      | ond Group         | \$              | 0.00   |               |  |
|   | SEVENTH              | I SUBSCRIBER GRO       | DUP                |                        | EIGHTH            | SUBSCRIBER GROU | JP     |               |  |
| COMMUNITY/ AREA                             |                      |                        | 0                  | COMMUNITY/ AREA        |                   |                 |        |               |  |
| CALL SIGN                                   | DSE                  | CALL SIGN              | DSE                | CALL SIGN              | DSE               | CALL SIGN       | DSE    |               |  |
|   |                      |                        |                    |                        |                   |                 |        |               |  |
|   |                      |                        |                    |                        |                   |                 |        |               |  |
|   |                      |                        | ·····              | -                      | ······            |                 | ······ |               |  |
|   |                      |                        |                    | -                      |                   |                 |        |               |  |
|   |                      |                        |                    |                        |                   |                 |        |               |  |
|   |                      |                        |                    |                        |                   |                 |        |               |  |
|   |                      |                        |                    |                        |                   |                 |        |               |  |
|   |                      |                        |                    |                        |                   |                 |        |               |  |
|   |                      |                        |                    |                        |                   |                 |        |               |  |
|   |                      |                        |                    |                        |                   |                 |        |               |  |
|   |                      |                        |                    |                        |                   |                 |        |               |  |
|   |                      |                        |                    |                        |                   |                 |        |               |  |
|   |                      |                        |                    | -                      |                   |                 |        |               |  |
| Total DSEs                                  |                      |                        | 0.00               | Total DSEs             |                   | П               | 0.00   |               |  |
|   |                      |                        |                    |                        |                   |                 |        |               |  |
| Gross Receipts Third Group \$ 0.00          |                      | 0.00                   | Gross Receipts Fou | rth Group              | \$                | 0.00            |        |               |  |
| Base Rate Fee Third                         | d Group              | \$                     | 0.00               | Base Rate Fee Fou      | rth Group         | \$              | 0.00   |               |  |
| Page Bate Feet Ad-                          | I the <b>bees</b> == | to food for each auto- | oribor grave       | on about in the bessel | abaya             |                 |        |               |  |
| Base Rate Fee: Add<br>Enter here and in blo |                      |                        | criber group a     | as shown in the boxes  | apove.            | \$              |        |               |  |
|   |                      |                        |                    |                        |                   |                 |        |               |  |

### Nonpermitted 3.75 Stations

| LEGAL NAME OF OW<br>BellSouth Telec         |                        |                | _               |                       |           | ;              | 63182       | Name                     |
|---|------------------------|----------------|-----------------|-----------------------|-----------|----------------|-------------|--------------------------|
|   |                        |                |                 | TE FEES FOR EAC       | H SUBSCRI | BER GROUP      |             |                          |
|   | FIRST SUBSCRIBER GROUP |                |                 |                       |           | SUBSCRIBER GRO |             | 9                        |
| COMMUNITY/ AREA 0                           |                        |                | COMMUNITY/ AREA | Α                     |           | 0              | Computation |                          |
| CALL SIGN                                   | DSE                    | CALL SIGN      | DSE             | CALL SIGN             | DSE       | CALL SIGN      | DSE         | of                       |
|   |                        |                |                 |                       |           |                |             | Base Rate Fee            |
|   |                        |                |                 |                       |           |                |             | and                      |
|   |                        |                | <u>.</u>        |                       |           |                |             | Syndicated               |
|   |                        |                | <u></u>         | -                     |           |                |             | Exclusivity<br>Surcharge |
|   |                        |                |                 |                       |           |                |             | for                      |
|   |                        |                |                 |                       |           |                |             | Partially                |
|   |                        |                |                 |                       |           |                |             | Distant                  |
|   |                        |                | <u></u>         | -                     |           |                |             | Stations                 |
|   |                        | -              |                 | -                     |           |                |             |                          |
|   |                        |                |                 |                       |           |                |             |                          |
|   |                        |                |                 |                       |           |                |             |                          |
|   |                        |                |                 |                       |           |                |             |                          |
|   |                        |                |                 |                       |           |                |             |                          |
| Total DSEs                                  |                        |                | 0.00            | Total DSEs            |           |                | 0.00        |                          |
| Gross Receipts First                        | Group                  | \$ 13,04       | 8,540.06        | Gross Receipts Sec    | ond Group | \$             | 197,149.77  |                          |
| Base Rate Fee First                         | Group                  | \$             | 0.00            | Base Rate Fee Sec     | ond Group | \$             | 0.00        |                          |
|   | THIRD                  | SUBSCRIBER GRO | UP              |                       | FOURTH    | SUBSCRIBER GRO | UP          |                          |
| COMMUNITY/ AREA 0                           |                        |                | 0               | COMMUNITY/ ARE/       | 0         |                |             |                          |
| CALL SIGN                                   | DSE                    | CALL SIGN      | DSE             | CALL SIGN             | DSE       | CALL SIGN      | DSE         |                          |
|   |                        |                |                 |                       |           |                |             |                          |
|   |                        |                | ···             |                       |           |                |             |                          |
|   |                        |                |                 |                       |           |                |             |                          |
|   |                        |                |                 |                       |           |                |             |                          |
|   |                        |                |                 |                       |           |                |             |                          |
|   |                        |                |                 |                       |           |                |             |                          |
|   |                        |                |                 |                       |           |                |             |                          |
|   |                        |                |                 |                       |           |                |             |                          |
|   |                        |                |                 |                       |           |                |             |                          |
|   |                        |                |                 |                       |           |                |             |                          |
|   |                        |                |                 |                       |           |                |             |                          |
|   |                        |                |                 |                       |           |                |             |                          |
| Total DSEs                                  |                        |                | 0.00            | Total DSEs            |           |                | 0.00        |                          |
| Gross Receipts Third                        | d 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        |                          |
|   |                        |                |                 | Ш                     |           |                |             |                          |
| Base Rate Fee: Add<br>Enter here and in blo |                        |                | criber group a  | as shown in the boxes | above.    | \$             | 0.00        |                          |
|   |                        |                |                 |                       |           |                |             |                          |

### **Nonpermitted 3.75 Stations**

| ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Ra  Base Ra  and Syndite  Syndite  Surchia  For Partia  Dista  Static  All DSEs  O.00  For Sar Receipts First Group  SEVENTH SUBSCRIBER GROUP  MMUNITY/ AREA  O  COMMUNITY/ AREA  O  COMMUNITY/ AREA  O  O  GALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  GALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  Base Ra  and Syndite  Syn   | Jenoudn Teleconn         |        | SYSTEM:<br>ions, LLC |                 |                    |           | `               | 63182      | Name         |
|--|--------------------------|--------|----------------------|-----------------|--------------------|-----------|-----------------|------------|--------------|
| MMUNITY/ AREA  O COMMUNITY/ AREA  | Bl                       |        |                      |                 | TE FEES FOR EAC    |           |                 |            |              |
| Compute the control of the control o   |                          | FIFTH  | SUBSCRIBER GRO       |                 |                    |           | SUBSCRIBER GROU |            | a            |
| ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Ra  Base Ra  and Syndite  Syndite  Surchia  For Partia  Dista  Static  All DSEs  O.00  For Sar Receipts First Group  SEVENTH SUBSCRIBER GROUP  MMUNITY/ AREA  O  COMMUNITY/ AREA  O  COMMUNITY/ AREA  O  O  GALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  GALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  Base Ra  and Syndite  Syn   | COMMUNITY/ AREA 0        |        |                      | COMMUNITY/ AREA | A                  |           | 0               | Computatio |              |
| al DSEs  | CALL SIGN                | DSE    | CALL SIGN            | DSE             | CALL SIGN          | DSE       | CALL SIGN       | DSE        | of           |
| Syndic Exclus Surching for Partic Distar Station  al DSEs 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts Group \$ 0.0 |                          |        |                      |                 |                    |           |                 |            | Base Rate Fe |
| Exclus Surch: for Partial Dista Statio  al DSEs  sourched for Partial Dista Statio  consistency in the partial Dista Statio  consistency in the partial Dista Statio  al DSEs  sourched for Partial Dista Statio  consistency in the partial Dista Statio  consistency in the partial Distance in the partial  |                          |        |                      |                 |                    |           |                 |            | and          |
| Surching for Partial Dista Station  al DSEs  |                          |        |                      |                 |                    |           |                 |            | Syndicated   |
| for Partice Distars Static  al DSEs  |                          |        |                      |                 |                    | ·····     |                 |            | Exclusivity  |
| Dista Static  Dista Dista Static  Dista Dist   |                          |        |                      |                 |                    |           |                 |            | for          |
| Static   |                          |        |                      |                 |                    |           |                 |            | Partially    |
| al DSEs 0.00 Total DSEs 0.00 Gross Receipts Second Group \$ 0.00  See Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00  SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP  MMUNITY/ AREA 0 COMMUNITY/ AREA 0   |                          |        |                      |                 |                    |           |                 |            | Distant      |
| SEVENTH SUBSCRIBER GROUP  SEVENTH SUBSCRIBER GROUP  SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  Gross Receipts Second Group  Base Rate Fee Second Group  EIGHTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  COMMUNITY/ AREA  O   |                          |        |                      |                 |                    |           |                 |            | Stations     |
| SEVENTH SUBSCRIBER GROUP  SEVENTH SUBSCRIBER GROUP  SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  Gross Receipts Second Group  Base Rate Fee Second Group  EIGHTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  COMMUNITY/ AREA  O   |                          |        |                      | ···             |                    |           |                 |            |              |
| SEVENTH SUBSCRIBER GROUP  SEVENTH SUBSCRIBER GROUP  SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  Gross Receipts Second Group  Base Rate Fee Second Group  EIGHTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  COMMUNITY/ AREA  O   |                          |        |                      |                 |                    |           |                 |            |              |
| SEVENTH SUBSCRIBER GROUP  SEVENTH SUBSCRIBER GROUP  SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  Gross Receipts Second Group  Base Rate Fee Second Group  EIGHTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  COMMUNITY/ AREA  O   |                          |        |                      |                 |                    |           |                 |            |              |
| SEVENTH SUBSCRIBER GROUP  SEVENTH SUBSCRIBER GROUP  SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  Gross Receipts Second Group  Base Rate Fee Second Group  EIGHTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  COMMUNITY/ AREA  O   |                          |        |                      |                 |                    |           |                 |            |              |
| SEVENTH SUBSCRIBER GROUP  SEVENTH SUBSCRIBER GROUP  SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  Gross Receipts Second Group  Base Rate Fee Second Group  EIGHTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  COMMUNITY/ AREA  O   |                          |        |                      |                 |                    |           |                 |            |              |
| SEVENTH SUBSCRIBER GROUP  SEVENTH SUBSCRIBER GROUP  MMUNITY/ AREA  0  COMMUNITY/ AREA  0   | Total DSEs               |        |                      | 0.00            | Total DSEs         |           |                 | 0.00       |              |
| SEVENTH SUBSCRIBER GROUP  IMMUNITY/ AREA  O  COMMUNITY/ AREA  O  O   | Gross Receipts First Gro | up     | \$                   | 0.00            | Gross Receipts Sec | ond Group | \$              | 0.00       |              |
| SEVENTH SUBSCRIBER GROUP  IMMUNITY/ AREA  O  COMMUNITY/ AREA  O  O   |                          |        |                      |                 |                    |           |                 |            |              |
| MMUNITY/ AREA 0 COMMUNITY/ AREA 0  |                          |        |                      |                 | Base Rate Fee Sec  |           |                 | '          |              |
|  |                          | EVENTH | SUBSCRIBER GRO       |                 |                    |           | SUBSCRIBER GROU |            |              |
| ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE   | JOMMUNITY/ AREA          |        |                      |                 | COMMUNITY/ AREA    |           |                 |            |              |
|  | CALL SIGN                | DSE    | CALL SIGN            | DSE             | CALL SIGN          | DSE       | CALL SIGN       | DSE        |              |
|  |                          |        |                      |                 |                    |           |                 |            |              |
|  |                          |        |                      |                 |                    |           |                 |            |              |
|  |                          |        |                      |                 |                    |           |                 |            |              |
|  |                          |        |                      |                 |                    |           |                 |            |              |
|  |                          |        |                      |                 |                    |           |                 |            |              |
|  |                          |        |                      | <u> </u>        |                    | ······    |                 |            |              |
|  |                          |        |                      | ···             |                    |           |                 |            |              |
|  |                          |        |                      |                 |                    |           |                 |            |              |
|  |                          |        |                      |                 |                    |           |                 |            |              |
|  |                          |        |                      |                 |                    |           |                 |            |              |
|  |                          |        |                      | -               | -                  |           | -               |            |              |
|  |                          |        |                      |                 |                    |           |                 |            |              |
| al DSEs  | Total DSEs               |        |                      | 0.00            | Total DSEs         |           |                 | 0.00       |              |
| poss Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00  | Gross Receipts Third Gro | oup    | \$                   | 0.00            | Gross Receipts Fou | rth Group | \$              | 0.00       |              |
|  | ,                        | •      | ·                    |                 |                    | r         |                 |            |              |
| se Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00   | Base Rate Fee Third Gro  | oup    | \$                   | 0.00            | Base Rate Fee Fou  | rth Group | \$              | 0.00       |              |

**ACCOUNTING PERIOD: 2020/2** FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **BellSouth Telecommunications, LLC** 63182 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 . . . . . . . . . . . . . . . . FOURTH SUBSCRIBER GROUP THIRD SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group . . . . . . . . . . . . . . . . . . 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 **BellSouth Telecommunications, LLC** 63182 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

SYNDICATED EXCLUSIVITY

SURCHARGE

computation . . . . . . . . . . . . . . . . .

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

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subject to the surcharge

SYNDICATED EXCLUSIVITY

SURCHARGE

computation . . . . . . . . . . . . . . . .