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				
8/18/22	\$ 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		2022/1							
Period									
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 38010 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Guam Cablevision, LLC DOCOMO PACIFIC								
					38010	2022/1			
					38010	2022/1			
		890 S. Marine Corps Drive							
		Tamuning, Guam 96913							
С		TRUCTIONS: In line 1, give any business or trade names used to i	•						
	nan	nes already appear in space B. In line 2, give the mailing address o	Tine system, if all	Terent from the address giv	en in spac	ев.			
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	Ins	tructions: For complete space D instructions, see page 1b. Identify	only the frst com	munity served below and re	elist on pa	ge 1b			
Area	with	all communities.							
Served		CITY OR TOWN	STATE						
First		Tumon	Guam						
Community	В	elow is a sample for reporting communities if you report multiple ch	annel line-ups in S	Space G.					
		CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	GRP#			
Sample	Alda		MD	A		1			
•		ance	MD	В		2			
	Ger	ing	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.

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" in FCC rules: "a separate and distinct community or municipal entity (including unincorporareas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst of system identification hereafter known as the "first community." Please use it as the first	orated communition to the community that	es within unincorp you list will serve	orated	D Area Served					
Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom below the identified city or town.	e parks should be	e reported in pare	ntheses						
If all communities receive the same complement of television broadcast stations (i.e., on all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each releasingnated by a number (based on your reporting from Part 9).	e column blank. Ît	you report any st	ations						
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 (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns by	a subscriber grou								
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	-					
Tumon	Guam			First					
				Community					
				See instructions for additional information					
				on alphabetization.					
				Add source or second					
				Add rows as necessary.					

l	
l	

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Guam Cablevision, LLC

38010

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.

BLG	OCK 1			BLOCK 2				
	NO. OF		Π		NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE		CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:								
 Service to first set 	10,279	\$ 14.96						
 Service to additional set(s) 								
 FM radio (if separate rate) 								
Motel, hotel			"					
Commercial			11					
Converter			"					
Residential			1 "					
Non-residential			11					
			o j 100					

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

	LEGAL NAME OF OWN	ER OF CABLE SY	'STEM:			SYSTEM ID#	
	Guam Cablevis	ion, LLC				38010	Name
PF	IMARY TRANSMITTI	ERS: TELEVISION	ON				
ca	rried by your cable s	system during	the accountin	g period except	(1) stations carri	ns and low power television stations) ed only on a part-time basis under	G
FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 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							
ha	Substitute Basis S sis under specifc FC			-	is carried by your	cable system on a substitute progran	Television
	•	. •			he Special Stater	ment and Program Log)—if th։	
	station was carried	•			ماريم مصورا الم	******	
• [formation con				titute basis and also on some othe of the general instructions located	
			-			tes such as HBO, ESPN, etc. Identify	
				•	•	nation. For example, report multi ch stream separately; for example	
	ETA-simulcast).	(Z . Olifialoast	Stroums mus	n be reported in	Coldinii i (iiot ca	on stream separately, for example	
	community of licens	se. For exampl	e, WRC is Cl	-		ation for broadcasting over-the-air ir s may be different from the channe	
		in each case	whether the			dependent station, or a noncommercia	
(fc	or independent multio	cast), "E" (for n	oncommerci	al educational),	or "E-M" (for none	commercial educational multicast)	
	Column 4: If the st	ation is outside	the local se	rvice area, (i.e. '	'distant"), enter "\	the paper SA3 form yes". If not, enter "No". For an ex	
pia	anation of local servi Column 5: If you h					ne paper SA3 form , stating the basis on which you	
	•		-		•	ntering "LAC" if your cable syster	
ca	rried the distant stat	•				I capacity Ity payment because it is the subjec	
of						ystem or an association representin	
	•					ary transmitter, enter the designa	
	٠,,			•	•	other basis, enter "O." For a furthe ted in the paper SA3 form	
						ity to which the station is licensed by the	
					•	th which the station is identifed	
N	ote: If you are utilizir	ng multiple cha	·	•	•	n channel line-up.	-
		I	CHANN	EL LINE-UP	AA		- -
1.	CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
	SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
K	UAM	NUMBER 8	STATION N	No	(If Distant)	Agana, Guam	
K	UAM-LP	11	N	No		Agana, Guam	Continue tions for
K.	TGM	7	N	No		Tamuning, Guam	See instructions for additional information
		_	_				on alphabetization.
N	EQI-LP	6	<u> </u>	No		Dededo, Guam	
							"]
			•				"
							"
							.
							,
]
			•	•			1
							1
			.				

ACCOUNTING PERIOD: 2022/1 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Guam Cablevision, LLC 38010 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

TORWISASE, LAGE 3.						ACCOUNTING	1 LINIOD. 2022/1
LEGAL NAME OF OWNER OF Guam Cablevision, LL		TEM:			S	38010	Name
SUBSTITUTE CARRIAG	F: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.							
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE							
During the accounting per				sis, any non	network television progr	ram	Special Statement and
broadcast by a distant sta	tion?	•	·	•	Yes	X No	Program Log
Note: If your answer is "No	", leave the	rest of this pa	age blank. If your answer i	s "Yes," you	must complete the prog	ram	
log in block 2. 2. LOG OF SUBSTITUTE	PROGR/	AMS.					
In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.							
			_		EN SUBSTITUTE	7. REASON	
1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S	1	5. MONTH	6. TIMES	FOR DELETION	
	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO		
					<u> </u>		
					<u> </u>		
	 		·		<u> </u>		
					<u> </u>	"	
					_		
						"	
			·			"	
						"	
					<u> </u>		
	 		·		<u> </u>	"	
	 				<u> </u>		
					_		
						<u> </u>	
						ļ	

ACCOUNTING PERIOD: 2022/1 FORM SA3E. PAGE 6.

	LEGAL NAME OF C	WNER OF CARLE	SVSTEM:						S۱	YSTEM ID#
Name	Guam Cablevision, LLC 38010									
J Part-Time Carriage Log	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 occ-									
			DATES	S AND HOURS	OF F	PART-TIME CAR	RIAGE			
		WHEN	I CARRIAGE OCCU	JRRED			WHEN	N CARRIAGE OC	CUR	RED
	CALL SIGN		HOU	RS		CALL SIGN		Н	DURS	;
		DATE	FROM	ТО			DATE	FROM		ТО
	N/A									
									=-	
			_						_	
			_						_	
			_						_	
			_						_	
			_							
									=-	
			_						_	
			_						_	
			_						_	
			_						_	
			_							
			_							
			_							
			_							
			_							
			_							
			_		4					

LEGA	L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Gua	am Cablevision, LLC	38010	Name
Instr all a (as i page	DSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's secondentifed in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	ondary transmission service	K Gross Receipts
	ORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross receipts)	
Com Com If yo fee f If yo accom	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 any distant television stations, leave block 3 blank. Enter the arrivem block 1 on line 1 of block 4, and calculate the total royalty fee. For any distant television stations, you must complete the applicable paympanying this form and attach the schedule to your statement of account.	arts of the DSE Schedule	L Copyright Royalty Fee
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.	e entered on line 1 of	
▶ If pa 3 be	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be ϵ low.	entered 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	MINIMUM FEE: 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.	e is 1.064 percent of the	
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064	\$ 847,349.36	
	Enter the result here. This is your minimum fee.	\$ 9,015.80	
	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 colun "Yes" in this block. • Did your cable system carry any distant television stations during the accounting periodic Yes—Complete the DSE schedule.	nn 4, you must check od?	
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$ -	
-	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	0.00	
	Line 3. Add lines 1 and 2 and enter here	\$ -	
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	\$ 9,015.80	Cable systems
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter	0.00	submitting additional
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	deposits under Section 111(d)(7) should contact the Licensing
	Line 4. FILING FEE	\$ 725.00	additional fees. Division for the
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 9,740.80	appropriate form for submitting the additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See page (i) of the	additional 1663.

ACCOUNTING PERIOD: 2022/1 FORM SA3E, PAGE 8.

				FURIN SASE, FAGE 6.					
Name	LEGAL NAME OF OWNER OF		STEM:	SYSTEM ID#					
	Guam Cablevision,	LLC		38010					
	CHANNELS								
M	Instructions: You mu	ust give	1) the number of channels on which the cable system carried television broadcast sta	ations					
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.								
Channels		,	_						
	1. Enter the total num	ber of cl	annels on which the cable	5					
	system carried telev	ision bro	adcast stations	•					
	2. Enter the total num								
			arried television broadcast stations	226					
	and nonbroadcast s	ervices .	·····						
N			TED IF FURTHER INFORMATION IS NEEDED: (Identify an individual						
Individual to	we can contact about	this stat	ement of account.)						
Be Contacted									
for Further	Name James V	N Hof	man II Telenhone +	1 671 688 2355					
Information	Ivanic Ganico I		111111111111111111111111111111111111111						
	Address 890 S. N	riarine eet. rural r	Corps Drive oute, apartment, or suite number)						
			am 96913						
	(City, town, s		an 303 13						
	Email	jhofma	n@docomopacific.com Fax (optional)						
	CERTIFICATION (This	stateme	nt of account must be certifed and signed in accordance with Copyright Office regula	tions.)					
0									
Certifcation	• I, the undersigned, he	reby cer	ify that (Check one, but only one, of the boxes.)						
	(Owner other than	corpora	tion or partnership) I am the owner of the cable system as identifed in line 1 of space B;	or					
			corporation or partnership) I am the duly authorized agent of the owner of the cable sy	stem as identified					
	in line 1 of spac	e B and	that the owner is not a corporation or partnership; or						
	X (Officer or partner	r) I am aı	officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner	er of the cable system					
	in line 1 of space	e B.							
	I have examined the s	statemen	of account and hereby declare under penalty of law that all statements of fact contained	herein					
			to the best of my knowledge, information, and belief, and are made in good faith.						
	[18 U.S.C., Section 100	01(1986)							
		\ /							
		X	/s/ James W. Hofman, II						
	,	Enter an	electronic signature on the line above using an "/s/" signature to certify this statement.						
			John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in t	the box and press the "F2"					
		button, t	nen type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compa	tibility settings.					
		Typed	r printed name: James W. Hofman, II						
		J1	,						
		Title:	Chief Legal Officer						
			(Title of official position held in corporation or partnership)						
		Date:	August 18,2022						

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on 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 Office'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 t 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 lay

U.S. Copyright Office

	EM ID#	Name
Guam Cablevision, LLC	38010	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
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? X NO YES. Enter the total here and list the satellite carrier(s) below		Gross Receipts Exclusion
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 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	- days	
Line 3 Multiply line 2 by the number of days late and enter the sum here		
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,		
space L, (page 7)		
* 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 th 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: 2022/1

LEGAL NAME OF C Guam Cablevi	OWNER OF CABLE	SYSTEM:					S	YSTEM ID# 38010	Name
	ck A must be com	pleted.							
In block A: In block A: If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the schedule.								6	
If your answer if	"No," complete blo			ELEVISION M.	VDKET&				Computation o
s the cable system	m located wholly o					ection 76.5 of I	FCC rules and red	gulations in	3.75 Fee
ffect on June 24,	, 1981?		•				·	y	
	plete part 8 of the		OO NOT COM	PLETE THE REMA	AINDER OF P	PART 6 AND 7.			
X No—Comp	olete blocks B and	C below.							
		BLOC	CK B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulations and regulations	ons prior to Jur dule. (Note: Th	part 2, 3, and 4 of ne 25, 1981. For fu ne letter M below ro Act of 2010.)	ırther explana	ation of permitte	ed stations, see th	ne	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommeric D Grandfathere instructions fo E Carried pursue *F A station pre	eles and regued pursuant to a selfined all educations distation (76.4 r DSE sched ant to individually carries (IHF station was a selfined and to individually carries).	lations cited be of the FCC mand in 76.5(kk) (7 al station [76.565) (see paragule). Lal waiver of Fed on a part-timithin grade-B of the control of the contr	6.59(d)(1), 76.61(e)(c), 76.61(d), 76.61(d), 76.eraph regarding sulfice (76.7) are or substitute bacontour, [76.59(d)(se in effect or 6.57, 76.59(b e)(1), 76.63(a 63(a) referring estitution of gr	n June 24, 198), 76.61(b)(c),) referring to 7 g to 76.61(d)] randfathered s	76.63(a) referring 6.61(e)(1) tations in the		
Column 3:	*(Note: For those this schedule to d	e stations ide determine the	ntified by the le	parts 2, 3, and 4 of the etter "F" in column	2, you must o	complete the w	т		
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
							•		
						<u>II</u>			
								0.00	
		В	LOCK C: CC	MPUTATION O	F 3.75 FEE				•
ine 1: Enter the	e total number of	DSEs from	part 5 of this	schedule				-	
ine 2: Enter the	e sum of permitte	d DSEs fro	m block B ab	ove					
	line 2 from line 1 leave lines 4–7 b			•		rate.		0.00	
Line 4: Enter gross receipts from space K (page 7)x 0.0375						375	Do any of the DSEs represe partially		
ne 5: Multiply I	line 4 by 0.0375	and enter s	ım here				X		permited/ partially nonpermitted
ine 6: Enter tot	al number of DS	Es from line	3					<u>-</u>	carriage? If yes, see par 9 instructions
ine 7: Multiply I	line 6 by line 5 ar	nd enter her	e and on line	2, block 3, spac	e L (page 7)			0.00	

ACCOUNTING PERIOD: 2022/1

Nama	LEGAL NAME OF OWN		SYSTEM:					SY	STEM ID#
Name	Guam Cablevis	ion, LLC							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.								
		DEDMITT	ED DSE EOD 8.	TATIONS CAPPI	ED ON A DART TIME	AND SUBSTI	THE BASIS		
	1. CALL SIGN	2. PRIC	OR 3. ACCOUNTING		4. BASIS OF CARRIAGE			RESENT 6. PERMITTED DSE DSE	
Computation of the Syndicated Exclusivity Surcharge	Instructions: Block A must be completed. In block A: If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. BLOCK A: MAJOR TELEVISION MARKET • 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? Yes—Complete blocks B and C.								
	DI OCK D. C	nt DSEs							
	BLOCK B: Carriage of VHF/Grade B Contour Stations 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 cornity served by the cable system prior to March 31, 1972? (report of the cable system)								
	Yes—List each st X No—Enter zero a	Yes—List each station below with its appropriate permitted DSE No—Enter zero and proceed to part 8.							
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIG	SN .	DSE
		<u>. </u>	TOTAL DSEs	0.00]		TOTAL DS	SEs	0.00

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Guam Cablevision, LLC 38010	Namo
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE	
Section 1	Enter the amount of gross receipts from space K (page 7)	7
Section 2	A. Enter the total DSEs from block B of part 7	
	B. Enter the total number of exempt DSEs from block C of part 7	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	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.	
	SECTION 3: TOP 50 TELEVISION MARKET	
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule. No—Complete the applicable section below.	
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	
	A. Enter 0.00599 of gross receipts (the amount in section1)	
	B. Enter 0.00377 of gross receipts (the amount in section.1)	
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here	
	D. Multiply line B by line C and enter here	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	
Section	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.	_ _
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 0.00178 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	
	OFOTION A OFOOND SO TELEVISION MARKET	
	SECTION 4: SECOND 50 TELEVISION MARKET	
Section 4a	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 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	
	B. Enter 0.00189 of gross receipts (the amount in section 1)	
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here	
	D. Multiply line B by line C and enter here	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	

Name	LEGAL NAM	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Nume	(Guam Cablevision, LLC	38010						
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							
		ctions:							
8	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.								
		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 belo c.)W						
		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	ıl						
	service	e 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. X No—Complete the following sections.							
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE							
	Section								
	1	Enter the amount of gross receipts from space K (page 7)	<u> </u>						
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule.							
		(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.) ▶ 0.	.00						
	Section	· · ·							
	3 If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank.								
		NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.							
		A. Enter 0.01064 of gross receipts							
		(the amount in section 1) ▶ _ \$ -	_						
		B. Enter 0.00701 of gross receipts							
		(the amount in section 1)							
		C. Subtract 1.000 from total DSEs							
		(the figure in section 2) and enter here							
		D. Multiply line B by line C and enter here							
	E. Add lines A, and D. This is your base rate fee. Enter here								
	and in block 3, line 1, space L (page 7)								
		Base Rate Fee	-						