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				
9-8-21	\$ 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	2021/1							
B Owner	Instructions:  Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation.  List any other name or names under which the owner conducts the busines If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire accounting the the entire accounti	es of the cable syste on the last day of the unting period.	m. e accounting period should su					
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
	Guam Cablevision, LLC							
	DOCOMO PACIFIC							
				380102021/1				
				38010 2021/1				
	890 S. Marine Corps Drive							
	Tamuning, Guam 96913							
С	INSTRUCTIONS: In line 1, give any business or trade names used to id							
	names already appear in space B. In line 2, give the mailing address of	the system, if diffe	erent from the address giver					
System	1 IDENTIFICATION OF CABLE SYSTEM:							
	MAILING ADDRESS OF CABLE SYSTEM:							
	2 (Number, street, rural route, apartment, or suite number)							
	(City, town, state, zip code)							
D	Instructions: For complete space D instructions, see page 1b. Identify	only the fret comm	nunity served below and reli	et on nage 1h				
Area	with all communities.	only the fist confin	iunity served below and rein	st off page 1b				
Served	CITY OR TOWN	STATE						
First	Tumon	Guam						
Community	Below is a sample for reporting communities if you report multiple cha	nnel line-ups in S <sub>l</sub>	pace G.					
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#				
Sample	Alla	MD	A	1				
	Alliance Gering	MD MD	B B	3				
	Germy	IVID	0	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.

FORM SA3E. PAGE 1b.								
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#					
Guam Cablevision, LLC			38010					
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.								
<b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile home below the identified city or town.	e parks should be	reported in paren	theses					
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 channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns be	a subscriber grou							
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#					
Tumon	Guam			First				
		•		Community				
		•••••						
				See instructions for				
	 			additional information on alphabetization.				
		• • • • • • • • • • • • • • • • • • • •						
				Add rows as necessary.				
		•••••						
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Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

Guam Cablevision, LLC

SYSTEM ID#

## 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		NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE			
Residential:						
Service to first set	10,905	\$ 14.96				
<ul> <li>Service to additional set(s)</li> </ul>						
<ul> <li>FM radio (if separate rate)</li> </ul>						
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						

# 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 1						BLOCK 2	
CATEGORY OF SERVICE	RA	ΛTE	CATEGORY OF SERVICE	F	RATE	(	CATEGORY OF SERVICE	RATE
Continuing Services:			Installation: Non-residential					
• Pay cable	\$	14.96	Motel, hotel					
<ul> <li>Pay cable—add'l channel</li> </ul>			Commercial			Γ		
Fire protection			• Pay cable			Γ		
•Burglar protection			Pay cable-add'l channel			Γ		
Installation: Residential			Fire protection			ľ		
• First set	\$	49.95	Burglar protection			Γ		
<ul> <li>Additional set(s)</li> </ul>			Other services:			Γ		
• FM radio (if separate rate)			Reconnect	\$	25.00	ľ		
Converter			Disconnect			ľ		
			Outlet relocation	\$	49.95	ľ		
			Move to new address	\$	19.99			
						Γ		

	LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
	Guam Cablevis	ion, LLC				38010	Name
PR	IMARY TRANSMITTE	RS: TELEVISIO	)N				
ca FC	rried by your cable s C rules and regulati	system during the	ne accounting n June 24, 19	period, except ( 81, permitting th	(1) stations carrie e carriage of certa	and low power television stations) d only on a part-time basis under ain network programs [sections nd (2) certain stations carried on a	<b>G</b> Primary
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							Transmitters: Television
basis under specific FCC rules, regulations, or authorizations:							
• [				t it in space I (the	e Special Stateme	ent and Program Log)—if the	
station was carried only on a substitute basis.  List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.							
			-			s such as HBO, ESPN, etc. Identify	
ca	st stream as "WETA ETA-simulcast).	-2". Simulcast	streams must	be reported in o	column 1 (list eacl	n stream separately; for example	
	community of licens which your cable sy	se. For example stem carried th	e, WRC is Cha ne station.	annel 4 in Wash	ington, D.C. This	on for broadcasting over-the-air in may be different from the channel	
(fo	ucational station, by r independent multic	entering the le cast), "E" (for n	tter "N" (for no oncommercia	etwork), "N-M" (f l educational), o	or network multicar "E-M" (for nonco	pendent station, or a noncommercial sast), "I" (for independent), "I-M" mmercial educational multicast).	
FC	r the meaning of the Column 4: If the sta		• • • •	•		s". If not, enter "No". For an ex-	
pla	nation of local servi					paper SA3 form. Stating the basis on which your	
ca	•				•	ering "LAC" if your cable system	
ca	rried the distant stati	•				capacity. payment because it is the subject	
of						tem or an association representing	
	•				• .	y transmitter, enter the designa- ner basis, enter "O." For a further	
	planation of these th	ree categories	, see page (v)	of the general in	nstructions locate	d in the paper SA3 form.	
FC					•	to which the station is licensed by the which the station is identifed.	
	ote: If you are utilizin				-		
			CHANN	EL LINE-UP	AA		†
1	CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
	SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)	5. 200/1101 GT GT/1101	
K	JAM	8	N	No		Agana, Guam	
K	JAM-LP	11	N	No		Agana, Guam	See instructions for
K	ГGM	7	N	No		Tamuning, Guam	additional information on alphabetization.
K	EQI-LP	6	I	No		Dededo, Guam	
							. <del>.</del>
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ACCOUNTING PERIOD: 2021/1 FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 38010 Guam Cablevision, LLC PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

FURM SA3E. PAGE 5.						ACCOUNTING	1 PERIOD: 2021/1			
LEGAL NAME OF OWNER OF		EM:			(	SYSTEM ID#				
Guam Cablevision, LL	С					38010	Name			
SUBSTITUTE CARRIAGI	E: SPECIA	AL STATEME	NT AND PROGRAM LOG	;			_			
In General: In space I, ident substitute basis during the a explanation of the programm	ccounting pening that must	eriod, under spe st be included i	ecific present and former FC n this log, see page (v) of th	C rules, regu	lations, or authorizations.	For a further	Substitute Carriage:			
1. SPECIAL STATEMENT	_						Special			
broadcast by a distant stat	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?  Yes XNo									
<b>Note:</b> If your answer is "No log in block 2.			ge blank. If your answer is	"Yes," you m	ust complete the prograi	m				
2. LOG OF SUBSTITUTE										
In General: List each substiclear. If you need more spa				wherever po	ssible, if their meaning is	5				
			ai pages. ision program (substitute p	rogram) that	, during the accounting					
	egulations, o ition. Do no _ucy" or "NE n was broad	or authorization ot use general of BA Basketball: dcast live, ente	is. See page (vi) of the gen categories like "movies", or	eral instructi "basketball" lo."	ons located in the paper	tion				
			ne community to which the							
the case of Mexican or Car	nadian statio	ons, if any, the	community with which the tem carried the substitute p	station is ide	ntified).	- <del>1</del> h				
first. Example: for May 7 given		wnen your sys	tem carried the substitute p	orogram. Use	e numerais, with the mor	ונוז				
Column 6: State the time	es when the		gram was carried by your			ly				
to the nearest five minutes.	Example: a	a program carri	ed by a system from 6:01:	15 p.m. to 6:2	28:30 p.m. should be					
stated as "6:00–6:30 p.m."  Column 7: Enter the letter	er "R" if the	listed program	was substituted for progra	mming that v	our system was require	d				
to delete under FCC rules a	and regulati	ons in effect di	uring the accounting period	l; enter the le	etter "P" if the listed pro	•				
gram was substituted for pr		that your syste	em was permitted to delete	under FCC	rules and regulations in					
effect on October 19, 1976	-									
					EN SUBSTITUTE	7. REASON				
S		E PROGRAM	1		IAGE OCCURRED	FOR				
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION				
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ACCOUNTING PERIOD: 2021/1 FORM SA3E. PAGE 6.

	. =								SYSTEM ID#	
Name	Guam Cablevision, LLC SYSTEM ID#									
	PART-TIME CA	RRIAGE I OG								
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-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 column 5 of space G.  Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period.  Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10."  State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.— 3:15 a.m. app."  You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.— 12:00 p.m."									
			DAT	TES AND HOURS	OF F	PART-TIME CAR	RIAGE			
		\\/ UEN	N CARRIAGE OC	CLIDDED			\/\UEN	N CARRIAGE OCC	NIDDED.	
	CALL SIGN	VVIILI		DURS		CALL SIGN	VVIILI		JRS	
		DATE	FROM	TO			DATE	FROM	ТО	
	N/A							_	_	
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LEG	AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name					
Gı	ıam Cablevision, LLC		38010						
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.  IMPORTANT: You must complete a statement in space P concerning gross receipts.									
<ul> <li>COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe:</li> <li>Complete block 1, showing your minimum fee.</li> <li>Complete block 2, showing whether your system carried any distant television stations.</li> <li>If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee.</li> <li>If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.</li> <li>If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below.</li> </ul>									
▶ If p	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be er elow.								
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shoul block 4 below.	a pe entered	on line						
Block 1	<b>MINIMUM FEE:</b> All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.	is 1.064 perce	ent of the						
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064	\$	978,833.00						
	Enter the result here. This is your minimum fee.	\$	10,414.78						
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the i space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule.	n 4, you must	check						
Block	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	_ \$							
	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	\$	-						
Block 4	Line 1. <b>BASE RATE FEE/3.75 FEE or MINIMUM FEE:</b> 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	\$	10,414.78	Cable systems					
	Line 2. <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.		0.00	submitting additional deposits under					
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)								
	Line 4. <b>FILING FEE</b>								
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	\$	11,139.78	appropriate form for submitting the additional fees.					
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (S general instructions located in the paper SA3 form for more information.)	ee page (i) of	the						

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Guam Cablevision, LLC	38010
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
Channels	1. Enter the total number of channels on which the cable system carried television broadcast stations	
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	6
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 James W. Hofman, II Telephone +1 671 688	2355
	Address 890 S. Marine Corps Drive (Number, street, rural route, apartment, or suite number)	
	Tamuning, Guam 96913 (City, town, state, zip)	
	Email jhofman@docomopacific.com Fax (optional)	
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)	
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or	ed
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable sy in line 1 of space B.	ystem
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]	
	/s/ James W. Hofman, II	
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement.  (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and presbutton, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.	ss the "F2"
	Typed or printed name: James W. Hofman, II	
	Title: Chief Legal Officer  (Title of official position held in corporation or partnership)	
	Date: September 2, 2021	

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEI	Nama
Guam Cablevision, LLC 38	8010 Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the	P Special Statement Concerning Gross Receipts
paper SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	Exclusion
X NO  YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name Mailing Address	
INTEREST ASSESSMENTS	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	 ays
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.	
Owner Address	
First community served Accounting period ID number	

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

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2021/1

EGAL NAME OF C	OWNER OF CABLE S	SYSTEM:					S	YSTEM ID# 38010	Name
nblock A: If your answer if chedule.	ck A must be comp	mainder of pa	•	of the DSE schedu	ule blank and o	complete part	8, (page 16) of the		6
If your answer if "No," complete blocks B and C below.  BLOCK A: TELEVISION MARKETS								Computation of	
ffect on June 24,	m located wholly ou , 1981? nplete part 8 of the s	schedule—D0	ajor and small	er markets as defin	ed under sect		C rules and regula	itions in	3.75 Fee
N 140 COM	piete blocks b and t			RIAGE OF PERM	AITTED DO				
Column 1: CALL SIGN	FCC rules and re	of distant sta gulations pric e DSE Schec	tions listed in properties to June 25, 1 lule. (Note: The	part 2, 3, and 4 of the 981. For further ex eletter M below ref	nis schedule the	nat your syster ermitted statio	ns, see the	•	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommerica D Grandfathered instructions fo E Carried pursua *F A station previous	les and reguled pursuant to on as defined all educational station (76.6 r DSE scheduant to individuationally carried HF station wi	ations cited be the FCC mar in 76.5(kk) (76 I station [76.59 5) (see paragrule). all waiver of FC d on a part-tim thin grade-B c	e or substitute basis ontour, [76.59(d)(5)	e in effect on J 57, 76.59(b), (1), 76.63(a) r 8(a) referring t stitution of gran	une 24, 1981. 76.61(b)(c), 76 eferring to 76. o 76.61(d)] ndfathered sta	6.63(a) referring to 61(e)(1)	l	
Column 3:	*(Note: For those this schedule to d	e stations ider letermine the	ntified by the le	parts 2, 3, and 4 of tter "F" in column 2	, you must co	nplete the wor	. · ·	T	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
		-	•					0.00	
		E	BLOCK C: CO	OMPUTATION OF	3.75 FEE				
ne 1: Enter the	e total number of I	DSEs from p	art 5 of this s	chedule					
ne 2: Enter the	e sum of permitted	d DSEs from	block B abo	/e					
	line 2 from line 1. leave lines 4–7 bl			•		te.		0.00	
ne 4: Enter gro	oss receipts from	space K (pa	ge 7)				x 0.03	375	Do any of the DSEs represe partially
ne 5: Multiply I	ine 4 by 0.0375 a	nd enter sur	n here				x		permited/ partially nonpermitted
ne 6: Enter tota	al number of DSE	s from line	3					<u>-</u>	carriage? If yes, see pa 9 instructions
ne 7: Multinly I	ine 6 by line 5 and	d enter here	and on line 2	. block 3. space L	(page 7)			0.00	

ACCOUNTING PERIOD: 2021/1

Name	Guam Cablevis		SYSTEM:					SYSTEM ID#: 38010	
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.)  Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule.  Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981.  Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1).  Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters:  (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.)  A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)).  B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), 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.								
		PERMITT	ED DSE FOR ST	ATIONS CARRIE	ED ON A PART-TIME AN	ND SUBSTIT	TUTE BASIS		
	1. CALL SIGN	2. PRIC		CCOUNTING PERIOD	4. BASIS OF CARRIAGE		RESENT DSE	6. PERMITTED DSE	
	SIGN	DSE		PERIOD	CARRIAGE		DSE	DSE	
						_			
						_			
						-			
7	Instructions: Block A	must be comp	oleted.						
_	In block A:	"V "l-t	ia blaska Dand O	h a la					
Computation of the	If your answer is	•			art 8 of the DSE schedul	e.			
Syndicated									
Exclusivity	DEGGIVE IN CONTINUENT AND A CONTINUENT A								
Surcharge	l — ·	-		or television mark	et as defned by section 76		ıles in effect June 2	4, 1981?	
	Yes—Complete	blocks B and	C .		X No—Proceed to part 8				
	BLOCK B: C	-/Grade B Contou	r Stations	BLOCK C: Computation of Exempt DSEs					
	Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole or in part, over the cable system?  Was any station listed in block B of part 7 carried in any community served by the cable system prior to March 31, 1972? (refer to former FCC rule 76.159)								
	Yes—List each st	ation below with	its appropriate per	mitted DSE	Yes—List each st	Yes—List each station below with its appropriate permitted DSE			
	X No—Enter zero a	art 8.		No—Enter zero and proceed to part 8.					
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							-		
			TOTAL DSEs	0.00			TOTAL DSEs	0.00	

BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE  Section  A Enter the amount of gross receipts from space K (page 7)	LEGAL NA	ME OF OWNER OF CABLE SYSTEM:  Guam Cablevision, LLC	SYSTEM ID# 38010	Name
In white the amount of gives tenepis from space it, plage //		BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
A. Enter the total DSEs from block 8 of part 7		Enter the amount of gross receipts from space K (page 7)	978,833.00	7
Section  If the figure in section 2, line C is more than 4,000, compute your surcharge here and leave section 3a blank.  A finer 0,00590 of gross receipts (the amount in section 1).  B. Enter 0 000377 of gross receipts (the amount in section 1).  B. Enter 0 000377 of gross receipts (the amount in section 1).  B. Enter 0 000377 of gross receipts (the amount in section 1).  B. Enter 0 000377 of gross receipts (the amount in section 1).  B. Enter 0 000377 of gross receipts (the amount in section 1).  B. Enter 0 000377 of gross receipts (the amount in section 1).  B. Enter 0 000377 of gross receipts (the amount in section 1).  B. Enter 0 000377 of gross receipts (the amount in section 1).  B. Enter 0 000377 of gross receipts (the amount in section 1).  C. Subtract 1,000 from total parmitted DSEs (the figure on line C in section 3a blank.  A finer 6 000599 of gross receipts (the amount in section 1).  B. Enter 0 000377 of gross receipts (the amount in section 1).  C. Subtract 1,000 from total parmitted DSEs (the figure on line C in section 3a blank.  A finer 6 000599 of gross receipts (the amount in section 1).  B. Enter 0 000377 of gross receipts (the amount in section 1).  B. Enter 0 000377 of gross receipts (the amount in section 1).  B. Enter 0 000377 of gross receipts (the amount in section 1).  B. Enter 0 000377 of gross receipts (the amount in section 1).  B. Enter 0 000377 of gross receipts (the amount in section 1).  B. Enter 0 000377 of gross receipts (the amount in section 1).  B. Enter 0 000377 of gross receipts (the amount in section 1).  B. Enter 0 000377 of gross receipts (the amount in section 1).  C. Multiply line B by s) 000 and enter here.  D. Enter 0 000377 of gross receipts (the amount in section 1).  E. Subtract 4.000 from total DSEs (the figure on line C in soction 2) and enter here.  D. Enter 0 000378 of gross receipts (the amount in section 1).  Section of the figure of the section 2 in the		A. Enter the total DSEs from block B of part 7	0.00	•
subject to the sucharge computation, if zero, proceed to part 8		B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated
Section   Yes—Complete section 3 below.   Section   No—Complete section 4 below.   Section   Did your cable system retransmit the signals of any partially distant tolevision stations during the accounting period?   Ves—Complete but 9 of this schodide.   Miles   No—Complete but applicable section below.   If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 30 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts the amount in section 1).   Section   Se			0.00	Surcharge
Section 3a  bid your cable system retransmit the signals of any partially distant television stations during the accounting period?    Yee—Complete part 8 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 DSE is 1.0 or less, multiply the gross receipts (the amount in section 1).	• Is an			
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 DSE is 10 or less, multiply the gross receipts (the amount in section 1).   S		SECTION 3: TOP 50 TELEVISION MARKET		
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 section 1).  B. Enter 0.00377 of gross receipts (the amount in section 1).  C. Subbract 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 1 (page 7) Syndicated Exclusivity Surcharge.  Section 3b  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 0.00176 of gross receipts (the amount in section 1).  E. Subtract 4.000 from 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 of block 4 in space 1 (page 7) Syndicated Exclusivity Surcharge.  Section 4a  If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE is 10 or less, multiply the gross receipts (the amount in section 1).  Section 3c years of the figure on line C in section 2) and enter here.  Section 4a  SECTION 4: SECOND 50 TELEVISION MARKET  Did your cable system retransmit the signals of any partially distant television stations during the accounting period?  Syndicated Exclusivity Surcharge.  SECTION 4: SECOND 50 TELEVISION MARKET  Did your cable system retransmit the signals of any partially distant television stations during the accounting period?  Syndicated Exclusivity Surcharge here and leave section 4b blank. NOTE: If the DSE is 10 or less, multiply the gross receipts (the amount in section 1).  B. Enter 0.00180 of gross receipts (the amount in section 1).  B. Enter 0.00180 of gross receipts (the amount in section 1).  S. Section 4 the figure in section 2 line C and enter here.  E. Add lines A and D. This i		Yes—Complete part 9 of this schedule.  No—Complete the applicable section below.	E	
B. Enter 0.00377 of gross receipts (the amount in section 1)		is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.		
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  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 figure on line C in section 2) and enter here  G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge.  SECTION 4: SECOND 50 TELEVISION MARKET  Did your cable system retransmit the signals of any partially distant television stations during the accounting period?  SECTION 4: SECOND 50 TELEVISION MARKET  Did your cable system retransmit the signals of any partially distant television stations during the accounting period?  SECTION 4: SECOND 50 TELEVISION MARKET  Did your cable system retransmit the signals of any partially distant television stations during the accounting period?  SECTION 4: SECOND 50 TELEVISION MARKET  Did your cable system retransmit the signals of any partially distant television stations during the accounting period?  SECTION 4: SECOND 50 TELEVISION MARKET  SECTION 4: SECOND 50 TELEVISION MARKET  DID your cable system retransmit the signals of any partially distant television stations during the accounting period?  SECTION 4: SECOND 50 TELEVISION MARKET  SECTION 5: SECOND 50 TELEVISI				
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  A. Enter 0.00599 of gross receipts (the amount in section 1)				
Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge  If the fligure 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)		D. Multiply line B by line C and enter here		
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 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 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge  SECTION 4: SECOND 50 TELEVISION MARKET  Did your cable system retransmit the signals of any partially distant television stations during the accounting period?  [X] Yes—Complete part 9 of this schedule.  If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1)  B. Enter 0.00189 of gross receipts (the amount in section 1)  C. Subtract 1.000 from total permitted DSEs (the 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)		Enter here and on line 2 of block 4 in space L (page 7)		
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 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 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge  Did your cable system retransmit the signals of any partially distant television stations during the accounting period?  Section  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 DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1)  B. Enter 0.00189 of gross receipts (the amount in section 1)  C. Subtract 1.000 from total permitted DSEs (the 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)		If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
C. Multiply line B by 3.000 and enter here		A. Enter 0.00599 of gross receipts (the amount in section 1)		
D. Enter 0.00178 of gross receipts (the amount in section 1)		B. Enter 0.00377 of gross receipts (the amount in section 1)		
E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here  F. Multiply line D by line E and enter here  G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge  SECTION 4: SECOND 50 TELEVISION MARKET  Did your cable system retransmit the signals of any partially distant television stations during the accounting period?  Section 4a  Did your cable system retransmit the signals of any partially distant television stations during the accounting period?  Tyes—Complete part 9 of this schedule.  No—Complete the applicable section below.  If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1).  B. Enter 0.00189 of gross receipts (the amount in section 1).  C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here.  D. Multiply line B by line C and enter here.  E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7)		C. Multiply line B by 3.000 and enter here		
F. Multiply line D by line E and enter here  G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge  SECTION 4: SECOND 50 TELEVISION MARKET  Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ \$		
G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge  SECTION 4: SECOND 50 TELEVISION MARKET  Did your cable system retransmit the signals of any partially distant television stations during the accounting period?    Yes—Complete part 9 of this schedule.		E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge  SECTION 4: SECOND 50 TELEVISION MARKET  Did your cable system retransmit the signals of any partially distant television stations during the accounting period?    X Yes—Complete part 9 of this schedule.		F. Multiply line D by line E and enter here		
Did your cable system retransmit the signals of any partially distant television stations during the accounting period?    X		Enter here and on line 2 of block 4 in space L (page 7)		
Section 4a    X   Yes—Complete part 9 of this schedule.   No—Complete the applicable section below.    If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.   A. Enter 0.00300 of gross receipts (the amount in section 1)   \$		SECTION 4: SECOND 50 TELEVISION MARKET		
If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1)		Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1)		X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.	E	
and enter here		B. Enter 0.00189 of gross receipts (the amount in section 1)		
E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7)				
Enter here and on line 2 of block 4 in space L (page 7)		D. Multiply line B by line C and enter here		
		Enter here and on line 2 of block 4 in space L (page 7)		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Guam Cablevision, LLC								
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.							
Computation of the Syndicated	A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ \$  B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$								
Exclusivity Surcharge		C. Multiply line B by 3.000 and enter here							
		section 2) 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.							
	Inetru	ctions:	······································						
Computation of Base Rate Fee	You must complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part 6 was checked "Yes," use the total number of DSEs from part 5.  In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.  If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.  If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below blank.  What is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions.								
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS							
	• Did y	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?  Yes—Complete part 9 of this schedule.							
	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE								
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶ \$ 978,833	3.00						
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule.  (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)	0.00						
	Section  3 If the figure in section 2 is <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)	<u>-</u>						
		B. Enter 0.00701 of gross receipts  (the amount in section 1) ▶ _ \$ 6,861.62							
		C. Subtract 1.000 from total DSEs  (the figure in section 2) and enter here							
		D. Multiply line B by line C and enter here ▶ \$	<u>-</u>						
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)							
		Base Rate Fee	<u> </u>						