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

## SA3E Long Form

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY							
DATE RECEIVED	AMOUNT						
02/23/21	\$ ALLOCATION NUMBER						

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:								
Accounting Period	2020/2								
	Instructions:								
B Owner	Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.  List any other name or names under which the owner conducts the business of the cable system.  If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.  Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.								
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
	SERVICE ELECTRIC CABLEVISION, INC.								
				6553	320202				
				6553	2020/2				
				0000					
	4949 LIBERTY LANE, SUITE 400								
	ALLENTOWN, PA 18106								
	INSTRUCTIONS: In line 1, give any business or trade names used to	identify the busine	ess and operation of the sys	stem unles:	s these				
С	names already appear in space B. In line 2, give the mailing address of	of the system, if di	ferent from the address giv	en in spac	e B.				
System	1 IDENTIFICATION OF CABLE SYSTEM:								
	SUNBURY, PA								
	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 paç	je 1b				
Area Served	with all communities.  CITY OR TOWN	STATE							
First	Sunbury	PA							
Community	Below is a sample for reporting communities if you report multiple ch		Space C						
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	GRP#				
Sarania	Alda	MD	Α		1				
Sample	Alliance	MD	В		2				
	Gering	MD	В		3				

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

**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 fillings.

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#
Sunbury	PA	AA	1
Beaver Twp.	PA	AA	2
Beavertown Borough	PA	AA	2
Bloomsburg	PA	AC	4
Buffalo Twp.	PA	AD	9
Catawissa Borough	PA	AC	4
Catawissa Twp.	PA	AC	4
Centre Twp.	PA	AA	1
Cleveland Twp.	PA	AC	3
Coal Twp.	PA	AB	7
Conyngham	PA	AB	7
Cooper Twp.	PA	AD	9
Danville Borough	PA	AD	9
Delaware Twp.	PA	AD	9
Derry Twp.	PA	AD	9
East Buffalo Twp.	PA	AD	9
E. Cameron Twp.	PA	AB	7
E. Chillisquaque Twp.	PA	AD	9
Franklin Twp. (Columbia)	РА	AE	5
Franklin Twp. (Snyder)	PA	AA	1
Freeburg Borough	PA	AA	1
Gregg Twp.	PA	AD	10
Hemlock Twp.	PA	AC	4
Herndon	PA	AA	1
Jackson Twp. (Northumberland)	PA	AA	1
Jackson Twp. (Snyder)	PA	AA	1
Jordan Twp.	PA	AA	1
Kelly Twp.	PA	AD	9
Kulpmont Borough	PA	AB	7
Lewis Twp.	PA	AD	9
Lewisburg Borough	PA	AD	9
Liberty Twp.	PA	AD	9
Limestone Twp. (Union Co.)	PA	AA	1
Limestone Twp. (Montour Co.)	PA	AD	9
Little Mahanoy Twp.	PA	AA	1
Locust Twp.	PA	AC	3
Lower Augusta	PA	AB	7
Lower Mahanoy Twp.	PA	AA	1
Mahoning Twp.	PA	AD	9

First Community

See instructions for additional information on alphabetization.

Add rows as necessary.

Main Twp.	PA	AC	4
Marian Heights Borough	PA	AB	7
McEwensville Borough	PA	AD	10
Middleburg	PA	AA	1
Middlecreek Twp.	PA	AA	1
Milton Borough	PA	AD	9
Monroe Twp.	PA	AA	1
Montour Twp.	PA	AF	6
Mt. Carmel Borough	PA	AB	7
Mt. Carmel Twp.	PA	AB	7
Mt. Pleasant Twp.	PA	AC	4
	PA PA	AC AC	
N. Centre Twp.			4
New Berlin Borough	PA	AA	1
Northumberland Borough	PA	AA	1
Orange Twp.	PA	AC	4
Penn Twp.	PA	AA	1
Point Twp.	PA	AG	8
Ralpho Twp.	PA	AB	7
Riverside Borough	PA	AD	9
Roaring Creek Twp.	PA	AC	3
Rockfeller Twp.	PA	AA	1
S. Centre Twp.	PA	AC	4
Scott Twp.	PA	AC	4
Selinsgrove Borough	PA	AA	1
Shamokin City	PA	AB	7
Shamokin Dam Borough	PA	AA	1
Shamokin Twp.	PA	AB	7
Snydertown Borough	PA	AB	7
	PA PA	AA	2
Spring Turbot Twp.			
	PA	AD	9
Turbotville Borough	PA	AD	10
Upper Augusta Twp.	PA	AA	11
Upper Mahanoy Twp.	PA	AA	11
Union Twp.	PA	AG	8
Valley Twp.	PA	AD	9
W. Cameron Twp.	PA	AB	7
W. Chillisquaque Twp.	PA	AD	9
Washington Twp. (Northumberland)	PA	AA	1
Washington Twp. (Snyder)	PA	AA	1
Washingtonville Borough	PA	AD	10
Watsontown Borough	PA	AD	10
West Hemlock Twp.	PA	AD	9
White Deer Twp.	PA	AD	9
Zerbe Twp.	PA	AA	1
Rush Twp.	PA	AD	9
ruoii i wp.		AD	


Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 6553

## SERVICE ELECTRIC CABLEVISION, INC.

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.

BLO	OCK 1			BLOCK 2				
	NO. OF			П		NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS		RATE		CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:				П				
<ul> <li>Service to first set</li> </ul>	32,186	\$	19.95					
<ul> <li>Service to additional set(s)</li> </ul>	68,290		-					
• FM radio (if separate rate)								
Motel, hotel	30	\$	513.08					
Commercial	63	\$	816.02					
Converter								
Residential	39,199	\$	4.95					
Non-residential								
		<b>†</b>		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.

	BLOCK 2			
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE
Continuing Services:		Installation: Non-residential		
• Pay cable	\$ 17.95	Motel, hotel		
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		
Fire protection		• Pay cable		
<ul> <li>Burglar protection</li> </ul>		<ul> <li>Pay cable-add'l channel</li> </ul>		
Installation: Residential		Fire protection		
• First set	\$35/\$61	Burglar protection		
<ul> <li>Additional set(s)</li> </ul>	\$17/\$26	Other services:		
• FM radio (if separate rate)		Reconnect	\$ 35.00	
Converter	\$ 35.00	Disconnect		
		Outlet relocation	\$ 43.00	
			\$35/\$43	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 6553 SERVICE ELECTRIC CABLEVISION, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identifi each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifec Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL CARRIAGE OF (Yes or No) NUMBER STATION (If Distant) WYOU NO 22 Ν SCRANTON, PA (CBS) **WBRE** 28 Ν NO WILKES BARRE, PA (NBC) See instructions for additional information on alphabetization. NO WITF 33 Ε HARRISBURG, PA (PBS) WNEP 16 NO Ν SCRANTON, PA (ABC) WNEP-2 16.2 NO I-M SCRANTON, PA (Antenna) YES **WPIX** 11 **NEW YORK, NY (CW)** I **WQMY** 53 i NO WILLIAMSPORT, PA (MyTV) SCRANTON, PA (ION) WQPX 64 I NO **WSWB** 38 NO ı SCRANTON, PA (CW) WSWB-2 38.2 I-M NO SCRANTON, PA (MeTV) WSWB-3 38.3 I-M NO SCRANTON, PA (Comet) **WWOR** 9 I YES 0 NEW YORK, NY (MyTV) WOLF 56 I NO HAZLETON, PA (FOX) **WVIA** 44 Ε YES 0 SCRANTON, PA (PBS) WVIA-2 44.2 E-M YES 0 SCRANTON, PA (PBS Kids)

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SERVICE ELECTRIC CABLEVISION, INC.

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AA- PAGE 2	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WVIA-3	44.3	E-M	YES	0	SCRANTON, PA (PBS Create)
WBRE-2	28.2	I-M	NO		WILKES BARRE, PA (LAFF)
WBRE-3	28.3	I-M	NO		WILKES BARRE, PA (Grit TV)
WYOU-2	22.2	I-M	NO		SCRANTON, PA (Court TV)
WYOU-3	22.3	I-M	NO		SCRANTON, PA (Bounce)
WYOU-4	22.4	I-M	NO		SCRANTON, PA (Cozi)
WBRE-4	28.4	I-M	NO		WILKES BARRE, PA (True Crime)
WSWB-4	38.4	I-M	NO		SCRANTON, PA (ASN)

G

Primary Transmitters: Television

#### PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AB	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WYOU	22	N	NO		SCRANTON, PA (CBS)
WBRE	28	N	NO		WILKES BARRE, PA (NBC)
WPVI	6	N	YES	0	PHILADELPHIA, PA (ABC)
WITF	33	E	NO		HARRISBURG, PA (PBS)
WNEP	16	N	NO		SCRANTON, PA (ABC)
WNEP-2	16.2	I-M	NO		SCRANTON, PA (Antenna)
WPIX	11	I	YES	О	NEW YORK, NY (CW)
WQMY	53	I	NO		WILLIAMSPORT, PA (MyTV)
WQPX	64	I	NO		SCRANTON, PA (ION)
WSWB	38	I	NO		SCRANTON, PA (CW)
WSWB-2	38.2	I-M	NO		SCRANTON, PA (MeTV)
WSWB-3	38.3	I-M	NO		SCRANTON, PA (Comet)
WWOR	9	I	YES	0	NEW YORK, NY (MyTV)
WOLF	56	I	NO		HAZLETON, PA (FOX)
WVIA	44	Е	NO		SCRANTON, PA (PBS)
WVIA-2	44.2	E-M	NO		SCRANTON, PA (PBS Kids)

G

Primary Transmitters: Television

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 6553 SERVICE ELECTRIC CABLEVISION, INC. PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on € substitute program basis, as explained in the next paragraph

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

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

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

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

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

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

		CHANN	EL LINE-UP	AB - PAGE 2		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WVIA-3	44.3	E-M	NO		SCRANTON, PA (PBS Create)	
WBRE-2	28.2	I-M	NO		WILKES BARRE, PA (LAFF)	
WBRE-3	28.3	I-M	NO		WILKES BARRE, PA (Grit TV)	
WYOU-2	22.2	I-M	NO		SCRANTON, PA (Court TV)	
WYOU-3	22.3	I-M	NO		SCRANTON, PA (Bounce)	
WYOU-4	22.4	I-M	NO		SCRANTON, PA (Cozi)	
WBRE-4	28.4	I-M	NO		WILKES BARRE, PA (True Crime)	
WSWB-4	38.4	I-M	NO		SCRANTON, PA (ASN)	

G

**Primary** Transmitters: Television

#### PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AC	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WYOU	22	N	NO		SCRANTON, PA (CBS)
WBRE	28	N	NO		WILKES BARRE, PA (NBC)
WCAU	10	N	YES	0	PHILADELPHIA, PA (NBC)
WPVI	6	N	YES	0	PHILADELPHIA, PA (ABC)
WITF	33	E	YES	0	HARRISBURG, PA (PBS)
WNEP	16	N	NO		SCRANTON, PA (ABC)
WNEP-2	16.2	I-M	NO		SCRANTON, PA (Antenna)
WPIX	11	I	YES	О	NEW YORK, NY (CW)
WQMY	53	I	NO		WILLIAMSPORT, PA (MyTV)
WQPX	64	I	NO		SCRANTON, PA (ION)
WSWB	38	I	NO		SCRANTON, PA (CW)
WSWB-2	38.2	I-M	NO		SCRANTON, PA (MeTV)
WSWB-3	38.3	I-M	NO		SCRANTON, PA (Comet)
WWOR	9	I	YES	0	NEW YORK, NY (MyTV)
WOLF	56	I	NO		HAZLETON, PA (FOX)
WVIA	44	Е	NO		SCRANTON, PA (PBS)
WVIA-2	44.2	E-M	NO		SCRANTON, PA (PBS Kids)

G

Primary Transmitters: Television

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 6553 SERVICE ELECTRIC CABLEVISION, INC. PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AC - PAGE 2	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WVIA-3	44.3	E-M	NO		SCRANTON, PA (PBS Create)
WBRE-2	28.2	I-M	NO		WILKES BARRE, PA (LAFF)
WBRE-3	28.3	I-M	NO		WILKES BARRE, PA (Grit TV)
WYOU-2	22.2	I-M	NO		SCRANTON, PA (Court TV)
WYOU-3	22.3	I-M	NO		SCRANTON, PA (Bounce)
WYOU-4	22.4	I-M	NO		SCRANTON, PA (Cozi)
WBRE-4	28.4	I-M	NO		WILKES BARRE, PA (True Crime)
WSWB-4	38.4	I-M	NO		SCRANTON, PA (ASN)

G

**Primary** Transmitters: Television

#### PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AD	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WYOU	22	N	NO		SCRANTON, PA (CBS)
WBRE	28	N	NO		WILKES BARRE, PA (NBC)
			_		
WITF	33	Е	NO		HARRISBURG, PA (PBS)
WNEP	16	N	NO		SCRANTON, PA (ABC)
WNEP-2	16.2	I-M	NO		SCRANTON, PA (Antenna)
WPIX	11	l	YES	0	NEW YORK, NY (CW)
WQMY	53	I	NO		WILLIAMSPORT, PA (MyTV)
WQPX	64	I	NO		SCRANTON, PA (ION)
WSWB	38	I	NO		SCRANTON, PA (CW)
WSWB-2	38.2	I-M	NO		SCRANTON, PA (MeTV)
WSWB-3	38.3	I-M	NO		SCRANTON, PA (Comet)
WWOR	9	I	YES		NEW YORK, NY (MyTV)
WOLF	56	I	NO		HAZLETON, PA (FOX)
WVIA	44	Е	NO		SCRANTON, PA (PBS)
WVIA-2	44.2	E-M	NO		SCRANTON, PA (PBS Kids)

G

Primary Transmitters: Television

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 6553 SERVICE ELECTRIC CABLEVISION, INC.

#### PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on € substitute program basis, as explained in the next paragraph

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

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

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

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

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

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

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

		AD - PAGE 2	CHANNEL LINE-UP AD					
	6. LOCATION OF STATION	5. BASIS OF CARRIAGE (If Distant)	(Yes or No)	3. TYPE OF STATION	2. B'CAST CHANNEL NUMBER	1. CALL SIGN		
eate)	SCRANTON, PA (PBS Create		NO	E-M	44.3	WVIA-3		
-F)	WILKES BARRE, PA (LAFF)		NO	I-M	28.2	WBRE-2		
t TV)	WILKES BARRE, PA (Grit TV		NO	I-M	28.3	WBRE-3		
V)	SCRANTON, PA (Court TV)		NO	I-M	22.2	WYOU-2		
)	SCRANTON, PA (Bounce)		NO	I-M	22.3	WYOU-3		
	SCRANTON, PA (Cozi)		NO	I-M	22.4	WYOU-4		
e Crime)	WILKES BARRE, PA (True C		NO	I-M	28.4	WBRE-4		
	SCRANTON, PA (ASN)		NO	I-M	38.4	WSWB-4		

G

**Primary** Transmitters: Television

#### PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph

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

		CHANN	EL LINE-UP	AE	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WBRE	28	N	NO		WILKES BARRE, PA (NBC)
WCAU	10	N	YES	0	PHILADELPHIA, PA (NBC)
WPVI	6	N	YES	0	PHILADELPHIA, PA (ABC)
WITF	33	Е	NO		HARRISBURG, PA (PBS)
WNEP	16	N	NO		SCRANTON, PA (ABC)
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WPIX	11	I	YES	О	NEW YORK, NY (CW)
WQMY	53	I	NO		WILLIAMSPORT, PA (MyTV)
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wwor	9	I	YES	0	NEW YORK, NY (MyTV)
WYOU	22	N	NO		SCRANTON, PA (CBS)
WOLF	56	I	NO		HAZLETON, PA (FOX)
WVIA	44	Е	NO		SCRANTON, PA (PBS)

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SERVICE ELECTRIC CABLEVISION, INC.

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph

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

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For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form

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

CHANNEL LINE-U				AE - PAGE 2			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
WVIA-2	44.2	E-M	NO		SCRANTON, PA (PBS Kids)		
WVIA-3	44.3	E-M	NO		SCRANTON, PA (PBS Create)		
WBRE-2	28.2	I-M	NO		WILKES BARRE, PA (LAFF)		
WBRE-3	28.3	I-M	NO		WILKES BARRE, PA (Grit TV)		
WYOU-2	22.2	I-M	NO		SCRANTON, PA (Court TV)		
WYOU-3	22.3	I-M	NO		SCRANTON, PA (Bounce)		
WYOU-4	22.4	I-M	NO		SCRANTON, PA (Cozi)		
WBRE-4	28.4	I-M	NO		WILKES BARRE, PA (True Crime)		
WSWB-4	38.4	I-M	NO		SCRANTON, PA (ASN)		

G

Primary Transmitters: Television

#### PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AF - PAGE 1	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WCAU	10	N	YES	0	PHILADELPHIA, PA (NBC)
WBRE	28	N	NO		WILKES BARRE, PA (NBC)
WITF	33	E	NO		HARRISBURG, PA (PBS)
WNEP	16	N	NO		SCRANTON, PA (ABC)
WNEP-2	16.2	I-M	NO		SCRANTON, PA (Antenna)
WPIX	11	I	YES	0	NEW YORK, NY (CW)
WQMY	53	I	NO		WILLIAMSPORT, PA (MyTV)
WQPX	64	I	NO		SCRANTON, PA (ION)
WSWB	38	I	NO		SCRANTON, PA (CW)
WSWB-2	38.2	I-M	NO		SCRANTON, PA (MeTV)
WSWB-3	38.3	I-M	NO		SCRANTON, PA (Comet)
WWOR	9	I	YES	0	NEW YORK, NY (MyTV)
WYOU	22	N	NO		SCRANTON, PA (CBS)
WPVI	6	N	YES	0	PHILADELPHIA, PA (ABC)
WOLF	56	I	NO		HAZLETON, PA (FOX)

G

Primary Transmitters: Television

#### PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on ε substitute program basis, as explained in the next paragraph

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AF - PAGE 2	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WVIA	44	E	NO		SCRANTON, PA (PBS)
WVIA-2	44.2	E-M	NO		SCRANTON, PA (PBS Kids)
WVIA-3	44.3	E-M	NO		SCRANTON, PA (PBS Create)
WBRE-2	28.2	I-M	NO		WILKES BARRE, PA (LAFF)
WBRE-3	28.3	I-M	NO		WILKES BARRE, PA (Grit TV)
WYOU-2	22.2	I-M	NO		SCRANTON, PA (Court TV)
WYOU-3	22.3	I-M	NO		SCRANTON, PA (Bounce)
WYOU-4	22.4	I-M	NO		SCRANTON, PA (Cozi)
WBRE-4	28.4	I-M	NO		WILKES BARRE, PA (True Crime)
WSWB-4	38.4	I-M	NO		SCRANTON, PA (ASN)

G

Primary Transmitters: Television

#### PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AG	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WYOU	22	N	NO		SCRANTON, PA (CBS)
WBRE	28	N	NO		WILKES BARRE, PA (NBC)
WITF	33	Е	NO		HARRISBURG, PA (PBS)
WNEP	16	N	NO		SCRANTON, PA (ABC)
WNEP-2	16.2	I-M	NO		SCRANTON, PA (Antenna)
WPIX	11	I	YES	О	NEW YORK, NY (CW)
WQMY	53	I	NO		WILLIAMSPORT, PA (MyTV)
WQPX	64	I	NO		SCRANTON, PA (ION)
WSWB	38	I	NO		SCRANTON, PA (CW)
WSWB-2	38.2	I-M	NO		SCRANTON, PA (MeTV)
WSWB-3	38.3	I-M	NO		SCRANTON, PA (Comet)
WWOR	9	I	YES O NEW Y	NEW YORK, NY (MyTV)	
WOLF	56	I	NO		HAZLETON, PA (FOX)
WVIA	44	Е	NO		SCRANTON, PA (PBS)
WVIA-2	44.2	Е-М	NO		SCRANTON, PA (PBS Kids)

G

Primary Transmitters: Television

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 6553 SERVICE ELECTRIC CABLEVISION, INC.

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on € substitute program basis, as explained in the next paragraph

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

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

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

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

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

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

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

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

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

		CHANNEL LINE-UF					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
WVIA-3	44.3	E-M	NO		SCRANTON, PA (PBS Create)		
WBRE-2	28.2	I-M	NO		WILKES BARRE, PA (LAFF)		
WBRE-3	28.3	I-M	NO		WILKES BARRE, PA (Grit TV)		
WYOU-2	22.2	I-M	NO		SCRANTON, PA (Court TV)		
WYOU-3	22.3	I-M	NO		SCRANTON, PA (Bounce)		
WYOU-4	22.4	I-M	NO		SCRANTON, PA (Cozi)		
WBRE-4	28.4	I-M	NO		WILKES BARRE, PA (True Crime)		
WSWB-4	38.4	I-M	NO		SCRANTON, PA (ASN)		

G

**Primary** Transmitters: Television

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name SERVICE ELECTRIC CABLEVISION, INC. 6553 PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary** Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

FORM SA3E. PAGE 5.						ACCOUNTING	PERIOD: 2020/2
LEGAL NAME OF OWNER OF					\$	SYSTEM ID#	Name
SERVICE ELECTRIC C	ABLEVIS	ion, inc.				6553	
SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the a explanation of the programm	tify every no	nnetwork televi	sion program broadcast by a ecific present and former FC	a distant statio CC rules, regu	lations, or authorizations.	For a further	I
form.	iing that mu	st be included i	ir tills log, see page (v) or til	e general ilisi	ructions located in the pa	ipei SAS	Substitute
1. SPECIAL STATEMEN	T CONCER	RNING SUBST	TITUTE CARRIAGE				Carriage: Special
During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?  St  Yes   No							
<b>Note:</b> If your answer is "No log in block 2.	", leave the	rest of this pa	ge blank. If your answer is	"Yes," you m	ust complete the progra	ım	
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love I Column 2: If the prograr Column 3: Give the call Column 4: Give the broatthe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progratice, please of every no distant stategulations, contion. Do not be distant stategulations of the stategulation of the sta	am on a separa attach addition annetwork televition and that your authorization of use general and Basketball: deast live, entestation broadcan's location (thous, if any, the when your system substitute program carrolisted program carrons in effect di	al pages. rision program (substitute pour cable system substitute as. See page (vi) of the gereategories like "movies", or 76ers vs. Bulls."  er "Yes." Otherwise enter "I asting the substitute programe community to which the community with which the stem carried the substitute by gram was carried by your lied by a system from 6:01:	orogram) that ed for the pro- neral instructi r "basketball" No." am. station is lice station is ide program. Use cable system 15 p.m. to 6:: amming that y t; enter the le	during the accounting gramming of another state ons located in the paper. List specific program ensed by the FCC or, in entified). The numerals, with the monount of the times accurate 28:30 p.m. should be encour system was require enter "P" if the listed pro-	nth ely	
	UDOTITUT				EN SUBSTITUTE	7. REASON	
1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH AND DAY	6. TIMES	FOR DELETION	
	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAT	FROM — TO		
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Form SA3E Long Form (Rev. 05-17) U.S. Copyright Office

**ACCOUNTING PERIOD: 2020/2** FORM SA3E. PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name SERVICE ELECTRIC CABLEVISION, INC. 6553 PART-TIME CARRIAGE LOG In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-J time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in Part-Time column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. · Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation ʻapp." Example: "12:30 a.m.– 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.– 12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN** HOURS HOURS ТО FROM DATE FROM TO DATE

	IL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#				
	RVICE ELECTRIC CABLEVISION, INC.			6553	Name			
Inst all a (as i page	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s)  during the accounting period.  \$ 5,287,718.17							
IMP	ORTANT: You must complete a statement in space P concerning gross receipts.			of gross receipts)				
<ul><li>Com</li><li>Com</li><li>If yo fee f</li><li>If yo</li></ul>	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: aplete block 1, showing your minimum fee. aplete block 2, showing whether your system carried any distant television stations. For ur system did not carry any distant television stations, leave block 3 blank. Enter the analytic form block 1 on line 1 of block 4, and calculate the total royalty fee. For ur system did carry any distant television stations, you must complete the applicable parampanying this form and attach the schedule to your statement of account.				L Copyright Royalty Fee			
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be $k = 3$ below.	e ente	red on lir	e 1 of				
▶ If pa 3 be	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be $\epsilon$ low.	entere	d on line	2 in block				
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be	entered	on line				
1	<b>MINIMUM FEE:</b> All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.							
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064		\$	5,287,718.17				
	Enter the result here. This is your minimum fee.	\$		56,261.32				
	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colum "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting perion in the column in t	nn 4, y od?	ou must	check				
Block 3	Line 1. <b>BASE RATE FEE</b> : Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero		\$	99,862.74				
	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero			0.00				
	Line 3. Add lines 1 and 2 and enter here	\$		99,862.74				
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger  Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7		\$	99,862.74	Cable systems submitting			
	(block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.	ſ		0.00	additional deposits under			
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)			0.00	Section 111(d)(7) should contact			
	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	\$		100,587.74	form for submitting the additional fees.			
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (separetal instructions located in the paper SA3 form for more information.)	See pa	age (i) of	the	additional lees.			

ACCOUNTING PERIOD: 2020/2

		FORM SA3E. PAGE 8.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SERVICE ELECTRIC CABLEVISION, INC.	SYSTEM ID# 6553
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast state to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	tions
	Enter the total number of channels on which the cable     system carried television broadcast stations	25
	Enter the total number of activated channels     on which the cable system carried television broadcast stations     and nonbroadcast services	85
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
Be Contacted for Further Information	Name Robert M. Wieand Telephone 6:	10-432-2210
	Address 4949 Liberty Lane, Suite 400 (Number, street, rural route, apartment, or suite number)	100000000000000000000000000000000000000
	Allentown, PA 18106 (City, town, state, zip)	
	Email robert.wieand@secv.com Fax (optional)	
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulat	ions.)
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;	or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sys in line 1 of space B and that the owner is not a corporation or partnership; or	
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner in line 1 of space B.	·
	<ul> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained have true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>	erein
	X /s/ Mark D. Walter	
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compate.	•
	Typed or printed name: Mark D. Walter	
	Title: Senior Vice President  (Title of official position held in corporation or partnership)	
	Date: February 23, 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 the 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 telephon 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 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 lav

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	News
SERVICE ELECTRIC CABLEVISION, INC.	6553	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by add lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for service of providing secondary transmissions of primary broadcast transmitters, the system shall no scribers and amounts collected from subscribers receiving secondary transmissions pursuant to secondary transmissions.	the basic t include sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instruction paper SA3 form.	ons in the	Concerning Gross Receipts Exclusion
During the accounting period did the cable system exclude any amounts of gross receipts for secondary tra made by satellite carriers to satellite dish owners?	nsmissions	
X NO		
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or un For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.		Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-	
Line 3 Multiply line 2 by the number of days late and enter the sum here	days - 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 assis contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ance 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 C please list below the owner, address, first community served, accounting period, and ID number as given in 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 the 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.

## INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

### FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

Independent: its type-value is	1.00
Network: its type-value is	0.25
• Noncommercial educational: its type-value is	0.25

Note that local stations are not counted at all in computing DSEs.

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

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

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

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

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

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

### **TOTAL OF DSEs**

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

### THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

0.330% of gross receipts

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

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

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

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

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

- 5. Calculate a separate base rate fee for each subscriber group, using (1) the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) the amount of gross receipts attributable to that group.
- 6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.
- 7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

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

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

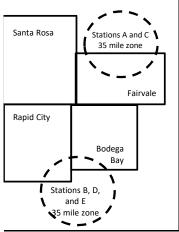
- · When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

#### **EXAMPLE:**

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

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 Carr	ied	Identification	of Subscriber Groups	
STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
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)	<u>0.25</u>	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

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)

DSE SCHEDULE. PAG	E 11. (CONTINUED)					
4	LEGAL NAME OF OWNER OF CABL	E SYSTEM:			S	YSTEM ID#
1	SERVICE ELECTRIC CA	BLEVISION,	INC.			6553
	SUM OF DSEs OF CATEGOR	RY "O" STATION	IS:			
	<ul> <li>Add the DSEs of each station</li> </ul>					
	Enter the sum here and in line	1 of part 5 of this	s schedule.	911	3.50	
	Instructions:			L		ı
2	In the column headed "Call S	Sign": list the cal	I signs of all distant station	ns identified by th	ne letter "O" in column 5	
	of space G (page 3).	_	-	-		
Computation of DSEs for	In the column headed "DSE" mercial educational station, given			SE as "1.0"; for e	each network or noncom-	
Category "O"	merciai educationai station, giv	/e the DSE as .2	CATEGORY "O" STATIC	NIS: DSEs		
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
o tations	WPIX	1.000	OF ILL STOTA	552	67 LEE 61614	502
	WWOR	1.000				
	WVIA	0.250				
	WPVI	0.250				
	WCAU	0.250				
Add rows as	WITF	0.250				
necessary.	WVIA-2	0.250				
Remember to copy	WVIA-3	0.250				
all formula into new		000				
rows.						
						t
						t

		l	
•	•	••••••••••	•••••

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name SERVICE ELECTRIC CABLEVISION, INC. 6553 Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Computation Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. of DSEs for Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must **Stations** be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Carried Part Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, Time Due to give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the Lack of Activated third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper Channel Capacity CATEGORY LAC STATIONS: COMPUTATION OF DSEs 3. NUMBER 5. TYPE 1 CALL 2. NUMBER 4 BASIS OF 6. DSE OF HOURS SIGN OF HOURS **CARRIAGE VALUE CARRIED BY STATION VALUE** SYSTEM ON AIR SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. 0.00 Instructions: 4 Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regular-tions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and Computation • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of of DSEs for Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted Substitute-**Basis Stations** at your option. This figure should correspond with the information in space I. Column 3: Enter the number of days in the calendar year: 365, except in a leap year. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form). SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs 1. CALL 2. NUMBER 3. NUMBER 4. DSE 1. CALL 2. NUMBER 3. NUMBER 4 DSF OF DAYS SIGN SIGN OF OF DAYS **PROGRAMS** IN YEAR **PROGRAMS** IN YEAR SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. Enter the sum here and in line 3 of part 5 of this schedule, ...... 0.00 TOTAL NUMBER OF DSEs: Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total 5 number of DSEs applicable to your system. 3.50 1. Number of DSEs from part 2 ● **Total Number** of DSEs 2. Number of DSEs from part 3 ● 0.00 0.00 3. Number of DSEs from part 4 ● TOTAL NUMBER OF DSEs 3.50

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

	WNER OF CABLE S		NC.				S	YSTEM ID# 6553	Name
In block A:	ck A must be comp		art 6 and part	7 of the DSE sched	lule blank and	complete part	: 8, (page 16) of th	e	6
If your answer if '	"No," complete blo	cks B and C		TELEVICION M	ADVETO				Computation of
a the apple aveter	m located whelly o	itaida af all r		TELEVISION MA		ation 76 5 of E	C rules and regul	lationa in	3.75 Fee
effect on June 24, Yes—Com	1981?	schedule—[	•	PLETE THE REMAI			50 rules and regul	auons III	
		BLO	CK B: CAR	RIAGE OF PERM	MITTED DS	Es			
Column 1: CALL SIGN	under FCC rules	and regulation e DSE Sche	ons prior to Jur dule. (Note: Th	part 2, 3, and 4 of t ne 25, 1981. For fur ne letter M below re Act of 2010.)	ther explanati	on of permitte	d stations, see the	,	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommerica D Grandfathered instructions fo E Carried pursua *F A station previous	les and regued pursuant to a sediment all educations at station (76.1 r DSE schedant to individually carried HF station was a sediment all educations and the station was a sediment all educations and the station was a sediment as a sediment	lations cited be to the FCC mand in 76.5(kk) (7 al station [76.565) (see paragulule). Lal waiver of Fed on a part-ting grade-B of the following frage-B of the following fr	ne or substitute basi contour, [76.59(d)(5	e in effect on 5.57, 76.59(b), (1), 76.63(a) 3(a) referring stitution of gra is prior to Jun	June 24, 1981 76.61(b)(c), 7 referring to 76 to 76.61(d)] andfathered sta	6.63(a) referring to		
Column 3:		stations ide	ntified by the I	parts 2, 3, and 4 of etter "F" in column 2			2. PERMITTED	Г	
SIGN	BASIS	1.00	SIGN WVIA-2	BASIS	0.25	SIGN	BASIS		_
WPIX	D	1.00	WVIA-2	M	0.25				
WITF	C	0.25			0.20				
WPVI	D	0.25							
WCAU	D	0.25							
WVIA	С	0.25							
								3.50	
		ı	BLOCK C: C	OMPUTATION OF	3.75 FEE				
ine 1: Enter the	total number of	DSEs from	part 5 of this	schedule					
ine 2: Enter the	sum of permitted	d DSEs fror	n block B abo	ove					
				r of DSEs subject 7 of this schedule		ate.			
ne 4: Enter gro	ss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represe partially
ne 5: Multiply li	ine 4 by 0.0375 a	and enter su	ım here				x		permited/ partially nonpermitted
ine 6: Enter tota	al number of DSE	s from line	3						carriage? If yes, see par 9 instructions
ine 7: Multiply li	ine 6 by line 5 an	d enter her	e and on line	2, block 3, space	L (page 7)			0.00	

		OWNER OF CABLE		NC.				S	STEM ID# 6553	Name
			BLOCK	A: TELEVIS	SION MARKETS	S (CONTIN	UED)			
	CALL IGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
										Computation o 3.75 Fee
										3.75 Fee
<mark></mark>										
	***************************************									
*************										
	***************************************									
		ı		1	1		1.1	1		

**ACCOUNTING PERIOD: 2020/2** 

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name SERVICE ELECTRIC CABLEVISION, INC. 6553 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.) Computating 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. the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute -Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 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 SIGN DSE **PERIOD** CARRIAGE DSE Instructions: Block A must be completed. 7 In block A: Computation If your answer is "Yes," complete blocks B and C, below. of the If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. Syndicated **BLOCK A: MAJOR TELEVISION MARKET Exclusivity** Surcharge Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? 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 DSE CALL SIGN DSE DSE CALL SIGN DSE 0.00 0.00 **TOTAL DSEs** TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: SERVICE ELECTRIC CABLEVISION, INC.	SYSTEM ID# 6553	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section	Enter the amount of gross receipts from space K (page 7)	5,287,718.17	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	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 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?      X Yes—Complete part 9 of this schedule.      No—Complete the applicable section below.  If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the Distance of the partial section is a section in the partial section in the partial section is a section in the partial section.	SE	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.  A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
Section	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?    X  Yes—Complete part 9 of this schedule.   No—Complete the applicable section below.		
4a	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 Dis 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here	_	
	D. Multiply line B by line C and enter here	_	
	E. Add lines A and D. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		

Name			TEM ID# 6553
	,	SERVICE ELECTRIC CABLEVISION, INC.	0000
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ \$	
of the Syndicated 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	nust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5.	
		ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.	
Computation	-	ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.	
of Base Rate Fee	• If you blank	ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below	
		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	e 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 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	<del></del> 1
		and in block 3, line 1, space L (page 7)	0.00
		Base Rate Fee	<u> </u>

		PERIOD: 2020/2
LEGAL NAME OF OWNER OF CABLE SYSTEM:	TEM ID#	Name
SERVICE ELECTRIC CABLEVISION, INC.	6553	Ivaille
Section 4 If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.		
A. Enter 0.01064 of gross receipts		8
(the amount in section 1)		
B. Enter 0.00701 of gross receipts  (the amount in section 1)  * \$		Computation of
(the amount in Section 1)		Base Rate Fee
C. Multiply line B by 3.000 and enter here		
D. Enter 0.00330 of gross receipts		
(the amount in section 1) \$		
E. Subtract 4.000 from total DSEs		
(the figure in section 2) and enter here ▶		
F. Multiply line D by line E and enter here <b>&gt;</b>		
G. Add lines A, C, and F. This is your base rate fee		
Enter here and in block 3, line 1, space L (page 7)	0.00	
Base Rate Fee	0.00	
IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast s	rianale	
shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple change ups in Space G.	•	9
In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to	exclude	Computation
receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take advan		of
this exclusion, you must:		Base Rate Fee
First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the		and Syndicated
station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the		Exclusivity
DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each subscriber group. That total is the base rate fee for your system.	on group.	Surcharge
	7 404	for Partially
NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt in part must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B I However, if your cable system is wholly located outside all major television markets, complete block A only.		Distant Stations, and
How to Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
Step 1: For each community served, determine the local service area of each wholly distant and each partially distant station	you	Stations
carried to that community.		
<b>Step 2:</b> For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station the same token, the station is distant to the subscriber.)		
Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a		
system will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber groups.	S	
In each section:		
<ul> <li>Identify the communities/areas represented by each subscriber group.</li> <li>Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the station of the station of the subscriber group's complement.</li> </ul>	the	
subscribers in the group.		
If:     your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in pa	arts 2 2	
and 4 of this schedule; or,	1115 2, 3,	
<ol> <li>any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block part 6 of this schedule.</li> </ol>	∢В,	
Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instrin the paper SA3 form.	uctions	
Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the pred	ceding	
page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to your actual calculations on the form.		

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 6553 SERVICE ELECTRIC CABLEVISION, INC. 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.

SERVICE ELECTE						\$	SYSTEM ID# 6553	Name
E	BLOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EAC	CH SUBSCRI	BER GROUP		
	FIRST	SUBSCRIBER GROU	Р		SECOND	SUBSCRIBER GRO	UP	_
COMMUNITY/ AREA	Sub Gro	oup 1		COMMUNITY/ ARE	A Sub Gro	up 2		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WWOR	1.00	O/ IEE O/O/V	DOL	WWOR	1.00	OF REE GIGIT	562	Base Rate Fee
WPIX	1.00			WPIX	1.00	_		and
WFIA	1.00			<u> </u>				
				WVIA	0.25	H		Syndicated
				WVIA-2	0.25	-		Exclusivity
				WVIA-3	0.25			Surcharge
						=		for
								Partially
								Distant
								Stations
		-				_		
						_		
Total DSEs			2.00	Total DSEs			2.75	
Gross Receipts First G	roup	\$ 1,461	,726.56	Gross Receipts Sec	cond Group	\$	55,636.41	
Base Rate Fee First G	roup	s 25	,799.47	Base Rate Fee Sec	cond Group	\$	1,274.49	
	THIRD	SUBSCRIBER GROU	Р		FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	Sub Gre	oup 3		COMMUNITY/ ARE	A Sub Gro	up 4		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WWOR	1.00			WWOR	1.00	_		
WPIX	1.00			WPIX	1.00			
WPVI	0.25			WITF	0.25			
WCAU	0.25			WPVI	0.25			
		-		WCAU	0.25			
					······································			
						_		
		-						
		-						
Total DSEs			2.50	Total DSEs		-	2.75	
Gross Receipts Third C	Group	\$ 66	,694.73	Gross Receipts Fou	ırth Group	\$	686,848.86	
Base Rate Fee Third (			,410.93	Base Rate Fee Fou		\$	15,733.99	
Base Rate Fee: Add the Enter here and in block			iber group a	as shown in the boxes	above.	s	99,862.74	
Lines Here allu III DIOCK	. J, III IE 1, S	pace L (page 1)				Ψ	33,002.74	

		EVISION, INC.					6553	
				ATE FEES FOR EAC				
		SUBSCRIBER GRO	DUP	 		SUBSCRIBER GRO	UP	9
COMMUNITY/ ARE	A Sub Gro	oup 5		COMMUNITY/ AREA	Sub Gro	up 6		Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WWOR	1.00	CALL STORY	DOL	WWOR	1.00	O/ IEE OIOIT	202	Base Rate Fo
WPIX	1.00			WPIX	1.00			and
WPVI	0.25			WPVI	0.25			Syndicated
WCAU	0.25			WCAU	0.25			Exclusivity
	0.20				0.20			Surcharge
								for
						-		Partially
								Distant
								Stations
***************************************								0.0
						-		
						-		
Total DSEs			2 50	Total DCC-			2.50	
Total DSEs			2.50	Total DSEs			2.50	
Gross Receipts First	Group	<u>\$ 1</u>	2,252.06	Gross Receipts Seco	nd Group	\$	34,052.38	
Base Rate Fee First		\$	259.19	Base Rate Fee Seco		\$	720.38	
	SEVENTH	SUBSCRIBER GRO	)UP		EIGHTH	SUBSCRIBER GRO	UP	
				H			-	
COMMUNITY/ ARE	A Sub Gro	oup 7		COMMUNITY/ AREA		up 8		
CALL SIGN	A Sub Gro	CALL SIGN	DSE	CALL SIGN		up 8	DSE	
CALL SIGN WWOR	DSE 1.00			CALL SIGN WWOR	DSE 1.00			
CALL SIGN WWOR WPIX	DSE 1.00 1.00			CALL SIGN	Sub Gro			
CALL SIGN WWOR WPIX	DSE 1.00			CALL SIGN WWOR	DSE 1.00			
CALL SIGN WWOR WPIX	DSE 1.00 1.00			CALL SIGN WWOR	DSE 1.00			
CALL SIGN WWOR WPIX	DSE 1.00 1.00			CALL SIGN WWOR	DSE 1.00			
CALL SIGN WWOR WPIX	DSE 1.00 1.00			CALL SIGN WWOR	DSE 1.00			
CALL SIGN WWOR WPIX	DSE 1.00 1.00			CALL SIGN WWOR	DSE 1.00			
CALL SIGN WWOR WPIX	DSE 1.00 1.00			CALL SIGN WWOR	DSE 1.00			
CALL SIGN WWOR WPIX	DSE 1.00 1.00			CALL SIGN WWOR	DSE 1.00			
CALL SIGN WWOR WPIX	DSE 1.00 1.00			CALL SIGN WWOR	DSE 1.00			
CALL SIGN WWOR WPIX	DSE 1.00 1.00			CALL SIGN WWOR	DSE 1.00			
CALL SIGN WWOR WPIX	DSE 1.00 1.00			CALL SIGN WWOR	DSE 1.00			
CALL SIGN WWOR WPIX	DSE 1.00 1.00			CALL SIGN WWOR	DSE 1.00			
CALL SIGN WWOR WPIX	DSE 1.00 1.00			CALL SIGN WWOR	DSE 1.00			
CALL SIGN WWOR WPIX	DSE 1.00 1.00			CALL SIGN WWOR	DSE 1.00			
CALL SIGN WWOR WPIX WPVI	DSE 1.00 1.00			CALL SIGN WWOR	DSE 1.00			
CALL SIGN WWOR WPIX WPVI  Total DSEs	DSE 1.00 1.00 0.25	CALL SIGN	DSE	CALL SIGN  WWOR  WPIX	DSE 1.00 1.00	CALL SIGN	DSE	
CALL SIGN WWOR WPIX WPVI  Total DSEs	DSE 1.00 1.00 0.25	CALL SIGN	2.25	CALL SIGN  WWOR  WPIX  Total DSEs	DSE 1.00 1.00	CALL SIGN	DSE	
CALL SIGN WWOR WPIX WPVI  Gotal DSEs Gross Receipts Third	DSE 1.00 1.00 0.25	CALL SIGN	2.25	CALL SIGN  WWOR  WPIX  Total DSEs	DSE 1.00 1.00	CALL SIGN	DSE	
CALL SIGN  WWOR  WPIX  WPVI  Fotal DSEs  Gross Receipts Third	DSE 1.00 1.00 0.25	CALL SIGN	2.25 5,229.53	CALL SIGN  WWOR  WPIX  Total DSEs  Gross Receipts Fourt	DSE 1.00 1.00	CALL SIGN	2.00 180,324.53	
CALL SIGN  WWOR  WPIX  WPVI  Fotal DSEs  Gross Receipts Third  Base Rate Fee Third  Base Rate Fee: Add	DSE 1.00 1.00 0.25  d Group  d the base rate	\$ 1,27 \$ 2	2.25 5,229.53	CALL SIGN  WWOR  WPIX  Total DSEs  Gross Receipts Fourt	DSE 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.0	CALL SIGN	2.00 180,324.53	
WWOR WPIX WPVI  Total DSEs Gross Receipts Third Base Rate Fee Third	DSE 1.00 1.00 0.25  d Group  d the base rate	\$ 1,27 \$ 2	2.25 5,229.53	CALL SIGN  WWOR  WPIX  Total DSEs  Gross Receipts Fourth  Base Rate Fee Fourth	DSE 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.0	CALL SIGN	2.00 180,324.53	

STENTH SUBSCRIBER GROUP   1	COMMUNITY/ AREA Sub Group 9  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fee First Group 1.00  COMMUNITY/ AREA Sub Group 10  COMMUNITY/ AREA 00  COMMUNITY						DA2- K4	(,()MP())AIIIIN CIE	I OCK A· (			
COMMUNITY/AREA   Sub Group 10   Computation of Base Rate   Sub Group   Computation of Base Rate   Sub Group   Computation of Group   Community   Computation of Base Rate   Computation of Group   Community   Commu	COMMUNITY AREA Sub Group 9  COMMUNITY AREA Sub Group 10  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE WWOR 1.00  WPIX 1.00  WPIX 1.00  WPIX 1.00  WPIX 1.00  Syndicate Exclusive Sub-droup 10  Syndicate Exclusive Sub-droup 10  Syndicate Exclusive Sub-droup 10  Fortial DSEs 2.00  Gross Receipts First Group 5 1,427,686.14  ELEVENTH SUBSCRIBER GROUP TWELVTH SUBSCRIBER GROUP 0  CALL SIGN DSE CALL SIG		IP									
DSE   CALL SIGN   DSE   CALL SIGN   DSE	CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE DSE CALL SIGN DSE DSE CALL SIGN DSE DSE DSE CALL SIGN DSE	9				COMMUNITY/ADEA						
DSE	CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE	_		up io	Sub Giot	COMMUNITY AREA		oup a	Sub Git	COMMUNITY AREA		
WWOR	MWOR	<u>'</u>	DSF	CALL SIGN	CALL SIGN	DSF	CALL SIGN	DSF	CALL SIGN			
WP X   1.00   and   Syndicate   Exclusivit   Surcharge   for   Partially   Distant   Stations   Stations	MPIX 1.00 WPIX 1.00 Syndicate Syndic		292	07122 07011		+	202	07.122 07011				
Syndicate   Exclusivity   Surcharge   For   Partially   Distant   Stations	Syndicate Exclusivity  Surcharg for Parlally  Fotal DSEs 2.00  Gross Receipts First Group \$ 1,427,686.14  Base Rate Fee First Group \$ 25,198.66  Base Rate Fee Second Group \$ 87,266.97  ELEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE		·····		<b>+</b>				·			
Exclusivit Surcharge for Partially Distant Stations	ELEVENTH SUBSCRIBER GROUP  COMMUNITY AREA  CALL SIGN  DSE  CAL		·····		1.00				1.00	VVI IA		
Surcharge   for   Partially   Distant   Stations	Surcharg for Partially Distant Stations											
Community Area   Comm	for partially Distant Stations  Total DSEs 2.00 Total DSEs 2.00 Gross Receipts First Group \$ 1,427,686.14 Gross Receipts Second Group \$ 87,266.97  ELEVENTH SUBSCRIBER GROUP TWELVTH SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE			-								
2.00 Total DSEs 2.00 1,427,686.14 Gross Receipts Second Group \$ 87,266.97  25,198.66 Base Rate Fee Second Group \$ 1,540.26  GROUP TWELVTH SUBSCRIBER GROUP  0 COMMUNITY/ AREA 0	Partially Distant Stations  Total DSEs 2.00 Gross Receipts First Group \$ 1,427,686.14  ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA  O  CALL SIGN DSE CALL SIGN	_		-								
2.00   Total DSEs   2.00   1,427,686.14   Gross Receipts Second Group   \$ 87,266.97   25,198.66   Base Rate Fee Second Group   \$ 1,540.26   GROUP   TWELVTH SUBSCRIBER GROUP   0   COMMUNITY/ AREA   0   0	Distant Stations    Cotal DSEs			-								
2.00 1,427,686.14  Comparison of the comparison	Stations  Statio	_		-								
2.00         Total DSEs         2.00           1,427,686.14         Gross Receipts Second Group         \$ 87,266.97           25,198.66         Base Rate Fee Second Group         \$ 1,540.26           GROUP         TWELVTH SUBSCRIBER GROUP           0         COMMUNITY/ AREA         0	Total DSEs  2.00 Gross Receipts First Group  3.1,427,686.14  Base Rate Fee Second Group  5.3,7266.97  Base Rate Fee Second Group  5.1,540.26  Base Rate Fee Second Group  6.00MUNITY/ AREA  0.00MUNITY/ AREA			-	<b></b>							
1,427,686.14         Gross Receipts Second Group         \$ 87,266.97           25,198.66         Base Rate Fee Second Group         \$ 1,540.26           GROUP         TWELVTH SUBSCRIBER GROUP           0         COMMUNITY/ AREA         0	Since Receipts First Group  Since Rate Fee Second Group	Stations										
1,427,686.14         Gross Receipts Second Group         \$ 87,266.97           25,198.66         Base Rate Fee Second Group         \$ 1,540.26           GROUP         TWELVTH SUBSCRIBER GROUP           0         COMMUNITY/ AREA         0	Gross Receipts First Group  Sase Rate Fee Second Group  TWELVTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE			=								
1,427,686.14         Gross Receipts Second Group         \$ 87,266.97           25,198.66         Base Rate Fee Second Group         \$ 1,540.26           GROUP         TWELVTH SUBSCRIBER GROUP           0         COMMUNITY/ AREA         0	Gross Receipts First Group  S  1,427,686.14  Gross Receipts Second Group  S  87,266.97  Base Rate Fee First Group  S  25,198.66  Base Rate Fee Second Group  TWELVTH SUBSCRIBER GROUP  COMMUNITY/ AREA  0  CALL SIGN  DSE  CAL											
1,427,686.14         Gross Receipts Second Group         \$ 87,266.97           25,198.66         Base Rate Fee Second Group         \$ 1,540.26           GROUP         TWELVTH SUBSCRIBER GROUP           0         COMMUNITY/ AREA         0	Gross Receipts First Group  S  1,427,686.14  Gross Receipts Second Group  S  87,266.97  Base Rate Fee First Group  ELEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  0  CALL SIGN  DSE  CALL SIGN  D				<u> </u>							
1,427,686.14         Gross Receipts Second Group         \$ 87,266.97           25,198.66         Base Rate Fee Second Group         \$ 1,540.26           GROUP         TWELVTH SUBSCRIBER GROUP           0         COMMUNITY/ AREA         0	Gross Receipts First Group  S  1,427,686.14  Gross Receipts Second Group  S  87,266.97  Base Rate Fee First Group  ELEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  0  CALL SIGN  DSE  CALL SIGN  D				<u> </u>							
1,427,686.14         Gross Receipts Second Group         \$ 87,266.97           25,198.66         Base Rate Fee Second Group         \$ 1,540.26           GROUP         TWELVTH SUBSCRIBER GROUP           0         COMMUNITY/ AREA         0	Gross Receipts First Group  S  1,427,686.14  Gross Receipts Second Group  S  87,266.97  Base Rate Fee First Group  ELEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  0  CALL SIGN  DSE  CALL SIGN  D											
1,427,686.14         Gross Receipts Second Group         \$ 87,266.97           25,198.66         Base Rate Fee Second Group         \$ 1,540.26           GROUP         TWELVTH SUBSCRIBER GROUP           0         COMMUNITY/ AREA         0	Gross Receipts First Group  S  1,427,686.14  Gross Receipts Second Group  S  87,266.97  Base Rate Fee First Group  ELEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  0  CALL SIGN  DSE  CALL SIGN  D											
1,427,686.14         Gross Receipts Second Group         \$ 87,266.97           25,198.66         Base Rate Fee Second Group         \$ 1,540.26           GROUP         TWELVTH SUBSCRIBER GROUP           0         COMMUNITY/ AREA         0	Gross Receipts First Group  S  1,427,686.14  Gross Receipts Second Group  S  87,266.97  Base Rate Fee First Group  S  25,198.66  Base Rate Fee Second Group  TWELVTH SUBSCRIBER GROUP  COMMUNITY/ AREA  0  CALL SIGN  DSE  CAL		2.00			Total DCFa	2.00			Fatal DCFa		
25,198.66 Base Rate Fee Second Group \$ 1,540.26  GROUP TWELVTH SUBSCRIBER GROUP  COMMUNITY/ AREA 0	Base Rate Fee First Group  S 25,198.66  Base Rate Fee Second Group  TWELVTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O COMMUNITY/ AREA  O COMMUNITY/ AREA  O CALL SIGN  DSE  CALL SI		2.00			TOTAL DOES	2.00	Total DSEs 2.00				
GROUP TWELVTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O	ELEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE							4 40=		Proce Possinte Firet Gr		
GROUP TWELVTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O	ELEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE		87,266.97	\$ 8	d Group	Gross Receipts Second	,686.14	\$ 1,427,	oup	aloss iveceibis i iisi Qi		
GROUP TWELVTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O	ELEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  0 COMMU		87,266.97	\$ 8	d Group	Gross Receipts Second	,686.14	\$ 1,427,	oup	Sioss Receipts Filst Of		
0 COMMUNITY/ AREA 0	COMMUNITY/ AREA  O COMMUNITY/ AR			\$ 8						·		
0 COMMUNITY/ AREA 0	COMMUNITY/ AREA  O COMMUNITY/ AREA  O CALL SIGN  DSE  CALL SIG									·		
	CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  OF THE PROPERTY OF		1,540.26	\$	d Group	Base Rate Fee Second	198.66	\$ 25,	oup	Base Rate Fee First Gr		
DSE CALL SIGN DSE CALL SIGN DSE			<b>1,540.26</b>	\$	d Group	Base Rate Fee Second	<b>198.66</b>	\$ 25,	oup	Base Rate Fee First Gr		
	Total DSEs		<b>1,540.26</b>	\$	d Group	Base Rate Fee Second	<b>198.66</b>	\$ 25,	oup	Base Rate Fee First Gr		
	Total DSEs 0.00 Total DSEs 0.00		1,540.26	SUBSCRIBER GROUI	d Group	Base Rate Fee Second	198.66 P	\$ 25,	oup	Base Rate Fee First Gr E COMMUNITY/ AREA		
	Total DSEs		1,540.26	SUBSCRIBER GROUI	d Group	Base Rate Fee Second	198.66 P	\$ 25,	oup	Base Rate Fee First Gr E COMMUNITY/ AREA		
	Fotal DSEs Total DSEs		1,540.26	SUBSCRIBER GROUI	d Group	Base Rate Fee Second	198.66 P	\$ 25,	oup	Base Rate Fee First Gr E COMMUNITY/ AREA		
	Fotal DSEs		1,540.26	SUBSCRIBER GROUI	d Group	Base Rate Fee Second	198.66 P	\$ 25,	oup	Base Rate Fee First Gr E COMMUNITY/ AREA		
	Fotal DSEs		1,540.26	SUBSCRIBER GROUI	d Group	Base Rate Fee Second	198.66 P	\$ 25,	oup	Base Rate Fee First Gr E COMMUNITY/ AREA		
	Total DSEs		1,540.26	SUBSCRIBER GROUI	d Group	Base Rate Fee Second	198.66 P	\$ 25,	oup	Base Rate Fee First Gr E COMMUNITY/ AREA		
	Total DSEs		1,540.26	SUBSCRIBER GROUI	d Group	Base Rate Fee Second	198.66 P	\$ 25,	oup	Base Rate Fee First Gr E COMMUNITY/ AREA		
	Total DSEs		1,540.26	SUBSCRIBER GROUI	d Group	Base Rate Fee Second	198.66 P	\$ 25,	oup	Base Rate Fee First Gr E COMMUNITY/ AREA		
	Total DSEs		1,540.26	SUBSCRIBER GROUI	d Group	Base Rate Fee Second	198.66 P	\$ 25,	oup	Base Rate Fee First Gr E COMMUNITY/ AREA		
	Total DSEs		1,540.26	SUBSCRIBER GROUI	d Group	Base Rate Fee Second	198.66 P	\$ 25,	oup	Base Rate Fee First Gr E COMMUNITY/ AREA		
	Total DSEs		1,540.26	SUBSCRIBER GROUI	d Group	Base Rate Fee Second	198.66 P	\$ 25,	oup	Base Rate Fee First Gr E COMMUNITY/ AREA		
······································	Fotal DSEs         0.00         Total DSEs		1,540.26	SUBSCRIBER GROUI	d Group	Base Rate Fee Second	198.66 P	\$ 25,	oup	Base Rate Fee First Gr E COMMUNITY/ AREA		
	Total DSEs		1,540.26	SUBSCRIBER GROUI	d Group	Base Rate Fee Second	198.66 P	\$ 25,	oup	Base Rate Fee First Gr E COMMUNITY/ AREA		
	Total DSEs         0.00         Total DSEs         0.00		1,540.26	SUBSCRIBER GROUI	d Group	Base Rate Fee Second	198.66 P	\$ 25,	oup	Base Rate Fee First Gr E COMMUNITY/ AREA		
	Total DSEs		1,540.26	SUBSCRIBER GROUI	d Group	Base Rate Fee Second	198.66 P	\$ 25,	oup	Base Rate Fee First Gr E COMMUNITY/ AREA		
	Total DSEs		1,540.26	SUBSCRIBER GROUI	d Group	Base Rate Fee Second	198.66 P	\$ 25,	oup	Base Rate Fee First Gr E COMMUNITY/ AREA		
0.00 Total DSEs 0.00			1,540.26	SUBSCRIBER GROUI	d Group	Base Rate Fee Second	198.66 P	\$ 25,	oup	Base Rate Fee First Gr E COMMUNITY/ AREA		
	Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00		1,540.26	SUBSCRIBER GROUI	d Group	Base Rate Fee Second  COMMUNITY/ AREA  CALL SIGN	198.66	\$ 25,	oup	El COMMUNITY/ AREA CALL SIGN		
0.00 Gross Receipts Fourth Group \$ 0.00			1,540.26  IP	SUBSCRIBER GROUI  CALL SIGN	DSE	Base Rate Fee Second  COMMUNITY/ AREA  CALL SIGN  Total DSEs	0.00	SUBSCRIBER GROU	DSE	El COMMUNITY/ AREA  CALL SIGN		
0.00 Gross Receipts Fourth Group \$ 0.00	Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00		1,540.26  IP	SUBSCRIBER GROUI  CALL SIGN	DSE	Base Rate Fee Second  COMMUNITY/ AREA  CALL SIGN  Total DSEs	0.00	SUBSCRIBER GROU	DSE	EICOMMUNITY/ AREA  CALL SIGN  Total DSEs		
	Base Rate Fee Third Group   \$ 0.00     Base Rate Fee Fourth Group   \$ 0.00		1,540.26  IP  O  O  O  O  O  O O O O O O O	SUBSCRIBER GROUI  CALL SIGN  \$	DSE Group	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN  Total DSEs Gross Receipts Fourth	0.00 0.00	SUBSCRIBER GROU	DSE	ECOMMUNITY/ AREA  CALL SIGN  Total DSEs  Gross Receipts Third G		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  SERVICE ELECTRIC CABLEVISION, INC.  6553								
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	BER GROUP		
	FIRST SUBSCRIBER GROUP				SECOND	SUBSCRIBER GROU	Р	9
COMMUNITY/ AREA	JNITY/ AREA Sub Group 1			COMMUNITY/ AREA	Sub Gro	Sub Group 2		
CALL SIGN	DSE	E CALL SIGN DSE		CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
								and Syndicated
		-						Exclusivity
								Surcharge for
								Partially
								Distant Stations
		-				_		
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts First Gr	oup	<b>\$</b> 1,461,	726.56	Gross Receipts Second	d Group	\$	55,636.41	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	SUBSCRIBER GROU	P		FOURTH	SUBSCRIBER GROU	P		
COMMUNITY/ AREA	Sub Gr			COMMUNITY/ AREA Sub Group 4				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
						_		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 66,694.73		Gross Receipts Fourth	Group	\$ 68	86,848.86			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block		iber group a	as shown in the boxes at	oove.	\$	0.00		

Mama	LEGAL NAME OF OWNER OF CABLE SYSTEM:  SERVICE ELECTRIC CABLEVISION, INC.  6553							
<u> </u>		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (	BI
_	Р	SUBSCRIBER GROU	SIXTH		JP	SUBSCRIBER GROU	FIFTH	
9 Computa				COMMUNITY/ AREA	AREA Sub Group 5			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and							-	
Syndicat								
Exclusiv						H		
Surchar	····							
for		<b>-</b>				-		
-4						-		
Partiall								
Distan								
Station						-		
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"								
	0.00	-		Total DSEs	0.00			Total DSEs
	34,052.38	\$ 3	d Group	Gross Receipts Second	Gross Receipts First Group \$ 12,252.06			
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gro
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=	0.00	SUBSCRIBER GROUI	EIGHTH	Base Rate Fee Second COMMUNITY/ AREA	<b>'</b>	SUBSCRIBER GROU		S
-	0.00	SUBSCRIBER GROUI	EIGHTH		<b>'</b>	SUBSCRIBER GROU	EVENTH	S
= - -	<b>0.00</b>	SUBSCRIBER GROUI	EIGHTH Sub Gro	COMMUNITY/ AREA	JP	SUBSCRIBER GROU	Sub Gro	COMMUNITY/ AREA
<del>-</del>	<b>0.00</b>	SUBSCRIBER GROUI	EIGHTH Sub Gro	COMMUNITY/ AREA	JP	SUBSCRIBER GROU	Sub Gro	COMMUNITY/ AREA
= - -	<b>0.00</b>	SUBSCRIBER GROUI	EIGHTH Sub Gro	COMMUNITY/ AREA	JP	SUBSCRIBER GROU	Sub Gro	SOMMUNITY/ AREA
	<b>0.00</b>	SUBSCRIBER GROUI	EIGHTH Sub Gro	COMMUNITY/ AREA	JP	SUBSCRIBER GROU	Sub Gro	SOMMUNITY/ AREA
-	<b>0.00</b>	SUBSCRIBER GROUI	EIGHTH Sub Gro	COMMUNITY/ AREA	JP	SUBSCRIBER GROU	Sub Gro	SOMMUNITY/ AREA
-	<b>0.00</b>	SUBSCRIBER GROUI	EIGHTH Sub Gro	COMMUNITY/ AREA	JP	SUBSCRIBER GROU	Sub Gro	SOMMUNITY/ AREA
	<b>0.00</b>	SUBSCRIBER GROUI	EIGHTH Sub Gro	COMMUNITY/ AREA	JP	SUBSCRIBER GROU	Sub Gro	SOMMUNITY/ AREA
	<b>0.00</b>	SUBSCRIBER GROUI	EIGHTH Sub Gro	COMMUNITY/ AREA	JP	SUBSCRIBER GROU	Sub Gro	COMMUNITY/ AREA
	<b>0.00</b>	SUBSCRIBER GROUI	EIGHTH Sub Gro	COMMUNITY/ AREA	JP	SUBSCRIBER GROU	Sub Gro	COMMUNITY/ AREA
	<b>0.00</b>	SUBSCRIBER GROUI	EIGHTH Sub Gro	COMMUNITY/ AREA	JP	SUBSCRIBER GROU	Sub Gro	COMMUNITY/ AREA
	<b>0.00</b>	SUBSCRIBER GROUI	EIGHTH Sub Gro	COMMUNITY/ AREA	JP	SUBSCRIBER GROU	Sub Gro	SCOMMUNITY/ AREA
	<b>0.00</b>	SUBSCRIBER GROUI	EIGHTH Sub Gro	COMMUNITY/ AREA	JP	SUBSCRIBER GROU	Sub Gro	SCOMMUNITY/ AREA
	<b>0.00</b>	SUBSCRIBER GROUI	EIGHTH Sub Gro	COMMUNITY/ AREA	JP	SUBSCRIBER GROU	Sub Gro	SCOMMUNITY/ AREA
	<b>0.00</b>	SUBSCRIBER GROUI	EIGHTH Sub Gro	COMMUNITY/ AREA	JP	SUBSCRIBER GROU	Sub Gro	COMMUNITY/ AREA
	<b>0.00</b>	SUBSCRIBER GROUI	EIGHTH Sub Gro	COMMUNITY/ AREA	JP	SUBSCRIBER GROU	Sub Gro	SOMMUNITY/ AREA
	<b>0.00</b>	SUBSCRIBER GROUI	EIGHTH Sub Gro	COMMUNITY/ AREA	JP	SUBSCRIBER GROU	Sub Gro	CALL SIGN
	DSE	SUBSCRIBER GROUD DUP 8  CALL SIGN	DSE	COMMUNITY/ AREA  CALL SIGN	DSE	SUBSCRIBER GROU OUP 7  CALL SIGN	DSE	CALL SIGN  CALL SIGN  Total DSEs
	0.00  P  DSE  0.00	SUBSCRIBER GROUD DUP 8  CALL SIGN	DSE	CALL SIGN  CALL SIGN  Total DSEs	DSE O.00	SUBSCRIBER GROU OUP 7  CALL SIGN	DSE	SCOMMUNITY/ AREA

Mana	EGAL NAME OF OWNER OF CABLE SYSTEM: SERVICE ELECTRIC CABLEVISION, INC. 6553									
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (	Bl		
_	Р	SUBSCRIBER GROU	TENTH		Р	SUBSCRIBER GROU	NINTH S			
9				COMMUNITY/ AREA		TY/ AREA Sub Group 9				
Computa of	DSE CALL SIGN DSE			CALL SIGN	DSE	ALL SIGN DSE CALL SIGN D				
Base Rate	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
and	<u></u>						 			
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Syndica										
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	0.00			Total DSEs	0.00			otal DSEs		
	0.00				686.14	Gross Receipts First Group \$ 1,427,686.14				
	87,266.97	\$	d Group	Gross Receipts Second						
		\$ {		Gross Receipts Second  Base Rate Fee Second	0.00	\$		ase Rate Fee First Gro		
	0.00		d Group	Base Rate Fee Second		\$ SUBSCRIBER GROU	oup			
	0.00	\$	d Group	Base Rate Fee Second			oup	EL		
	0.00	\$	d Group	Base Rate Fee Second	P		oup	EL		
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second COMMUNITY/ AREA	P <b>0</b>	SUBSCRIBER GROU	eventh s	EL OMMUNITY/ AREA		
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second COMMUNITY/ AREA	P <b>0</b>	SUBSCRIBER GROU	eventh s	EL OMMUNITY/ AREA		
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second COMMUNITY/ AREA	P <b>0</b>	SUBSCRIBER GROU	eventh s	EL OMMUNITY/ AREA		
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second COMMUNITY/ AREA	P <b>0</b>	SUBSCRIBER GROU	eventh s	EL OMMUNITY/ AREA		
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second COMMUNITY/ AREA	P <b>0</b>	SUBSCRIBER GROU	eventh s	EL COMMUNITY/ AREA		
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second COMMUNITY/ AREA	P <b>0</b>	SUBSCRIBER GROU	eventh s	EL COMMUNITY/ AREA		
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second COMMUNITY/ AREA	P <b>0</b>	SUBSCRIBER GROU	eventh s	EL OMMUNITY/ AREA		
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second	P <b>0</b>	SUBSCRIBER GROU	eventh s	EL COMMUNITY/ AREA		
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second	P <b>0</b>	SUBSCRIBER GROU	eventh s	EL COMMUNITY/ AREA		
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second	P <b>0</b>	SUBSCRIBER GROU	eventh s	EL COMMUNITY/ AREA		
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second	P <b>0</b>	SUBSCRIBER GROU	eventh s	EL COMMUNITY/ AREA		
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second	P <b>0</b>	SUBSCRIBER GROU	eventh s	EL COMMUNITY/ AREA		
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second	P <b>0</b>	SUBSCRIBER GROU	eventh s	EL COMMUNITY/ AREA		
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second	P <b>0</b>	SUBSCRIBER GROU	eventh s	COMMUNITY/ AREA		
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second	P <b>0</b>	SUBSCRIBER GROU	eventh s	EL COMMUNITY/ AREA		
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second	P <b>0</b>	SUBSCRIBER GROU	eventh s	EL COMMUNITY/ AREA		
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second	P <b>0</b>	SUBSCRIBER GROU	eventh s	EL COMMUNITY/ AREA		
	0.00  P	\$ SUBSCRIBER GROU	DSE	CALL SIGN  Total DSEs	DSE  DSE	SUBSCRIBER GROU	DSE	CALL SIGN  coll DSEs		
	0.00 P DSE	\$ SUBSCRIBER GROU	DSE	COMMUNITY/ AREA  CALL SIGN	DSE	SUBSCRIBER GROU	DSE	CALL SIGN		

ACCOUNTING PERIOD: 2020/2

FORM SA3E. PAGE 20.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	STEM ID#
Name	SERVICE ELECTRIC CABLEVISION, INC.	6553
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GRO	UP
<b>9</b> Computation	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso 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:	
of	☐ First 50 major television market ☐ Second 50 major television market	
Base Rate Fee and	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of	.f
Syndicated Exclusivity Surcharge for Partially	<ul> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>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</li> </ul>	
Distant Stations	schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to st your actual calculations on this form.	now
	FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs	
	Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs	
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge  Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge	
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	
	THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs	
	Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs	
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge  Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge	
	computation	
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)	