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					
08/26/2022	\$ 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	AC	COUNTING PERIOD COVERED BY THIS STATEMEN	NT:		
Accounting Period		2022/1			
B Owner	rate	Give the full legal name of the owner of the cable system. If the own title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the If there were different owners during the accounting period, only the ingle statement of account and royalty fee payment covering the entity. Check here if this is the system's first filing. If not, enter the system of the company	business of the cable system of the cable system on the last day of the accounting period em's ID number assigned between the cable system.	em the accounting period should s	•
		210 E. EARLL DRIVE PHOENIX, AZ 85012-2626			006702 2022/1
	INS	TRUCTIONS: In line 1, give any business or trade names use	ed to identify the busines	ss and operation of the syst	em unless these
С		nes already appear in space B. In line 2, give the mailing addr			
System	1	IDENTIFICATION OF CABLE SYSTEM: SPARKLIGHT			
	2	MAILING ADDRESS OF CABLE SYSTEM: 8400 WEST WESTPARK STREET (Number, street, rural route, apartment, or suite number) BOISE, ID 83704 (City, town, state, zip code)			
D	Ins	tructions: For complete space D instructions, see page 1b. Ic	dentify only the frst comn	nunity served below and rel	ist on page 1b
Area		n all communities.	, ,	,	1 3
Served		CITY OR TOWN	STATE		
First		BOISE	ID		
Community	Е	elow is a sample for reporting communities if you report multip	ole channel line-ups in S	pace G.	
		CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
Sample	Ald	a	MD	Α	1
Sample	Alli	ance	MD	В	2
	Ge	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 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 suffciency of the fling, a determination that would be made by a court of law.

FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 006702 CABLE ONE, INC. Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D 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 Area of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN STATE CH LINE UP SUB GRP# **BOISE** ID AA **First** ID AA **ADA COUNTY** Community **CALDWELL** ID AA **CANYON COUNTY (E)** ID AA **CANYON COUNTY (W)** ID 1 AA ID **EAGLE** AA See instructions for AA **EMMETT** ID additional information on alphabetization. **FRUITLAND** ID AA **GARDEN CITY** ID AA ID **GEM COUNTY** AA ID **GREENLEAF** AA Add rows as necessary. ID **HOMEDALE** AA HORSESHOE BEND ID AA **KUNA** ID AA **MALHEUR COUNTY** OR AA 3 ID MARSING AA **MERIDIAN** ID AA **MIDDLETON** ID AA ID **NAMPA** AA **NEW PLYMOUTH** ID AA **NOTUS** ID AA OR NYSSA AA **ONTARIO** OR 3 AA **OWYEE COUNTY** ID AA **PARMA** ID AA 1 ID **PAYETTE** AA PAYETTE COUNTY ID AA **PURPLE SAGE** ID AA ID STAR AA **VALE** OR AA WEISER ID AA ID WILDER AA ID **NEW MEADOWS** AA **McCALL** ID AA ID 2 DONNELLY AA ID CASCADE AA

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#

006702

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					
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE	CATEGORY OF SERVICE	Ē	NO. OF SUBSCRIBERS		RATE	
Residential:									
 Service to first set 	14,003	\$	42.00	SPARKLIGHT TV		1,701	\$	54.00	
 Service to additional set(s) 									
 FM radio (if separate rate) 									
Motel, hotel									
Commercial									
Converter									
Residential									
Non-residential									
	I	•		I		I''''''''''			

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							
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE			CATEGORY OF SERVICE	R	ATE
Continuing Services:		Installation: Non-residential						
Pay cable	\$ 19.00	Motel, hotel	\$	40.00		EXPANDED BASIC	\$	48.00
 Pay cable—add'l channel 	10.99-19.00	Commercial	\$	75.00	ľ			
Fire protection		• Pay cable	\$	40.00	ľ			
•Burglar protection		• Pay cable-add'l channel			ľ			
Installation: Residential		Fire protection						
• First set	35.00-90.00	Burglar protection			ľ			
 Additional set(s) 	30.00-60.00	Other services:			ľ			
• FM radio (if separate rate)		Reconnect	30.0	00-90.00	ľ			
Converter		Disconnect			ľ			
		Outlet relocation	30.0	00-90.00	ľ			
		Move to new address	30.0	00-90.00				

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006702 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. · List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN **CHANNEL** OF (Yes or No) CARRIAGE NUMBER **STATION** (If Distant) KAID-1 21 Ε Yes 0 BOISE, ID KAID-5 21.5 Ε 0 BOISE, ID Yes See instructions for additional information KAID-3 E-M 0 BOISE, ID 21.3 Yes on alphabetization. KAID-4 21.4 0 E-M Yes BOISE, ID **KBOI** 28 N BOISE, ID No KIVI-1 24.1 Ν No NAMPA, ID KIVI-2 I-M NAMPA, ID 24.2 No KKJB-1 15 I BOISE, ID No KNIN 10 ī No NAMPA, ID KTRV-1 13 I No NAMPA, ID KKJB-2 15.2 I-M No BOISE, ID 7 KTVB-1 Ν No BOISE, ID KTVB-2 7.2 I-M No BOISE, ID KTVB-3 BOISE, ID 7.3 I-M No **KYUU-LD** BOISE, ID 35 1 No KYUU-3 35.3 I-M BOISE, ID No

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006702 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections [76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA (CONT'D) 1. CALL 2. B'CAST 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN **CHANNEL** OF (Yes or No) CARRIAGE NUMBER **STATION** (If Distant) **KYUU-4** 35.4 I-M BOISE, ID No KTVB-4 BOISE, ID 7.4 I-M No See instructions for additional information KIVI-3 NAMPA, ID 24.3 I-M No on alphabetization. KBOI-3 28.3 I-M No BOISE, ID KYUU-2 35.2 I-M BOISE, ID No KNIN-2 10.2 I-M NAMPA, ID No KNIN-3 NAMPA, ID 10.3 I-M No KNIN-4 I-M NAMPA, ID 10.4 No KTRV-SIMUL 13 ı NAMPA, ID No KAID-SIMUL 21 Ε BOISE, ID No **KBOI-SIMUL** 28 Ν No BOISE, ID KYUU-SIMUL 35 No BOISE, ID ı KIVI-SIMUL 24 Ν No NAMPA, ID I KNIN-SIMUL 10 No NAMPA, ID KTVB-SIMUL 7 ī No BOISE, ID Ī KKJB-SIMUL 15 No BOISE, ID

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	IER OF CABLE S	YSTEM:			SYSTEM ID#	Name		
CABLE ONE, IN	NC.				006702	Nume		
PRIMARY TRANSMITTI	ERS: TELEVISION	ON						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M" (f								
For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	ion of a distant entered into o a primary trans simulcasts, also ree categories e location of ea	multicast stronger or before Jumitter or an a conter "E". If , see page (voch station. Fo	eam that is not sune 30, 2009, be ssociation repreyou carried the of the general or U.S. stations,	subject to a royalty etween a cable sy- esenting the prima channel on any of instructions locate list the community	y payment because it is the subject stem or an association representing ry transmitter, enter the designather basis, enter "O." For a further d in the paper SA3 form. y to which the station is licensed by the			
Note: If you are utilizing		nnel line-ups,	use a separate	space G for each	n which the station is identifed. channel line-up.			
	1	CHANN	EL LINE-UP	AB				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
				•				
				•				
				•				

FURINI SAJE. PAGE 3.								
CABLE ONE, II		YSTEM:			SYSTEM ID# 006702	Name		
PRIMARY TRANSMITTI	ERS: TELEVISION	ON						
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base	system during to ions in effect of 5.61(e)(2) and (sis, as explaine	he accounting n June 24, 19 (4), or 76.63 (ed in the next	g period, except 81, permitting the referring to 76.6 paragraph.	t (1) stations carrie ne carriage of cert s1(e)(2) and (4))];	s and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a cable system on a substitute program	G Primary Transmitters: Television		
basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association re								
Note: If you are utilizing	ng multiple chai		use a separate		channel line-up.			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

FORM SA3E. PAGE 3.					,			
LEGAL NAME OF OWN	IER OF CABLE SY	YSTEM:			SYSTEM ID#	Name		
CABLE ONE, IN	NC.				006702	Nume		
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)2) and (4), 76.61(e)(2) and (4), 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specife FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "F" (for independent), "I-M" (for independ								
For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject								
FCC. For Mexican or 0 Note: If you are utilizing		nnel line-ups,	use a separate	space G for each	n which the station is identifed. channel line-up.			
	1	CHANN	EL LINE-UP	AD				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	IER OF CABLE S	YSTEM:			SYSTEM ID#	Name		
CABLE ONE, II	NC.				006702	Nume		
PRIMARY TRANSMITTI	ERS: TELEVISION	ON						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M" (f								
For the retransmiss	ion of a distant	multicast str	eam that is not s	subject to a royalty	payment because it is the subject			
tion "E" (exempt). For explanation of these th Column 6: Give the	simulcasts, also hree categories e location of ea	o enter "E". If , see page (v ch station. Fo	you carried the) of the general or U.S. stations,	channel on any or instructions locate list the community	ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed.			
Note: If you are utilizing	ng multiple chai	•	use a separate EL LINE-UP	•	channel line-up.			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
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FORM SA3E. PAGE 3.									
LEGAL NAME OF OWN	IER OF CABLE S	YSTEM:			SYSTEM ID#	Name			
CABLE ONE, IN	NC.				006702	Name			
PRIMARY TRANSMITTI	ERS: TELEVISION	ON							
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)/2) and (4), 76.61(e)/2) and (4), or 76.63 (referring to 76.61(e)/2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "E" (for independent), "I-M" (for									
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the cable system and	a primary trans	mitter or an a	ssociation repre	esenting the prima	ry transmitter, enter the designa-				
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Column 6: Give the	e location of ea	ch station. Fo	or U.S. stations,	list the community	y to which the station is licensed by the n which the station is identifed.				
Note: If you are utilizing		. ,		•					
		CHANN	EL LINE-UP	AF					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION				
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FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	IER OF CABLE S	YSTEM:			SYSTEM ID#	Name		
CABLE ONE, II	NC.				006702	Nume		
PRIMARY TRANSMITTI	ERS: TELEVISION	ON						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), 76.61(e								
For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these th Column 6: Give the	ion of a distant entered into o a primary trans simulcasts, also ree categories e location of ea	multicast stronger or before Jumitter or an a conter "E". If , see page (voch station. Fo	eam that is not sune 30, 2009, be ssociation repreyou carried the of the general or U.S. stations,	subject to a royalty etween a cable sy esenting the prima channel on any o instructions locate list the community	y payment because it is the subject stem or an association representing ry transmitter, enter the designather basis, enter "O." For a further d in the paper SA3 form. y to which the station is licensed by the			
FCC. For Mexican or (Note: If you are utilizing		nnel line-ups,	use a separate	space G for each	n which the station is identifed. channel line-up.			
	1	CHANN	EL LINE-UP	AG				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
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FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN		YSTEM:			SYSTEM ID#	Name		
CABLE ONE, II	NC.				006702			
PRIMARY TRANSMITT	ERS: TELEVISION	ON						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational pour cable system carried the station. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes" if not, enter "No". For an explanation of local service area, see page (v) of the general instru								
Trote: If you are dailed	ig manipie ona	• •	•	•	onarmer inte up.			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
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FORM SA3E. PAGE 3.					OVOTEM ID#	
LEGAL NAME OF OWN		YSTEM:			SYSTEM ID#	Name
CABLE ONE, IN					006702	
PRIMARY TRANSMITTI						
In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base Substitute program base Substitute Basis Subasis under specific FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List eace each multicast stream cast stream as "WETA-WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If you he cable system carried the carried the distant stat For the retransmiss of a written agreement the cable system and ation "E" (exempt). For stations and substitute for the system and ation "E" (exempt). For stations and substitute for the system and ation "E" (exempt). For stations and substitute for the system and ation "E" (exempt). For stations are substituted by your cable system and ation "E" (exempt). For stations are substituted by your cable system and ation "E" (exempt). For stations are substituted by your cable system and ation "E" (exempt). For stations are substituted by your cable system and ation "E" (exempt). For stations are substituted by your cable system and ation "E" (exempt). For stations are substituted by your cable system and ation "E" (exempt). For stations are substituted by your cable system and ation "E" (exempt).	G, identify ever system during the consistency of t	y television of the accounting of June 24, 19 (4), or 76.63 (4), or 76.63 (4), or 76.63 (5) and the next respect to an actions, or authors, or authors	g period, except 181, permitting the referring to 76.6 paragraph. It is pace I (the ation was carried tute basis station report origination cording to its own to be reported in the assigned to annel 4 in Wash tation is a network and the amount of the accounting period of	t (1) stations carried to carriage of certific (e)(2) and (4))]; as carried by your one Special Statem d both on a substitute, see page (v) on program service rer-the-air designate column 1 (list each the television statington, D.C. This park station, an indefer network multicor "E-M" (for noncontions located in the distant"), enter "Yestions located in the interplete column 5, od. Indicate by enactivated channel subject to a royalty exerting the primal channel on any of	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further	G Primary Transmitters: Television
Column 6: Give the	e location of ea	ch station. Fo	or U.S. stations,	list the community	ed in the paper SA3 form. y to which the station is licensed by the	
FCC. For Mexican or 0 Note: If you are utilizing				•	n which the station is identifed. channel line-up.	
		CHANN	EL LINE-UP	Al		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	IER OF CABLE S	YSTEM:			SYSTEM ID#	Name		
CABLE ONE, IN	NC.				006702	Nume		
PRIMARY TRANSMITTI	ERS: TELEVISION	ON						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I' (for independent), "I-M" (for								
Note: If you are utilizing	ng multiple chai	nnel line-ups,	use a separate	space G for each	channel line-up.			
		CHANN	EL LINE-UP	AJ				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE S	YSTEM:			SYSTEM ID#	Name	
CABLE ONE, II	NC.				006702	Nume	
PRIMARY TRANSMITTI	ERS: TELEVISION	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • Do not 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. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational bation, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M"							
Note: If you are utilizing		nnel line-ups,		space G for each			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
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FORM SA3E. PAGE 3.					OVOTEM ID#		
LEGAL NAME OF OWN		YSTEM:			SYSTEM ID#	Name	
CABLE ONE, II					006702		
PRIMARY TRANSMITTI							
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent, station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for no							
explanation of these th	ree categories	s, see page (v) of the general	instructions locate	ed in the paper SA3 form.		
FCC. For Mexican or 0	Canadian statio	ons, if any, giv	e the name of t	he community with	n which the station is identifed.		
Note: If you are utilizing	ng multiple cha			<u>'</u>	channel line-up.		
	1	CHANN	EL LINE-UP	AL			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
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CABLE ONE, INC. RIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) activated by the capture of the control of	FORM SA3E. PAGE 3.					,		
RIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) arrived by your cable system during the accounting period, except (1) stations carried only on a part-time basis under regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.594(92) and (4), 07.66.30 (referring to 76.61(e)(2) and (4))); and (2) certain stations carried on a substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify as the minute of the station as a wite TA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in tea community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational multicast). "For independent multicast)," "For for nework," "M-M" (for network multicast)," "If (for independent)," "I-M" for independent multicast)," "For of the general instructions located in the paper SA3 form. Column 6: If you arbuse entered			/STEM:			SYSTEM ID#	Name	
General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under rCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections r6.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific PCC rules, regulations, or authorizations: Do not list the station here in space (6—but to list it in space 1 (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space 1, life 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. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-asst stream associated with a station according to its over-the-air designation. For example, report multi-asst streams were WETA-2". Simulacast tream as "WETA-2" simulacast in the station and the station. Column 4: In dicate in each case whether the station is a network station, an independent station, or a noncommercial educational multicast). "Ci for noncommercial educational multicast)." (for independent), "I-M" for independent multicast), "Ci for noncommercial educational multicast). "Ci for noncommercial educational multicast). The station is outside the local service area, see page (v) of the general instructions located in the paper SA3 for	CABLE ONE, I	NC.				006702		
Cor Jues and regulations in effect or June 24, 1981, permitting the carriage of certain network programs [sections of 5.69(d)(2) and (4), 76.61(e)(2) and (4)), or 76.63 (referring to 76.61(e)(2) and (4))); and (2) certain stations carried on a rubstitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis. Such stations is with respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here, and also in space — July do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify seach multicast stream associated with a station according to its over-the-air designation. For example, report multi-sast streams associated with a station according to its over-the-air designation. For example, report multi-sast streams and sociated with a station according to its over-the-air designation. For example, wRFCA-simulcast), Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in the community of license. For example, wRFC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 4: In dicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter TY (for network), "N-M" (for network), "N-M" (for network), "N-M" (for network), "In the paper SA3 form. Co	PRIMARY TRANSMITT	ERS: TELEVISIO	NC					
Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AM 1. CALL SIGN 2. B'CAST CHANNEL OF 4. DISTANT? (Yes or No) CARRIAGE 6. LOCATION OF STATION CARRIAGE	basis under specifc FCC rules, regulations, or authorizations: * Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. * List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. **Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). **Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. **Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). **For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. **Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. **Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" i							
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION (Yes or No) CARRIAGE	Note: If you are united	1g munipie chai	• •	•		cnanner irre-up.		
	1. CALL SIGN	CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION		
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN		YSTEM:			SYSTEM ID#	Name	
CABLE ONE, II	NC.				006702		
PRIMARY TRANSMITT	ERS: TELEVISION	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis as explained in the next paragraph. Substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as sweTRA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for noncommercial educational multicast), "E" (for noncommercial educational), or "E-M" (for noncommerci							
		CHANN	EL LINE-UP	ΔΝ			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
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FURINI SAJE. PAGE 3.						
CABLE ONE, II		YSTEM:			SYSTEM ID# 006702	Name
PRIMARY TRANSMITTI	ERS: TELEVISION	ON				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base	system during t ions in effect of 6.61(e)(2) and (sis, as explaine	he accounting n June 24, 19 (4), or 76.63 (ed in the next	g period, except 81, permitting the referring to 76.6 paragraph.	t (1) stations carrie ne carriage of cert s1(e)(2) and (4))];	s and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G Primary Transmitters: Television
station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried ti carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these th Column 6: Give the	here in space only on a subs and also in spation and also in spation and also in spation and associated with associated with a carried to a carried a carried to a carried a carried to a c	G—but do listitute basis. ace I, if the state that it is sign. Do not the station act is streams must be the FCC hate. Whether the station. Whether the station.	ation was carried tute basis station report origination cording to its over the temporary of the reported in the sassigned to the annel 4 in Wash tation is a network), "N-M" (all educational), of the general instruction of lack of a counting periouse of lack of a ceam that is not some 30, 2009, but so carried the counting perious of the general or U.S. stations,	d both on a substins, see page (v) or program service ver-the-air designate column 1 (list each the television statinington, D.C. This ork station, an indefor network multipor "E-M" (for noncections located in the distant"), enter "Ytions located in the mplete column 5, od. Indicate by enactivated channel subject to a royalty etween a cable sy essenting the primal channel on any of instructions located list the community.	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	
Note: If you are utilizing		nnel line-ups,		space G for each		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE S	YSTEM:			SYSTEM ID#	Name	
CABLE ONE, II	NC.				006702	Nume	
PRIMARY TRANSMITTI	ERS: TELEVISION	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for							
cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed.							
Note: If you are utilizing	ng multiple chai	• •	use a separate	<u>'</u>	channel line-up.		
4 0011	a Picast				C LOCATION OF STATION		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
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	ı	I		I	į		

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE S	YSTEM:			SYSTEM ID#	Name	
CABLE ONE, IN	NC.				006702	Name	
PRIMARY TRANSMITTI	ERS: TELEVISION	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for ind							
					. ,		
the cable system and	a primary trans	mitter or an a	ssociation repre	esenting the prima	ry transmitter, enter the designa-		
` '			•	•	ther basis, enter "O." For a further ed in the paper SA3 form.		
Column 6: Give the	e location of ea	ch station. Fo	or U.S. stations,	list the community	y to which the station is licensed by the n which the station is identifed.		
Note: If you are utilizing		. ,		•			
		CHANN	EL LINE-UP	AQ			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
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FORM SA3E. PAGE 3.					,		
LEGAL NAME OF OW		YSTEM:			SYSTEM ID#	Name	
CABLE ONE,	INC.				006702		
PRIMARY TRANSMIT	TERS: TELEVISION	NC					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute pasis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in lits community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I' (for independent), "I-M" (for in							
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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	NER OF CABLE S	YSTEM:			SYSTEM ID#	Name	
CABLE ONE, II	NC.				006702	Name	
PRIMARY TRANSMITTI	ERS: TELEVISION	ON					
PRIMARY TRANSMITTERS: TELEVISION							
_				•	•		
•			•	• .	,		
					ed in the paper SA3 form. y to which the station is licensed by the		
FCC. For Mexican or 0	Canadian statio	ons, if any, giv	e the name of t	he community with	n which the station is identifed.		
Note: If you are utilizir	ng multiple chai	nnel line-ups,	use a separate	space G for each	channel line-up.		
		CHANN	EL LINE-UP	AS			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
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FORM SA3E. PAGE 3.					,		
LEGAL NAME OF OW		YSTEM:			SYSTEM ID#	Name	
CABLE ONE,	NC.				006702		
PRIMARY TRANSMIT	rers: Televisio	NC					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.616(e)(2) and (4), 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example wETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by ent							
Note: II you are a		• •	•		Charine inc-up.		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
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				•			

FORM SA3E. PAGE 3.							
LEGAL NAME OF OW		/STEM:			SYSTEM ID#	Name	
CABLE ONE, I	NC.				006702		
PRIMARY TRANSMITT	ERS: TELEVISION	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M"							
Note. If you are utilizing	ід пішпріе спаі	•	•	•	channer line-up.		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
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FORM SA3E. PAGE	3.				,		
	WNER OF CABLE S'	YSTEM:			SYSTEM ID#	Name	
CABLE ONE	, INC.				006702		
PRIMARY TRANSMI	TTERS: TELEVISIO	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "T" (for network), "N-M" (for network multicast), "F" (for independent), "I-M" (for independent multicast). "E" (for noncommercial educational in studies at station and in station soul as a							
			•				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3	-				,		
LEGAL NAME OF OV		YSTEM:			SYSTEM ID#	Name	
CABLE ONE,	INC.				006702		
PRIMARY TRANSMIT	TERS: TELEVISION	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain networt programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: **Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. **List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as cociated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational, by the community of license. For example, WRC is Channel 4 in Washington, Dr.C. This may be different from the ch							
Note: If you are utilize	ang mulupie chai	•	•		channel line-up.		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
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ACCOUNTING PERIOD: 2022/1 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006702 CABLE ONE, INC. 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 LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

FORM SA3E. PAGE 5.								ACCOUNTING	PERIOD: 2022/1	
CABLE ONE, INC.	CABLE SYST	EM:					S	YSTEM ID# 006702	Name	
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG 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 period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program										
log in block 2. 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more spacelled to be column 1: Give the title period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love Lolumn 2: If the program Column 3: Give the call column 4: Give the broathe case of Mexican or Can Column 5: Give the monfirst. Example: for May 7 given Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	E PROGRAI titute progra tice, please a of every nor distant stati gulations, or tion. Do not Lucy" or "NB n was broad sign of the s adcast statio hadian statio hadian statio re "5/7." es when the Example: a er "R" if the and regulatio ogramming	mon a separarattach additional anetwork televition and that your authorizations to use general cost live, enterstation broadcast live, enterstation broadcash's location (thous, if any, the owhen your systems substitute program carried listed program ons in effect du	te line. Use abbreviations wal pages. ision program (substitute program cable system substitute program (some categories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nesting the substitute programe community to which the some carried the substitute program was carried by your ced by a system from 6:01:1 was substituted for programing the accounting period;	wherever pos rogram) that, d for the progeral instructio "basketball". o." m. station is licelestation is iden program. Use sable system. 5 p.m. to 6:2 mming that ye enter the let under FCC re	sible, if the during the ramming on slocated List spectonsed by the hitified). numerals List the till 8:30 p.m. our system ter "P" if the during the side of the s	eir mea e accou of anot d in the ific pro ne FCC , with t mes ac should n was ne liste egulati	aning is unting ther static e paper ogram C or, in the mont ccurately d be required ed pro ions in	on h		
1. TITLE OF PROGRAM	SUBSTITUT	E PROGRAM 3. STATION'S			IAGE OC		RED	7. REASON FOR DELETION		
1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u>–</u>	ТО			
						=				

Name	CABLE ONE		E SYSTEM:						SYSTEM ID 006702
	PART-TIME CA	ARRIAGE LOG							
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 oc-							of the	
	·		DATES	AND HOURS (OF F	PART-TIME CAF	RRIAGE		
	CALL SIGN	WHEN	I CARRIAGE OCCL			CALL SIGN	WHEN CARRIAGE OCCURRED HOURS		
		DATE	FROM	TO			DATE	FROM	TO
			_						
								,	_
			<u> </u>						
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									_
									_

LEG	AL NAME OF OWNER OF CABLE SYSTEM: BLE ONE, INC.		SYSTEM ID# 006702	Name						
GR Ins	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)									
IMF	during the accounting period. PORTANT: You must complete a statement in space P concerning gross receipts.	\$ (Amou	6,707,685.42 unt of gross receipts)							
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. 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. 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.										
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should both 3 below.	e entered o	n line 1 of							
3 b	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be elow.									
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	ould be enter	ed on line							
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or mor least the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064									
	Enter the result here. This is your minimum fee.	\$	71,369.77							
Block 2	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 colur "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule. No—Leave block 3 below blank and column time 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or	mn 4, you m iod? complete line	ust check 1, block 4.							
Block 3	4, or part 9, block A of the DSE schedule. If none, enter zero	_\$_	3,291.45							
	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	\$	3,291.45							
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter	\$	71,369.77	Cable systems 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 appropriate							
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$	72,094.77	form for submitting the additional fees.						

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.	SYSTEM ID# 006702								
	,	000702								
М	CHANNELS Instructions: You must give (1) the number of channels on which the cable system care	ried television broadcast stations								
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.									
Citatilleis	Enter the total number of channels on which the cable	32								
	system carried television broadcast stations									
	Enter the total number of activated channels									
	on which the cable system carried television broadcast stations	291								
	and nonbroadcast services									
N Individual to	we can contact about this statement of account.) /idual to									
Be Contacted for Further Information	Name JENAE HECK	Telephone 602-364-6092								
	Address 210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite number)									
	PHOENIX, AZ 85012-2626									
	(City, town, state, zip)									
	Email JENAE.HECK@CABLEONE.BIZ Fa:	x (optional) 602-364-6013								
	CERTIFICATION (This statement of account must be certifed and signed in accordance v	with Copyright Office regulations.								
0										
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 it	dentifed in line 1 of space B; or								
	(Agent of owner other than corporation or partnership) I am the duly authorized agen in line 1 of space B and that the owner is not a corporation or partnership; or	t of the owner of the cable system as identified								
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the in line 1 of space B.	legal entity identifed as owner of the cable system								
	I have examined the statement of account and hereby declare under penalty of law that all are true, complete, and correct to the best of my knowledge, information, and belief, and are [18 U.S.C., Section 1001(1986)]									
	X /s/ Quynh Tran									
	Enter an electronic signature on the line above using an "/s/" signature to (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature	gnature, place your cursor in the box and press the								
	"F2" button, then type /s/ and your name. Pressing the "F" button will av	void enabling Excers Lotus compatibility settings.								
	Typed or printed name: QUYNH TRAN									
	Title: VICE PRESIDENT & TREASURER (Title of official position held in corporation or partnership)									
	Date: August 26, 2022									

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 telephor numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. 00	EM ID#	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 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	b-	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address 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.	t.	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	- lays	
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.	e	
** 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.	ıl	
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.

ACCOUNTING PERIOD: 2022/1

DSE SCHEDULE. PAGE 10.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

Step 2: Calculate the station's basis of carriage value: The DSE of

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Each of the second, third, and fourth DSEs 0.701% of gross receipts The fifth and each additional DSE 0.330% of gross receipts

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

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

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

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

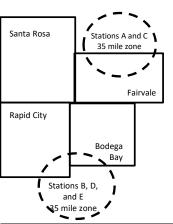
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

EXAMPLE:

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

In most cases under current FCC rules, all of Fairvale would be within the local service area of both stations A and C and all of Rapid City and Bodega Bay would be within the local service areas of stations B, D, and E.



	Distant Stations Carried		Identification	of Subscriber Groups	
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
in	A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
,	B (independent)	1.0	Santa Rosa	Stations A, B, C, D ,E	\$310,000.00
	C (part-time)	0.083	Rapid City	Stations A and C	100,000.00
	D (part-time)	0.139	Bodega Bay	Stations A and C	70,000.00
	E (network)	0.25	Fairvale	Stations B, D, and E	120,000.00
	TOTAL DSEs	2 472		TOTAL GROSS RECEIPTS	\$600,000,00

Minimum Fee Total Gross Receipts	\$600,000.00
	x .01064
	CC 204 00

		ψ0,504.00				
First Subscriber Group		Second Subscriber Group		Third Subscriber Group		
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)		
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00	
DSEs	2.472	DSEs	1.083	DSEs	1.389	
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03	
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80	
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23	
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03	

Total Base Rate Fee: \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94 In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

ACCOUNTING PERIOD: 2022/1

1	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM 006									
	SUM OF DSEs OF CATEGORY "O" STATIONS:									
	Add the DSEs of each station									
	Enter the sum here and in line	1 of part 5 of this	schedule.		1.00					
2	Instructions: In the column headed "Call S	e letter "O" in column 5								
Computation of DSEs for	of space G (page 3). In the column headed "DSE" mercial educational station. giv	: for each indepe	ndent station, give the DSE 5."	as "1.0"; for ea	ach network or noncom-					
Category "O"	mercial educational station, give the DSE as ".25." CATEGORY "O" STATIONS: DSEs									
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
	KAID-1	0.250								
	KAID-5	0.250								
	KAID-3	0.250				···				
	KAID-4	0.250				<mark></mark>				
	IVAID-4	0.230								
Add rows as										
necessary.										
Remember to copy all										
formula into new										
rows.										
10113.										
						···				
						<mark></mark>				
						<mark>.</mark>				
						···				
						<mark></mark>				
						<mark>.</mark>				

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 006702 Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). 3 Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Computation Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must of DSEs for be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Stations Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, **Carried Part** give the type-value as ".25." Time Due to Lack of Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper Activated Channel Capacity CATEGORY LAC STATIONS: COMPUTATION OF DSEs 1. CALL 2. NUMBER 6. DSE 3. NUMBER 4. BASIS OF 5. TYPE OF HOURS OF HOURS VALUE SIGN CARRIAGE **CARRIED BY** STATION VALUE SYSTEM ON AIR SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. 0.00 Instructions: Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: 4 Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulartions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of Computation of DSEs for Substitute-Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I. **Basis Stations** Column 3: Enter the number of days in the calendar year: 365, except in a leap year. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form). SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs 1. CALL 2. NUMBER 3. NUMBER 4. DSE 1. CALL 3. NUMBER 4. DSE 2. NUMBER SIGN OF OF DAYS SIGN OF OF DAYS **PROGRAMS** IN YEAR IN YEAR **PROGRAMS** SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station 0.00 Enter the sum here and in line 3 of part 5 of this schedule, TOTAL NUMBER OF DSEs: Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total number of DSEs applicable to your system. **Total Number** 1. Number of DSEs from part 2. 0.00 of DSEs 2. Number of DSEs from part 3● 0.00 3. Number of DSEs from part 4 • 1.00 TOTAL NUMBER OF DSEs

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2022/1

CABLE ONE,		SYSTEM:					S'	YSTEM ID# 006702	Name
Instructions: Blo	ck A must be com	pleted.							
schedule.		·	·	7 of the DSE sche	edule blank ar	nd complete pa	art 8, (page 16) of	the	6
If your answer if	"No," complete blo			TELEVISION MA	ARKETS				Computation of
effect on June 24,	1981?	outside of all r	major and sma	aller markets as de	fined under s			gulations in	3.75 Fee
		BLOC	CK B: CARR	IAGE OF PERM	MITTED DS	Es			
Column 1: CALL SIGN	under FCC rules	of distant stand and regulation	ations listed in ons prior to Judule. (Note: Tl	part 2, 3, and 4 of ne 25, 1981. For fu ne letter M below re	f this schedule urther explana	e that your sys	ed stations, see tl	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC r. A Stations carrier 76.61(b)(c)] B Specialty stati C Noncommeric D Grandfathered instructions for E Carried pursua	ales and regued pursuant to on as defined all educations of station (76.6 or DSE sched ant to individuations of the station will be station will enter the station will enter the station will enter the station will enter the properties of the station will enter the station wi	lations cited boothe FCC made in 76.5(kk) (7 al station [76.565) (see paragule). Lal waiver of Fed on a part-tinithin grade-Boothe ithin grade-Boo	ne or substitute ba contour, [76.59(d)(se in effect or 6.57, 76.59(b e)(1), 76.63(a 63(a) referring bstitution of g sis prior to Ju	n June 24, 198), 76.61(b)(c), n) referring to 7 g to 76.61(d) randfathered s	76.63(a) referring 6.61(e)(1 stations in the		
Column 3:		e stations ide	ntified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on page	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
KAID-1	С	0.25							
KAID-5	С	0.25						0	
KAID-3	С	0.25							
KAID-4	С	0.25							
		·						1.00	
		В	LOCK C: CC	MPUTATION OF	3.75 FEE				
Line 1: Enter the	total number of						11-		
Line 2: Enter the	sum of permitte	d DSEs fror	n block B ab	ove			n		
				r of DSEs subjec 7 of this schedu		rate.	U-		
Line 4: Enter gro	oss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply I	ine 4 by 0.0375 a	and enter su	ım here				×		permited/ partially nonpermitted carriage?
Line 6: Enter tota	al number of DS	Es from line	3						If yes, see part 9 instructions.
Line 7: Multiply I	ine 6 by line 5 ar	nd enter her	e and on line	2, block 3, space	e L (page 7)			0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 006702 **BLOCK A: TELEVISION MARKETS (CONTINUED)** 6 3. DSE 1. CALL 2. PERMITTED 3. DSE 1. CALL 2. PERMITTED 1. CALL 2. PERMITTED 3. DSE BASIS SIGN BASIS SIGN SIGN **BASIS** Computation of 3.75 Fee

Name		GAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 006702												
Worksheet for Computating the DSE Schedule for Permitted 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													
	1. CALL SIGN	PERMITT 2. PRIO DSE		TIONS CARRIE COUNTING ERIOD	4.	A PART-TIME AI BASIS OF ARRIAGE	5. PF	RESENT DSE	6. PERM					
	CIGIV	DOL			0,	AITTAOL		JOL						
Computation of the Syndicated Exclusivity Surcharge	1	"Yes," compl "No," leave b	ete blocks B and C locks B and C blan BLOCh within a top 100 maj	k and complete	TELEV	ISION MARK	(ET 76.5 of FC(Crules in effect Ju	ne 24, 198	31?				
	Tes complete	, blooks B ark			7	110 1100000 10	parto							
	BLOCK B: Ca	arriage of VH	F/Grade B Contour	Stations	-	BLOCK	C: Compu	ıtation of Exempt	DSEs					
	Is any station listed ir commercial VHF stat or in part, over the ca	ion that place able system?	s a grade B contou	r, in whole	nity so to for	erved by the cal mer FCC rule 76	ole system (6.159)	of part 7 carried prior to March 31	, 1972? (re	efe				
	X No—Enter zero a		ith its appropriate per part 8.	milled DSE		No—Enter zero a		with its appropriate to part 8.	permilled	D9E				
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIGN		DSE				
			-											
			-					-						
		<u> </u>	TOTAL DSEs	0.00			<u> </u>	TOTAL DSEs		0.00				

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.	SYSTEM ID# 006702	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	6,707,685.42	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below.		
	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. X No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1) ▶ _\$		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ \$		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7)		
	Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
Section	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
4a	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here	•	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name			8YSTEM ID# 006702
	,	CABLE ONE, INC.	000702
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		A. Enter 0.00300 of gross receipts (the amount in section 1)	
Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ _\$	
Surcharge		C. Multiply line B by 3.000 and enter here	
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$	
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.	
		F. Multiply line D by line E and enter here	
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)	
		Syndicated Exclusivity Surcharge	<u></u> .
8 Computation of Base Rate Fee	6 was of In bloom If you blank. What is were lo	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of pachecked "Yes," use the total number of DSEs from part 5. ck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. ir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ir answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B belock B.	ow
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did yo	our 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 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)	2
	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.)	<u>00</u>
	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)	7
		B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ _ \$ 47,020.87	
		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	71,369.77

EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	006702	Name
Section If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.		
4 A Enter 0.04004 of mass resolute		8
A. Enter 0.01064 of gross receipts (the amount in section 1)		
B. Enter 0.00701 of gross receipts		Computation
(the amount in section 1) \$		Computation of
C. Multiply line B by 3.000 and enter here ▶\$		Base Rate Fee
D. Enter 0.00330 of gross receipts (the amount in section 1)		
E. Subtract 4.000 from total DSEs		
(the figure in section 2) and enter here		
F. Multiply line D by line E and enter here		
G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)		
Base Rate Fee	0.00	
IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broad	deast signals shall	
instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple char	•	9
Space G. In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate	fee, to exclude	_
receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take		Computation of
exclusion, you must:		Base Rate Fee and
First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distar station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determi		Syndicated
DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee		Exclusivity Surcharge
Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system. NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt	in part 7 you must	for
also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B		Partially Distant
if your cable system is wholly located outside all major television markets, complete block A only.		Stations, and for Partially
How to Identify a Subscriber Group for Partially Distant Stations Step 1: For each community served, determine the local service area of each wholly distant and each partially distant stations.	station you	Permitted
carried to that community.	Station you	Stations
Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were outside the station's local service area. A subscriber located outside the local service area of a station is distant to that the same token, the station is distant to the subscriber.)		
Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are dista		
subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note system will have only one subscriber group when the distant stations it carried have local service areas that coincide.	that a cable	
Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your significant groups.	system's subscriber	
In each section:		
 Identify the communities/areas represented by each subscriber group. Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to 	all of the	
subscribers in the group.	an or the	
• If:		
1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave 4 of this schedule; or,	it in parts 2, 3, and	
2) any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it i part 6 of this schedule.	n block B,	
Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
• Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the generalized the page 2.42 forms	al instructions	
in the paper SA3 form. • Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the subscriber group using the formula outline in block B of part 8 of this schedule on the subscriber group using the formula outline in block B of part 8 of this schedule on the subscriber group using the formula outline in block B of part 8 of this schedule on the subscriber group using the formula outline in block B of part 8 of this schedule on the subscriber group using the formula outline in block B of part 8 of this schedule on the subscriber group using the formula outline in block B of part 8 of this schedule on the subscriber group using the formula outline in block B of part 8 of this schedule on the subscriber group using the formula outline in block B of part 8 of this schedule on the subscriber group using the formula outline in block B of part 8 of this schedule on the subscriber group using the formula outline in block B of part 8 of this schedule on the subscriber group using the formula outline in block B of part 8 of this schedule on the subscriber group using the subscriber gr	ne precedina	
page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not reactual calculations on the form.	(that is, the total	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006702 CABLE ONE, INC. Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

LEGAL NAME OF OWNE CABLE ONE, INC.		LE SYSTEM:				S	YSTEM ID# 006702	Name
В	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EA				
	FIRST	SUBSCRIBER GRO	JP		SECOND	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA	BOISE	& NAMPA		COMMUNITY/ ARE	A NEW M E	EADOWS/MCCAL	L/DON/CA	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				KAID-1	0.25			Base Rate Fee
				KAID-5	0.25			and
				KAID-3	0.25			Syndicated
				KAID-4	0.25			Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			1.00	
Gross Receipts First G	roup	\$ 6,251	,498.83	Gross Receipts Se	cond Group	\$ 3	09,347.18	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Se	cond Group	\$	3,291.45	
	THIRD	SUBSCRIBER GRO	JP		FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	MALHE	UR/NYSSA/ONT	ARIO/VA	COMMUNITY/ ARE	EA		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			· · · · · · · · · · · · · · · · · · ·					
		H						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third 0	Group	\$ 146	,839.41	Gross Receipts Fo	urth Group	\$	0.00	
	 F		,		2.00p	·		
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee For	urth Group	\$	0.00	
Dana Beta Fa A 110	a beer	and from the second	ib a :		a above		1	
Base Rate Fee: Add the Enter here and in block			nner group	as SHOWH III THE DOXE	ъ авоче.	\$	3,291.45	

	ABLE ONE, INC. SYSTEM ID# 006702									
		RIBER GROUP	SUBSCR	TE FEES FOR EACI	BASE RA	COMPUTATION OF	OCK A: C	BL		
9		SUBSCRIBER GROU	SIXTH			SUBSCRIBER GROU	FIFTH			
Computati	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA		
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
Base Rate										
and										
Syndicate										
Exclusivi										
Surcharg for										
Partially		-								
Distant										
Stations										
	0.00			Total DSEs	0.00			otal DSEs		
	0.00	\$	d Group	Gross Receipts Seco	0.00	\$	OUD	Gross Receipts First Gr		
		<u>*</u>	a Oroup	Cross rescipie eee			oup	oroso resolpto rillot Si		
	0.00	\$	d Group	Base Rate Fee Seco	0.00	\$	oup	ase Rate Fee First Gr		
		SUBSCRIBER GROU		Base Rate Fee Seco		\$ SUBSCRIBER GROU				
		1		Base Rate Fee Seco	UP			S		
	JP	1			UP			S		
	JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	EVENTH	SOMMUNITY/ AREA		
	JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	EVENTH	S OMMUNITY/ AREA		
	JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	EVENTH	S OMMUNITY/ AREA		
	JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	EVENTH	SOMMUNITY/ AREA		
	JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	EVENTH	SOMMUNITY/ AREA		
	JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	EVENTH	S OMMUNITY/ AREA		
	JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	EVENTH	SOMMUNITY/ AREA		
	JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	EVENTH	SOMMUNITY/ AREA		
	JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	EVENTH	S COMMUNITY/ AREA		
	JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	EVENTH	S COMMUNITY/ AREA		
	JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	EVENTH	S COMMUNITY/ AREA		
	JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	EVENTH	SOMMUNITY/ AREA		
	JP O DSE	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	DSE	SUBSCRIBER GROU	EVENTH	CALL SIGN		
	JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	DSE	SUBSCRIBER GROU	EVENTH	CALL SIGN		
	JP O DSE	SUBSCRIBER GROU	DSE	COMMUNITY/ AREA	DSE	SUBSCRIBER GROU	DSE	CALL SIGN CALL SIGN Total DSEs		
	JP 0 DSE 0 O.000	SUBSCRIBER GROU	DSE	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	SUBSCRIBER GROU	DSE	COMMUNITY/ AREA		

Name	GAL NAME OF OWNER OF CABLE SYSTEM: ABLE ONE, INC. SYSTEM ID# 006702									
		RIBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL		
9		SUBSCRIBER GROU	TENTH			SUBSCRIBER GROU	NINTH			
Computati	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA		
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
Base Rate I										
and										
Syndicate						-				
Exclusivit						-				
Surcharg for		-								
Partially		-				-				
Distant										
Stations		,				-				
	0.00			Total DSEs	0.00			otal DSEs		
		•	d Group	Gross Receipts Secor	0.00	\$	oun	ross Receipts First Gro		
	0.00				0.00	¥	oup	roco ricconpic rinoi on		
	0.00	\$	a Group	Gross receipts ecool						
	0.00	\$		Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro		
	0.00		d Group		-	\$ SUBSCRIBER GROU				
	0.00	\$	d Group		JP	1:		EL		
	0.00	\$	d Group	Base Rate Fee Secon	JP	1:		EL OMMUNITY/ AREA		
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	JP 0	SUBSCRIBER GROU	EVENTH	EL OMMUNITY/ AREA		
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	JP 0	SUBSCRIBER GROU	EVENTH	EL OMMUNITY/ AREA		
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	JP 0	SUBSCRIBER GROU	EVENTH	EL OMMUNITY/ AREA		
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	JP 0	SUBSCRIBER GROU	EVENTH	EL OMMUNITY/ AREA		
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	JP 0	SUBSCRIBER GROU	EVENTH	EL OMMUNITY/ AREA		
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	JP 0	SUBSCRIBER GROU	EVENTH	EL OMMUNITY/ AREA		
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	JP 0	SUBSCRIBER GROU	EVENTH	EL OMMUNITY/ AREA		
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	JP 0	SUBSCRIBER GROU	EVENTH	EL OMMUNITY/ AREA		
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	JP 0	SUBSCRIBER GROU	EVENTH	EL OMMUNITY/ AREA		
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	JP 0	SUBSCRIBER GROU	EVENTH	EL OMMUNITY/ AREA		
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	JP 0	SUBSCRIBER GROU	EVENTH	EL OMMUNITY/ AREA		
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	JP 0	SUBSCRIBER GROU	EVENTH	EL OMMUNITY/ AREA		
	DSE	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon COMMUNITY/ AREA CALL SIGN	JP 0	SUBSCRIBER GROU	EVENTH	CALL SIGN		
	0.00 JP	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	JP O DSE O O O O O O O O O O O O O	SUBSCRIBER GROU	EVENTH	CALL SIGN		
	DSE	\$ SUBSCRIBER GROU	d Group TWELVTH DSE	Base Rate Fee Secon COMMUNITY/ AREA CALL SIGN	JP 0	SUBSCRIBER GROU	DSE	CALL SIGN CALL SIGN otal DSEs		
	0.00 JP	\$ SUBSCRIBER GROU	d Group TWELVTH DSE	Base Rate Fee Secon COMMUNITY/ AREA CALL SIGN Total DSEs	JP O DSE O O O O O O O O O O O O O	SUBSCRIBER GROU	DSE	ELCOMMUNITY/ AREA CALL SIGN Total DSEs Gross Receipts Third Gr		

CABLE ONE, INC	EGAL NAME OF OWNER OF CABLE SYSTEM: SABLE ONE, INC. 906702										
E	BLOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP					
TH	IRTEENTH	SUBSCRIBER GRO		FC	DURTEENTH	SUBSCRIBER GROU	JP	9			
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of			
								Base Rate Fee			
								and			
								Syndicated			
								Exclusivity			
		-						Surcharge for			
		+						Partially			
								Distant			
		-						Stations			
		_									
Total DSEs			0.00	Total DSEs			0.00				
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00				
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00				
		SUBSCRIBER GRO				SUBSCRIBER GROU	JP				
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
		+									
		-									
		-									
Total DSEs		II	0.00	Total DSEs			0.00				
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00				
C. 355 Recopts Tillu	Огоар	*	<u> </u>	Cross Receipts Fou	.a. Gloup	<u>*</u>	0.00				
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00				
Base Rate Fee: Add Enter here and in bloo			criber group	as shown in the boxe	es above.	\$					

ABLE ONE, INC. SYSTEM ID# 006702										
BL	OCK A: C	COMPUTATION OF	BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP				
SEVEN	ITEENTH	SUBSCRIBER GROU		1		SUBSCRIBER GROU	JP	9		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of		
								Base Rate F		
								and		
								Syndicated		
		_						Exclusivity		
						H		Surcharge for		
		-						Partially		
								Distant		
		=						Stations		
						H				
						<u></u>				
otal DSEs			0.00	Total DSEs			0.00			
iross Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00			
ase Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00			
NIN	ITEENTH	SUBSCRIBER GROU	JP	11		SUBSCRIBER GROU	JP			
OMMUNITY/ AREA	***************************************		0	COMMUNITY/ ARE	Α		0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
		-								
		-								
		-								
		-				<u> </u>				
						<u> </u>				
otal DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00			
	•				•					
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00			
e: Add the	e base rat	se fees for each subscapace L (page 7)		Base Rate Fee Four		\$	0.00			

	GAL NAME OF OWNER OF CABLE SYSTEM: ABLE ONE, INC. SYSTEM ID# 006702									
		RIBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL		
9	JP	SUBSCRIBER GROU	-SECOND	TWENT		SUBSCRIBER GROU	Y-FIRST			
Computati	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA		
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
Base Rate										
and		 					•			
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Exclusivi										
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	0.00			Total DSEs	0.00			otal DSEs		
	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	oup	ross Receipts First Gr		
	0.00	\$	d Croup	Basa Bata Faa Caasa	0.00	· · · · ·				
	0.00	Ψ	и Огоир	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gr		
 - -		SUBSCRIBER GROU				SUBSCRIBER GROU				
								TWENT		
	JP			TWENT	UP			TWENT		
	JP 0	SUBSCRIBER GROU	/-FOURTH	TWENT	UP 0	SUBSCRIBER GROU	Y-THIRD	TWENT		
	JP 0	SUBSCRIBER GROU	/-FOURTH	TWENT	UP 0	SUBSCRIBER GROU	Y-THIRD	TWENT		
	JP 0	SUBSCRIBER GROU	/-FOURTH	TWENT	UP 0	SUBSCRIBER GROU	Y-THIRD	TWENT		
	JP 0	SUBSCRIBER GROU	/-FOURTH	TWENT	UP 0	SUBSCRIBER GROU	Y-THIRD	TWENT		
	JP 0	SUBSCRIBER GROU	/-FOURTH	TWENT	UP 0	SUBSCRIBER GROU	Y-THIRD	TWENT		
	JP 0	SUBSCRIBER GROU	/-FOURTH	TWENT	UP 0	SUBSCRIBER GROU	Y-THIRD	TWENT		
	JP 0	SUBSCRIBER GROU	/-FOURTH	TWENT	UP 0	SUBSCRIBER GROU	Y-THIRD	TWENT		
	JP 0	SUBSCRIBER GROU	/-FOURTH	TWENT	UP 0	SUBSCRIBER GROU	Y-THIRD	TWENT		
	JP 0	SUBSCRIBER GROU	/-FOURTH	TWENT	UP 0	SUBSCRIBER GROU	Y-THIRD	TWENT		
	JP 0	SUBSCRIBER GROU	/-FOURTH	TWENT	UP 0	SUBSCRIBER GROU	Y-THIRD	TWENT		
	JP 0	SUBSCRIBER GROU	/-FOURTH	TWENT	UP 0	SUBSCRIBER GROU	Y-THIRD	TWENT		
	JP 0	SUBSCRIBER GROU	/-FOURTH	TWENT	UP 0	SUBSCRIBER GROU	Y-THIRD	TWENT		
	JP O DSE	SUBSCRIBER GROU	/-FOURTH	TWENT COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU	Y-THIRD	TWENT COMMUNITY/ AREA CALL SIGN		
	JP 0 DSE 0 O.000	SUBSCRIBER GROU	/-FOURTH	TWENT	DSE O.00	SUBSCRIBER GROU	Y-THIRD	TWENT COMMUNITY/ AREA CALL SIGN		
	JP O DSE	SUBSCRIBER GROU	/-FOURTH	TWENT COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU	Y-THIRD DSE	TWENT COMMUNITY/ AREA CALL SIGN Total DSEs		
	JP 0 DSE 0 O.000	SUBSCRIBER GROU	/-FOURTH	TWENT COMMUNITY/ AREA CALL SIGN Total DSEs	DSE O.00	SUBSCRIBER GROU	Y-THIRD DSE	COMMUNITY/ AREA		

LEGAL NAME OF OWNER CABLE ONE, INC.	GAL NAME OF OWNER OF CABLE SYSTEM: ABLE ONE, INC. SYSTEM ID# 006702									
				ATE FEES FOR EACH						
	Y-FIFTH	SUBSCRIBER GROU	JP 0	H .	ITY-SIXTH	SUBSCRIBER GROUP	0	9		
COMMUNITY/ AREA			U	COMMUNITY/ AREA			U	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
		-						Base Rate Fee		
	•							and Syndicated		
	•	-						Exclusivity		
								Surcharge		
	•							for Partially		
	•							Distant		
								Stations		
		-								
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00			
Base Rate Fee First Gro		\$	0.00	Base Rate Fee Second		\$	0.00			
IWENTY-S COMMUNITY/ AREA	EVENTH	SUBSCRIBER GROU	<u>0</u>	COMMUNITY/ AREA	Y-EIGHTH	SUBSCRIBER GROUP	0			
COMMONITY AREA				COMMONT I/ AREA						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
	•									
		-								
		-								
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third Gr	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00			
Base Rate Fee Third Gr	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00			
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	above.	\$				

Name	YSTEM ID# 006702	S				E SYSTEM:	R OF CABL	LEGAL NAME OF OWNER CABLE ONE, INC.
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	HIRTIETH			SUBSCRIBER GRO	Y-NINTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate I								
and								
Syndicate		_				-		
Exclusivit								
Surcharg for								
Partially								
Distant								
Stations								
						-		
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	0.00	-	•	Total DSEs	0.00		!	Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	,	\$	auc	Gross Receipts First Gro
							r	
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gro
	JP	SUBSCRIBER GROU	-SECOND			SUBSCRIBER GRO	Y-FIRST	THIRT
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						-		
						-		
		<u> </u>						
							-	
		-				-		
	0.00			Total DSEs	0.00			Total DSEs
	-		0	Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third Gr
				II		1		

Exclusivity
O COMMUNITY/ AREA O Computation of Base Rate Fee Second Group \$ 0.00 O COMMUNITY/ AREA O COMMUNITY/ A
Computation of Base Rate Fee Second Group \$ 0.00 Total DSEs O.00 Base Rate Fee Second Group \$ 0.00 COMMUNITY/ AREA Computation of Base Rate Fee Group \$ 0.00 COMMUNITY/ AREA Computation of Base Rate Fee Group \$ 0.00 Community Area 0
of Base Rate Fee Second Group O.00 Total DSEs Gross Receipts Second Group Base Rate Fee Second Group THIRTY-SIXTH SUBSCRIBER GROUP O.00 COMMUNITY/ AREA O COMMUNITY/ AREA O Gross Receipts Group O.00 COMMUNITY/ AREA O COMMUNITY/ AREA COMMUNITY/
Base Rate Fee Second Group O.00 Total DSEs Gross Receipts Second Group Base Rate Fee Second Group THIRTY-SIXTH SUBSCRIBER GROUP O.00 COMMUNITY/ AREA O COMMUNITY/ AREA O Dase Rate Fee Second Group
Syndicated Exclusivity Surcharge for Partially Distant Stations
Partially Distant Stations 0.00 Total DSEs 0.00 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 THIRTY-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA 0
Surcharge for Partially Distant Stations O.00 Total DSEs O.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 THIRTY-SIXTH SUBSCRIBER GROUP O COMMUNITY/ AREA O
1
Partially Distant Stations 0.00 Total DSEs 0.00 Gross Receipts Second Group \$ 0.00 0.00 Base Rate Fee Second Group \$ 0.00 THIRTY-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA 0
0.00 Total DSEs 0.00 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 ER GROUP THIRTY-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA 0
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ER GROUP THIRTY-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA O
0 COMMUNITY/ AREA 0
ON DSE CALL SIGN DSE CALL SIGN DSE
0.00 Total DSEs 0.00
0.00 Gross Receipts Fourth Group \$ 0.00
0.00 Base Rate Fee Fourth Group \$ 0.00

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABL	E SYSTEM:				S	YSTEM ID# 006702	Name
BL	OCK A: C	COMPUTATION OF	BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
	EVENTH	SUBSCRIBER GROU		1		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		0.12231011						Base Rate Fe
								and
		-						Syndicated
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		-						
		-						
Total DSEs		!	0.00	Total DSEs		!!	0.00	
							-	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
THIRT	Y-NINTH	SUBSCRIBER GROU	JP		FORTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
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		-				n -		
		-						
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		-						
Γotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
·	•				•			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
• Fee: Add the	base rat	e fees for each subscapace L (page 7)		Base Rate Fee Fou		\$	0.00	

Name	YSTEM ID# 006702	S				E SYSTEM:	R OF CABL	LEGAL NAME OF OWNER CABLE ONE, INC.
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BLO
9		SUBSCRIBER GROU	-SECOND			SUBSCRIBER GRO	TY-FIRST	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and								
Syndicate						-		
Exclusivit Surcharge						_		
for			•					
Partially			•			-		
Distant								
Stations		_				-		
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	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	oup	ross Receipts First Gro
	0.00	\$		Base Rate Fee Secon		\$		sase Rate Fee First Gro
		SUBSCRIBER GROU	'-FOURTH			SUBSCRIBER GRO	Y-THIRD	
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00		u u	T-4-1 DOE-	0.00			-4-1 DOE-
	0.00		_	Total DSEs	0.00			
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	roup	otal DSEs Gross Receipts Third Gr

Name	YSTEM ID# 006702	s					CABL	LEGAL NAME OF OWNER CABLE ONE, INC.
		RIBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
9		SUBSCRIBER GROU	RTY-SIXTH			SUBSCRIBER GROU	ΓY-FIFTH	
Computati	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicate		 						
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	0.00	•		Total DSEs	0.00		•	otal DSEs
		\$	d Group	Gross Receipts Secor	0.00	•	oup	Gross Receipts First Gr
	0.00			IIGIUSS Neceipis Secui	0.00	\$	oup	oloss Receipts Filst Gi
	0.00		О. о цр					
	0.00	\$		Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gro
	0.00		d Group	Base Rate Fee Secon		\$ SUBSCRIBER GROU		
	0.00	\$	d Group	Base Rate Fee Secon	UP	1:		FORTY-S
	0.00	\$	d Group	Base Rate Fee Secon	UP	1:		FORTY-S
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon FORT	UP 0	SUBSCRIBER GROU	EVENTH	FORTY-S COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon FORT	UP 0	SUBSCRIBER GROU	EVENTH	FORTY-S COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon FORT	UP 0	SUBSCRIBER GROU	EVENTH	FORTY-S COMMUNITY/ AREA
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	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon FORT	UP 0	SUBSCRIBER GROU	EVENTH	FORTY-S COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon FORT	UP 0	SUBSCRIBER GROU	EVENTH	FORTY-S COMMUNITY/ AREA
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	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon FORT	UP 0	SUBSCRIBER GROU	EVENTH	FORTY-S COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon FORT	UP 0	SUBSCRIBER GROU	EVENTH	FORTY-S COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon FORT	UP 0	SUBSCRIBER GROU	EVENTH	FORTY-S COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon FORT	UP 0	SUBSCRIBER GROU	EVENTH	FORTY-S COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon FORT	UP 0	SUBSCRIBER GROU	EVENTH	FORTY-S COMMUNITY/ AREA
	DSE	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon FORT	DSE	SUBSCRIBER GROU	EVENTH	FORTY-S COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon FORT	UP 0	SUBSCRIBER GROU	EVENTH	FORTY-S COMMUNITY/ AREA CALL SIGN
	DSE	\$ SUBSCRIBER GROU	d Group Y-EIGHTH DSE	FOR COMMUNITY/ AREA	DSE	SUBSCRIBER GROU	DSE	FORTY-S COMMUNITY/ AREA CALL SIGN Total DSEs
	0.00 JP	\$ SUBSCRIBER GROU	d Group Y-EIGHTH DSE	FOR COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	SUBSCRIBER GROU	DSE	COMMUNITY/ AREA

SUBSCRIBER GROUP 0 Computation CALL SIGN DSE Base Rate F and Syndicated		TE FEES FOR EACH		COMPUTATION OF	OCK A: C	DI
0 Computation CALL SIGN DSE of Base Rate F and Syndicated	FIFTIETH					DL
CALL SIGN DSE of Base Rate F and Syndicated				SUBSCRIBER GROU	Y-NINTH	
CALL SIGN DSE of Base Rate F and Syndicated		COMMUNITY/ AREA	0			COMMUNITY/ AREA
and Syndicated	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Syndicated						
Syndicated						
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Exclusivity				-		
Surcharge for				-		
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<u> </u>	a Group	Cross receipts coor	0.00		oup	Stood Reddiplo Filot Cit
\$ 0.00	d Group	Base Rate Fee Secor	0.00	\$	oup	Base Rate Fee First Gr
SUBSCRIBER GROUP	'-SECOND	FIFT	JP	SUBSCRIBER GRO	Y-FIRST	FIF1
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CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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s 0.00	Group	Gross Receipts Fourth	0.00	<u> </u>	roup	Gross Receipts Third G
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\$ 0.00	Group	Base Rate Fee Fourth	0.00	\$	roup	Base Rate Fee Third G

	YSTEM ID# 006702					E SYSTEM:	R OF CABL	CABLE ONE, INC.
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
9		SUBSCRIBER GROU	Y-FOURTH			SUBSCRIBER GRO	Y-THIRD	
Computati	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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Surcharg for								
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	0.00	•	d Croup	Gross Receipts Seco	0.00	¢	oup.	Gross Receipts First Gr
	0.00	\$	id Group	Gloss Receipts Secol	0.00	\$	oup	Bioss Receipts Filst Gi
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gro
	JP	SUBSCRIBER GROU	FTY-SIXTH	FI	UP	SUBSCRIBER GRO	TY-FIFTH	FIF
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	0.00			Total DSEs	0.00			
	0.00	\$	n Group	Total DSEs Gross Receipts Fourth	0.00	\$	roup	Total DSEs

LEGAL NAME OF OWNE		LE SYSTEM:				S	YSTEM ID# 006702	Name
Bl	OCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
	SEVENTH	SUBSCRIBER GRO		T .		SUBSCRIBER GROU		9
COMMUNITY/ AREA	***************************************		0	COMMUNITY/ ARE	Α		0	Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
0.120.011	202	0,122 0.0.1	202	07.122.01.01.1	202	07.122 01.01.1	332	Base Rate F
								and
								Syndicated
								Exclusivity
								Surcharge
	_	-						for
								Partially Distant
						nH		Stations
						n -		
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
,	•							
ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FIF	TY-NINTH	SUBSCRIBER GRO	UP		SIXTIETH	I SUBSCRIBER GROU	JP	
OMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						H		
		-			******			
		-						
otal DSEs			0.00	Total DSEs	•	11	0.00	
Gross Receipts Third C	oroup	\$	0.00	Gross Receipts Fou	ııııı Group	*	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
						-		
sase Rate Fee: Add the Inter here and in block			criber group	as shown in the boxe	es above.	\$		

Name	906702	S				E SYSTEM:	R OF CABL	LEGAL NAME OF OWNER CABLE ONE, INC.
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BLO
9		SUBSCRIBER GROU	-SECOND			SUBSCRIBER GRO	Y-FIRST	
Computati	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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and								
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	0.00	\$	u Group	Gloss Receipts Secon	0.00	\$	oup	Bioss Receipts Filst Git
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gro
	JP	SUBSCRIBER GROU	-FOURTH	SIXTY	JP	SUBSCRIBER GRO	Y-THIRD	SIXT
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						-		
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				Total DSEs	0.00			otal DSEs
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	0.00	•	0					
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third Gr

DSE CALL SIGN DSE CALL SIGN DSE Base Rate and Syndicate Exclusivi Surcharg for Partially Distant Stations 1.000 Gross Receipts Second Group \$ 0.00 1.000 Base Rate Fee Second Group \$ 0.00 SIXTY-EIGHTH SUBSCRIBER GROUP 1.000 COMMUNITY/ AREA 0 1.000 COMMUNITY/ AREA 0							006702	Name
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DSE CALL SIGN DSE CALL SIGN DSE Base Rate I and Syndicate Exclusivit Surcharg for Partially Distant Stations 1.000 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 SIXTY-EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA 0	COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
Base Rate and Syndicate Exclusivi Surcharg for Partially Distant Stations 1.000 Total DSEs 0.00 1.000 Gross Receipts Second Group \$ 0.00 1.000 Base Rate Fee Second Group \$ 0.00 1.000 SIXTY-EIGHTH SUBSCRIBER GROUP 1.000 COMMUNITY/ AREA 0	CALL SIGN DSE	CALL SIGN	DSE			CALL SIGN	DSE	
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Exclusivit Surcharge for Partially Distant Stations 1.000 Total DSEs 0.00 1.000 Gross Receipts Second Group \$ 0.00 1.000 Base Rate Fee Second Group \$ 0.00 1.000 SIXTY-EIGHTH SUBSCRIBER GROUP 1.000 COMMUNITY/ AREA 0						 		
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for Partially Distant Stations 1.000 Total DSEs 0.00 1.000 Gross Receipts Second Group \$ 0.00 1.000 Base Rate Fee Second Group \$ 0.00 SIXTY-EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA 0								
Partially Distant Stations 0.00 Total DSEs 0.00 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 SIXTY-EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA 0						<u> </u>		
0.00 Total DSEs 0.00 0.00 Gross Receipts Second Group \$ 0.00 0.00 Base Rate Fee Second Group \$ 0.00 SIXTY-EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA 0								Partially
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D.00 Base Rate Fee Second Group \$ 0.00 SIXTY-EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA 0	otal DSEs		0.00	Total DSEs			0.00	
SIXTY-EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA O	Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
SIXTY-EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA O								
0 COMMUNITY/ AREA 0	Base Rate Fee First Group	\$	0.00					
		SUBSCRIBER GROU		ii e		SUBSCRIBER GROU		
DSE CALL SIGN DSE CALL SIGN DSE	COMMUNITY/ AREA		U	COMMUNITY/ ARE	Α		U	
	CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		•						
0.00 Total DSEs	Total DSEs	-	0.00	Total DSEs			0.00	
0.00 Gross Receipts Fourth Group \$ 0.00	Gross Receipts Third Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
0.00 Base Rate Fee Fourth Group \$ 0.00			0.00	Base Rate Fee Fou	rth Group	e	0.00	

	006702							LEGAL NAME OF OWNER CABLE ONE, INC.
		RIBER GROUP	SUBSCR	TE FEES FOR EAC	BASE RA	COMPUTATION OF	OCK A: C	BL
9		SUBSCRIBER GROU	VENTIETH			SUBSCRIBER GROU	Y-NINTH	
Computati	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicate		 -						
Exclusivi								
Surcharg for								
Partially								
Distant								
Stations								
						-		
	0.00	••		Total DSEs	0.00	•	'	otal DSEs
	0.00	\$	d Group	Gross Receipts Seco	0.00	\$	oup	Gross Receipts First Gr
	_						·	•
	0.00	\$	d Group	Base Rate Fee Seco	0.00	\$	oup	Base Rate Fee First Gro
		\$ SUBSCRIBER GROU		SEVENT	UP	\$ SUBSCRIBER GROU	-	
					UP		-	SEVENT
	JP			SEVENT	UP		-	SEVENT
	JP 0	SUBSCRIBER GROU	'-SECOND	SEVENT COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	ΓY-FIRST	SEVENT
	JP 0	SUBSCRIBER GROU	'-SECOND	SEVENT COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	ΓY-FIRST	SEVENT
	JP 0	SUBSCRIBER GROU	'-SECOND	SEVENT COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	ΓY-FIRST	SEVENT
	JP 0	SUBSCRIBER GROU	'-SECOND	SEVENT COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	ΓY-FIRST	SEVENT
	JP 0	SUBSCRIBER GROU	'-SECOND	SEVENT COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	ΓY-FIRST	SEVENT
	JP 0	SUBSCRIBER GROU	'-SECOND	SEVENT COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	ΓY-FIRST	SEVENT
	JP 0	SUBSCRIBER GROU	'-SECOND	SEVENT COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	ΓY-FIRST	SEVENT
	JP 0	SUBSCRIBER GROU	'-SECOND	SEVENT COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	ΓY-FIRST	SEVENT
	JP 0	SUBSCRIBER GROU	'-SECOND	SEVENT COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	ΓY-FIRST	SEVENT
	JP 0	SUBSCRIBER GROU	'-SECOND	SEVENT COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	ΓY-FIRST	SEVENT
	JP 0	SUBSCRIBER GROU	'-SECOND	SEVENT COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	ΓY-FIRST	SEVENT
	JP 0	SUBSCRIBER GROU	'-SECOND	SEVENT COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	ΓY-FIRST	SEVENT
	JP O DSE	SUBSCRIBER GROU	'-SECOND	SEVENT COMMUNITY/ AREA	DSE	SUBSCRIBER GROU	ΓY-FIRST	SEVENT
	JP 0	SUBSCRIBER GROU	'-SECOND	SEVENT COMMUNITY/ AREA	DSE	SUBSCRIBER GROU	ΓY-FIRST	SEVENT COMMUNITY/ AREA CALL SIGN
	JP O DSE	SUBSCRIBER GROU	-SECOND DSE	SEVENT COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU	DSE	SEVENT COMMUNITY/ AREA CALL SIGN Total DSEs
	JP 0 DSE 0 O.000	SUBSCRIBER GROU	-SECOND DSE	SEVENT COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	SUBSCRIBER GROU	DSE	COMMUNITY/ AREA

ION OF BASE RAR GROUP 0 N DSE	SEVEN COMMUNITY/ ARE	NTY-FOURTH	RIBER GROUP I SUBSCRIBER GROU	UP 0	
0	ti e		SUBSCRIBER GROU		0
	COMMUNITY/ ARE	A		0	
N DSF					9 Computation
50_	CALL SIGN	DSE	CALL SIGN	DSE	of
					Base Rate F
					and
					Syndicate
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					Surcharge for
					Partially
			.,,		Distant
					Stations
0.00	Total DSEs		-11	0.00	
		and Croup	¢	-	
0.00	Gross Receipts Sec	ona Group	\$	0.00	
0.00	Base Rate Fee Sec	ond Group	\$	0.00	
R GROUP	SEV	ENTY-SIXTH	SUBSCRIBER GROU	JP	
0	COMMUNITY/ ARE	A		0	
N DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			·		
0.00	Total DSEs			0.00	
0.00	Gross Receipts Fou	irth Group	\$	0.00	
0.00	Base Rate Fee Fou	irth Group	\$	0.00	
3.00	Dado Hato I do I da	Sioup	<u> </u>		
	R GROUP 0 N DSE 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O.00 Gross Receipts Second D.00 Base Rate Fee Second D.00 Base Rate Fee Second D.00 COMMUNITY/ ARE CALL SIGN O.00 Total DSEs Gross Receipts Four	0.00 Gross Receipts Second Group Base Rate Fee Second Group R GROUP SEVENTY-SIXTH COMMUNITY/ AREA N DSE CALL SIGN DSE CALL SIGN DSE O.00 Total DSEs Gross Receipts Fourth Group	0.00 Base Rate Fee Second Group \$ R GROUP SEVENTY-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN Total DSEs Gross Receipts Fourth Group \$	0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 COMMUNITY/ AREA 0 N DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE O.00 Total DSEs 0.00 Gross Receipts Fourth Group \$ 0.00

LEGAL NAME OF OWNE CABLE ONE, INC.		LE SYSTEM:				S	YSTEM ID# 006702	Name
Bl	OCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
	SEVENTH	SUBSCRIBER GRO		SEVE	9			
COMMUNITY/ AREA		0 COMMUNITY/ AREA 0					Computatio	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate F	
								and
		 						Syndicated
								Exclusivity
								Surcharge for
		-						Partially
								Distant
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		H						
	<u></u>							
	<u> </u>							
Total DSEs			0.00	Total DSEs	!		0.00	
Gross Receipts First G	roup	¢	0.00	Gross Receipts Sec	ond Croup	\$	0.00	
31055 Neceipis Filsi G	roup	\$	0.00	Gloss Receipts Sec	ond Group	3	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SEVEN	TY-NINTH	SUBSCRIBER GRO	UP		EIGHTIETH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u> </u>							
		-						
		-						
		-						
	<u></u>							
Γotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fou	irth Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxe	es above.	\$		

Name	YSTEM ID# 006702					.E 3131EW.	R OF CABL	CABLE ONE, INC.
		RIBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
9		SUBSCRIBER GROU	/-SECOND			SUBSCRIBER GRO	Y-FIRST	
Computati	0	0 COMMUNITY/ AREA 0						COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate I								
and						-		
Syndicate						-		
Exclusivit Surcharg								
for					···	-		
Partially								
Distant								
Stations								
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	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	nd Group	Gross Receipts Secon	0.00	\$	oup	ross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gr
	JP	SUBSCRIBER GROU	Y-FOURTH	EIGHT	UP	SUBSCRIBER GRO	Y-THIRD	EIGHT
		COMMUNITY/ AREA						
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	COMMUNITY/ AREA	DSE	CALL SIGN	DSE	
		CALL SIGN	DSE			CALL SIGN	DSE	CALL SIGN
		CALL SIGN	DSE			CALL SIGN	DSE	
		CALL SIGN	DSE			CALL SIGN	DSE	
		CALL SIGN	DSE			CALL SIGN	DSE	
		CALL SIGN	DSE			CALL SIGN	DSE	
		CALL SIGN	DSE			CALL SIGN	DSE	
		CALL SIGN	DSE			CALL SIGN	DSE	
		CALL SIGN	DSE			CALL SIGN	DSE	
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		CALL SIGN	DSE			CALL SIGN	DSE	
		CALL SIGN	DSE			CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN		CALL SIGN	DSE	CALL SIGN		CALL SIGN
	DSE	CALL SIGN		CALL SIGN Total DSEs	DSE			CALL SIGN
	DSE	CALL SIGN	n Group	CALL SIGN Total DSEs	DSE		roup	CALL SIGN CALL SIGN Total DSEs Gross Receipts Third G Base Rate Fee Third G

LEGAL NAME OF OWNE CABLE ONE, INC.		LE SYSTEM:				S	YSTEM ID# 006702	Name
BI	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
EIGH	EIGHTY-FIFTH SUBSCRIBER GROUP				EIGHTY-SIXTH SUBSCRIBER GROUP			9
COMMUNITY/ AREA			0		COMMUNITY/ AREA 0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of		
								Base Rate Fee
								and Syndicated
								Exclusivity
		±						Surcharge
						-		for
								Partially
								Distant Stations
								Stations
		-						
T / I DOE			0.00	T			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	ond Group	\$	0.00	
EIGHTY-	SEVENTH	SUBSCRIBER GRO	UP	EIGH	HTY-EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						

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	<u></u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Page Pate Fee: Add 4	oo hace #=	o food for each author	oribor arou	II	o above			
Base Rate Fee: Add the Enter here and in block			anner group	as shown in the doxe	s above.	\$		

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABI	LE SYSTEM:				SY	STEM ID# 006702	Name
				ATE FEES FOR EACH				
EIGHT COMMUNITY/ AREA	Y-NINTH	SUBSCRIBER GROU	JP 0	H .	NINTIETH	SUBSCRIBER GROUP	0	9
COMMONT IT AREA				COMMONT IT AREA	COMMUNITY/ AREA 0			Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
	•							and Syndicated
		-						Exclusivity
								Surcharge
		_				_		for
								Partially Distant
		-				_		Stations
	•	-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
NINET	Y-FIRST	SUBSCRIBER GROU	JP	NINETY	-SECOND	SUBSCRIBER GROUF	,	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	•							
	• · · · · · · · · · · · · · · · · · · ·	-						
		-						
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		-				_		
Total DSEs			0.00	Total DSEs		_	0.00	
Gross Receipts Third Gr	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABL	LE SYSTEM:				SY	STEM ID# 006702	Name
				TE FEES FOR EACH				
NINET COMMUNITY/ AREA	Y-THIRD	SUBSCRIBER GROU	JP 0	NINETY	-FOURTH	SUBSCRIBER GROUP	0	9
COMMONT IT AREA				COMMONT IT AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
		-						Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gro		\$	0.00	Base Rate Fee Second		\$ SUBSCRIBER GROUP	0.00	
NINET	Y-FIFTH	SUBSCRIBER GROU	<u>лР</u> О	COMMUNITY/ AREA				
COMMONITY AREA				COMMONT IT AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
							 -	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				••				
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	above.	\$		

Exclusivity
COMMUNITY/ AREA O Computation CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate F and Syndicated Exclusivity Surcharge for Partially Distant Stations Total DSEs O.00 Gross Receipts Second Group D.00 D.00 Base Rate Fee Second Group ONE HUNDREDTH SUBSCRIBER GROUP OCCUMMUNITY/ AREA O COMMUNITY/ AREA O
L SIGN DSE CALL SIGN DSE CALL SIGN DSE Gase Rate Fee Second Group \$ 0.00 D.00 DOD HUNDREDTH SUBSCRIBER GROUP COMPUTATION COMPUTATION Of Base Rate Fee Group ONE HUNDREDTH SUBSCRIBER GROUP COMMUNITY/ AREA Of Base Rate Fee Group One HUNDREDTH SUBSCRIBER GROUP COMMUNITY/ AREA Of Base Rate Fee Group One HUNDREDTH SUBSCRIBER GROUP COMMUNITY/ AREA O
L SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fee Second Group \$ 0.00 CRIBER GROUP ONE HUNDREDTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA
Base Rate Fee Second Group O.00 Base Rate Fee Second Group O.00 CRIBER GROUP ONE HUNDREDTH SUBSCRIBER GROUP OCMMUNITY/ AREA O Base Rate Fee Second Group ONE HUNDREDTH SUBSCRIBER GROUP OCMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA
Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 Total DSEs 0.00 0.00 Gross Receipts Second Group \$ 0.00 0.00 Base Rate Fee Second Group \$ 0.00 CRIBER GROUP ONE HUNDREDTH SUBSCRIBER GROUP 0 COMMUNITY/ AREA 0
Partially Distant Stations 0.00 Total DSEs 0.00 Gross Receipts Second Group \$ 0.00 0.00 Base Rate Fee Second Group \$ 0.00 CRIBER GROUP ONE HUNDREDTH SUBSCRIBER GROUP COMMUNITY/ AREA 0
Surcharge for Partially Distant Stations O.00 Total DSEs O.00 Gross Receipts Second Group \$ 0.00 O.00 Base Rate Fee Second Group \$ 0.00 CRIBER GROUP ONE HUNDREDTH SUBSCRIBER GROUP O COMMUNITY/ AREA O
for Partially Distant Stations O.00 Total DSEs O.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 CRIBER GROUP ONE HUNDREDTH SUBSCRIBER GROUP COMMUNITY/ AREA 0
Distant Stations Distant Stations Distant Stations Distant D
Distant Stations
O.00 Total DSEs O.00 O.00 Gross Receipts Second Group \$ 0.00 O.00 Base Rate Fee Second Group \$ 0.00 CRIBER GROUP ONE HUNDREDTH SUBSCRIBER GROUP OCOMMUNITY/ AREA O
0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 CRIBER GROUP ONE HUNDREDTH SUBSCRIBER GROUP 0 COMMUNITY/ AREA 0
0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 CRIBER GROUP ONE HUNDREDTH SUBSCRIBER GROUP 0 COMMUNITY/ AREA 0
0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 CRIBER GROUP ONE HUNDREDTH SUBSCRIBER GROUP 0 COMMUNITY/ AREA 0
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0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 CRIBER GROUP ONE HUNDREDTH SUBSCRIBER GROUP 0 COMMUNITY/ AREA 0
0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 CRIBER GROUP ONE HUNDREDTH SUBSCRIBER GROUP 0 COMMUNITY/ AREA 0
0.00 Base Rate Fee Second Group \$ 0.00 CRIBER GROUP ONE HUNDREDTH SUBSCRIBER GROUP COMMUNITY/ AREA 0
CRIBER GROUP ONE HUNDREDTH SUBSCRIBER GROUP COMMUNITY/ AREA O
0 COMMUNITY/ AREA 0
0 COMMUNITY/ AREA 0
L SIGN DSE CALL SIGN DSE CALL SIGN DSE
0.00 Total DSEs 0.00
0.00 Gross Receipts Fourth Group \$ 0.00
0.00 Base Rate Fee Fourth Group \$ 0.00

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABL	E SYSTEM:				S	YSTEM ID# 006702	Name
BL	OCK A: 0	COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
	JNDRED FIRST SUBSCRIBER GROUP ONE HUNDRED SECOND SUBSCRIBER GROUP						9	
COMMUNITY/ AREA		0 COMMUNITY/ AREA 0						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fe
								and
		-				 		Syndicated
								Exclusivity
		-						Surcharge for
								Partially
		-						Distant
								Stations
Total DSEs	•	-	0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRE	D THIRD	SUBSCRIBER GROU	JP	11		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
•	•				•			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWNE CABLE ONE, INC.		LE SYSTEM:				S	YSTEM ID# 006702	Name	
				ATE FEES FOR EAC			LID.		
ONE HUNDR COMMUNITY/ AREA	ONE HUNDRED FIFTH SUBSCRIBER GROUP ONE HUNDRED SIXTH SUBSCRIBER GROUP INITY/ AREA O COMMUNITY/ AREA			 					
				CALL SIGN				Computation	
CALL SIGN	ALL SIGN DSE CALL SIGN DSE				DSE	CALL SIGN	DSE	of Base Rate Fe	
		_						and	
								Syndicated	
						.		Exclusivity Surcharge	
								for	
								Partially Distant	
								Stations	
		-							
Total DSEs	•		0.00	Total DSEs	•		0.00		
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00		
 .			0.00				0.00		
Base Rate Fee First G		\$	0.00	Base Rate Fee Seco		\$	0.00		
ONE HUNDRED S COMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	JP 0	ONE HUNDR		SUBSCRIBER GROU	UP 0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs		<u> </u>	0.00	Total DSEs		11	0.00		
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00		
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00		
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxe	s above.	\$			

CABLE ONE, INC.	R OF CABI	LE SYSTEM:				SY	STEM ID# 006702	Name
				TE FEES FOR EACH				
	D NINTH	SUBSCRIBER GROU		II	ED TENTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0 COMMUNITY/ AREA 0			U	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
	•	-						Syndicated
		-						Exclusivity
	•	_				_		Surcharge
	••••••							for Partially
								Distant
	•							Stations
	••••••							
	•							
	•							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Greed Recorpto Files Gre	oup			Crees rescipts essen	ч оточр			
Base Rate Fee First Gro		\$	0.00	Base Rate Fee Secon		\$	0.00	
	EVENTH	SUBSCRIBER GROU		11	TWELVTH	SUBSCRIBER GROUP	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	•	-						
		_						
	•							
		-				_		
	•	-						
	•							
	•				•			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the			riber group	as shown in the boxes a	above.			
Enter here and in block	3, line 1, s	space L (page 7)				\$		

LEGAL NAME OF OWN CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 006702	Name
В	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCF	RIBER GROUP		
ONE HUNDRED THI	RTEENTH	SUBSCRIBER GROU	JP	ONE HUNDRED FO	URTEENTH	SUBSCRIBER GROU	IP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-						and
	<u></u>				<u> </u>			Syndicated Exclusivity
		-		1				Surcharge
		-						for
								Partially
								Distant
								Stations
		-						
Total DSEs	•	-	0.00	Total DSEs	•		0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	iroup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	FTEENTH	SUBSCRIBER GROU	JP	ii .		SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>	-				-		

Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	s above.	\$		

CABLE ONE, INC.	R OF CABI	E SYSTEM:				SY	STEM ID# 006702	Name
				TE FEES FOR EACH				
ONE HUNDRED SEVEN	TEENTH	SUBSCRIBER GROU			HTEENTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
		-						Syndicated
								Exclusivity
	•				•			Surcharge for
					•			Partially
		-						Distant
	•							Stations
		-				_		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gro		\$	0.00	Base Rate Fee Second		\$	0.00	
ONE HUNDRED NIN	TEENTH	SUBSCRIBER GROU			VENTIETH	SUBSCRIBER GROUP	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		_						
	•							
	•							
					•			
Total DSEs	l		0.00	Total DSEs			0.00	
Gross Receipts Third Gr	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	above.	\$		

CABLE ONE, INC.	R OF CABI	LE SYSTEM:				SY	STEM ID# 006702	Name
				TE FEES FOR EACH				
ONE HUNDRED TWEN	TY-FIRST	SUBSCRIBER GROU	JP 0	ONE HUNDRED TWENT	Y-SECOND	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			U	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
	•	-						and Syndicated
								Exclusivity
		_						Surcharge
								for
								Partially Distant
								Stations
		-						
	•							
	•							
Total DSEs	!		0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gro		\$	0.00	Base Rate Fee Second		\$	0.00	
ONE HUNDRED TWEN	TY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED TWENT	Y-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
	•							
		-						
	•							
	•							
					•			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	above.	\$		

0 COMMUNITY/ AREA 0 Computation	BLOCK A: COMPUTA DRED TWENTY-FIFTH SUBSCRIE TY/ AREA SN DSE CALL S
O COMMUNITY/ AREA O Computation of Sin DSE CALL SIGN DSE CALL SIGN DSE Base Rate For and Syndicated Exclusivity Surcharge for Partially Distant Stations O.00 Total DSEs	TY/ AREA
Computation of Base Rate Formand Syndicated Exclusivity Surcharge for Partially Distant Stations O.00 Total DSEs O.00	
Sin DSE CALL SIGN DSE CALL SIGN DSE Base Rate From and Syndicated Exclusivity Surcharge for Partially Distant Stations O.00 Total DSEs 0.00	
Base Rate F and Syndicated Exclusivity Surcharge for Partially Distant Stations 1.000 Total DSEs	
Syndicated Exclusivity Surcharge for Partially Distant Stations O.00 Total DSEs	
D.00 Total DSEs	
Surcharge for Partially Distant Stations O.00 Total DSEs	
for Partially Distant Stations O.00 Total DSEs	
Distant Stations O.00 Total DSEs	
0.00 Total DSEs	
	-
0.00 Gross Receipts Second Group \$ 0.00	
	eipts First Group \$
0.00 Base Rate Fee Second Group \$ 0.00	Fee First Group \$
R GROUP ONE HUNDRED TWENTY-EIGHTH SUBSCRIBER GROUP	ED TWENTY-SEVENTH SUBSCRIE
0 COMMUNITY/ AREA 0	ΓΥ/ AREA
N DSE CALL SIGN DSE CALL SIGN DSE	N DSE CALLS
0.00 Total DSEs 0.00	
0.00 Gross Receipts Fourth Group \$ 0.00	eipts Third Group \$
0.00 Base Rate Fee Fourth Group \$ 0.00	Fee Third Group \$

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABL	LE SYSTEM:				S	YSTEM ID# 006702	Name
ONE HUNDRED TWEN			ı	11	D THIRTIETH	RIBER GROUP I SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant Stations
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
ONE HUNDRED THIF	RTY-FIRST	SUBSCRIBER GROUP	ı	ONE HUNDRED THIS	RTY-SECONE	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
			0.00				0.00	
Total DSEs		•	0.00	Total DSEs	th One:	•	0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	ui Group	•	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	s above.	\$		

Base Roman	EGAL NAME OF OWNER O	OF CABLE	E SYSTEM:				S	YSTEM ID# 006702	Name
COMMUNITY/ AREA	BLO	CK A: C	OMPUTATION OF	BASE RA	ATE FEES FOR EAG	CH SUBSCF	RIBER GROUP		
Compute Call SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Ri an Synding Exclusion of Particular Computer Computer Community (AREA) Computer Computer Community (AREA) Computer Community (AREA) Computer Community (AREA) Computer Community (AREA) Computer Community (Computer Call Sign) Computer Community (Computer Call Sign) Call Sign) Computer Community (Computer Call Sign) Call Sign) Computer Community (Computer Call Sign) Call Sign) Call Sign) DSE CA		'-THIRD S	SUBSCRIBER GROUP		H .		SUBSCRIBER GROUF		۵
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Ri an Synding Exclusion DSE CALL SIGN DSE Base Ri an Synding Exclusion DSE CALL SIGN DSE Base Ri an Synding Exclusion DSE CALL SIGN DSE CALL SIGN DSE Base Ri an Synding Exclusion DSE CALL SIGN	COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	_
an Syndic Exclusion of the second Group \$ 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts First		DSE	CALL SIGN	DSE			CALL SIGN	DSE	of
Syndia Syndia Surch for Parti Dist Stati Total DSEs O.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee First Group \$ 0.00 DNE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 COMMUNITY/ AREA 0									Base Rate F
Exclusion of the particle of t									and
Surch fo Partition of Partition									Syndicate
fotal DSEs Gross Receipts First Group Base Rate Fee First Group Some Hundred Thirty-Fifth Subscriber Group ONE HUNDRED THIRTy-Fifth Subscriber Group ONE HUNDRED THIRTy-Fifth Subscriber Group ONE HUNDRED THIRTy-Fifth Subscriber Group COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O O ONE HUNDRED THIRTy-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O									Exclusivity
Particular Dist Stati Total DSEs									for
Stati Stati Stati Stati Stati Stati									Partially
Total DSEs O.00 Gross Receipts First Group ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O									Distant
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0									Stations
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0									
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0									
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0									
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0									
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee First Group \$ 0.00 ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0									
Base Rate Fee First Group \$ 0.00 ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	otal DSEs	-		0.00	Total DSEs			0.00	
ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	Gross Receipts First Grou	p <u>:</u>	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	Base Rate Fee First Grou	ıp [\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	ONE HUNDRED THIRT	Y-FIFTH S	SUBSCRIBER GROUP	•	ONE HUNDRED	THIRTY-SIXTH	SUBSCRIBER GROUP)	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	OMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
fotal DSEs 0.00 Total DSEs 0.00	otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	Gross Receipts Third Gro	up	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	Base Rate Fee Third Gro	up	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABI	LE SYSTEM:				S	YSTEM ID# 006702	Name
				ATE FEES FOR EAC				
ONE HUNDRED THIRTY COMMUNITY/ AREA	-SEVENTH	SUBSCRIBER GROUP	0	COMMUNITY/ ARE		I SUBSCRIBER GROUF	0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
U. 1.2 U. U. 1	202					07.122 0.011		Base Rate Fe
								and
								Syndicated Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED THIR	RTY-NINTH	SUBSCRIBER GROUP)	ONE HUNDRE	D FORTIETH	SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
		-						
Γotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxe	es above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 006702	Name
	BLOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED F	ORTY-FIRST	SUBSCRIBER GROUP)	ONE HUNDRED FO	RTY-SECONE	SUBSCRIBER GROUP		9
COMMUNITY/ AREA	***************************************		0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								Syndicated
		-						Exclusivity
								Surcharge
		_				 		for
								Partially
								Distant Stations
								Stations
T			0.00	T			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FO	ORTY-THIRD	SUBSCRIBER GROUP	5	ONE HUNDRED FO	RTY-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		H						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxe	es above.	\$		

CABLE ONE, INC.	R OF CABI	LE SYSTEM:				SY	STEM ID# 006702	Name
			BASE RA	TE FEES FOR EACH				
	TY-FIFTH	SUBSCRIBER GROUP		1	RTY-SIXTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
		-						Syndicated
								Exclusivity
								Surcharge for
								Partially
		-						Distant
	•							Stations
	•							
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gro		\$	0.00	Base Rate Fee Secon		\$	0.00	
ONE HUNDRED FORTY-	SEVENTH	SUBSCRIBER GROUP		1	TY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	•							
		_						
		-						
	•							
					•			
Total DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts Third Gr	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	above.	\$		

CABLE ONE, INC.	R OF CABL	E SYSTEM:				S	YSTEM ID# 006702	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACI	H SUBSCF	RIBER GROUP		
ONE HUNDRED FORT	Y-NINTH	SUBSCRIBER GROU		Ħ		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
		-						Syndicated
								Exclusivity Surcharge
		-			<u></u>			for
						-		Partially
						 -		Distant
		-			<u></u>			Stations
						<u> </u>		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED FIFT	ΓY-FIRST	SUBSCRIBER GROU	JP	ONE HUNDRED FIFT	Y-SECOND	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
	<u> </u>				<u></u>			
		-						
		-						
		-			<u></u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABL	E SYSTEM:				S	YSTEM ID# 006702	Name
				ATE FEES FOR EAC				
ONE HUNDRED FIFT	Y-THIRD	SUBSCRIBER GROU				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
						 		and
		-						Syndicated
						-		Exclusivity Surcharge
		-						for
								Partially
		-						Distant
	<u> </u>	-						Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
3ase Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED FIF	TY-FIFTH	SUBSCRIBER GROU	JP	ONE HUNDRED F	IFTY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
	<u> </u>	-						
		-						
Γotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABL	E SYSTEM:				S	YSTEM ID# 006702	Name
BL	OCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
ONE HUNDRED FIFTY	-SEVENTH	SUBSCRIBER GROUP		1		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
		-						Distant
								Stations
		-						
		-						
Total DSEs	-1		0.00	Total DSEs	!		0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FIF	TY-NINTH	SUBSCRIBER GROUP		#		SUBSCRIBER GROUP	1	
COMMUNITY/ AREA			0	COMMUNITY/ ARE.	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
		-						
		-						
		-						
		-						
Γotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	•							
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
	e base rat			as shown in the boxe		\$		

LEGAL NAME OF OWNE	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID# O06702							
BI	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCF	RIBER GROUP		
	FIRST	SUBSCRIBER GROU	JP		SECOND	SUBSCRIBER GROUI)	^
COMMUNITY/ AREA	BOISE	& NAMPA		COMMUNITY/ AREA	NEW M	EADOWS/MCCALL	/DON/CA	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-						and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
		H						Stations
		_						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 6,251,	498.83	Gross Receipts Secon	d Group	\$ 30	9,347.18	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	JP		FOURTH	SUBSCRIBER GROU)	
COMMUNITY/ AREA	MALHE	EUR/NYSSA/ONT	ARIO/V	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
		-						
		-						
		H						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$ 146,	839.41	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third 0	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Page Pate Fee: Add 4	oo hace #=	to food for each sub-	ribor grave	on about in the house	ahove			
Base Rate Fee: Add tr Enter here and in block			nber group	as shown in the boxes	above.	\$	0.00	

LEGAL NAME OF OW CABLE ONE, IN		LE SYSTEM:				S	006702	Name
	BLOCK A: (COMPUTATION C	F BASE RA	TE FEES FOR EA	CH SUBSCR	RIBER GROUP		
		SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ ARE	Α		0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
		-						Syndicate
								Exclusivit
								Surcharge for
						<u> </u>		Partially
								Distant
								Stations
		H						
		-						
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts Firs	t Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee Firs	t Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	SEVENTH	SUBSCRIBER GRO	DUP		EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ ARE	Α		0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
		-						
		-						
		-						
		-						
		-				H		
Total DSEs			0.00	Total DSEs			0.00_	
	d Group	\$	0.00	Total DSEs Gross Receipts Fou	orth Group	\$	0.00	
Total DSEs Gross Receipts Thir			0.00	Gross Receipts Fou			0.00	
		\$				\$		

	O06702	S)			<u> </u>	E SYSTEM:		LEGAL NAME OF OWNE CABLE ONE, INC.
				TE FEES FOR EACH				BL
9		SUBSCRIBER GROU	TENTH			SUBSCRIBER GRO	NINTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F						_		
and						-		
Syndicate Exclusivit			.					
Surcharge								
for								
Partially						-		
Distant			<u> </u>			-		
Stations			<u> </u>			-		
		-	1			-		
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr
	P	SUBSCRIBER GROU	TWELVTH		UP	SUBSCRIBER GRO	LEVENTH	EL
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			Total DSEs
		\$	Group		,	S	Group	
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

DSE CALL SIGN DSE of Base Rate For and		FOL		COMPUTATION OF SUBSCRIBER GROU		BL
DSE CALL SIGN DSE of Base Rate F and	RTEENTH		JP	SUBSCRIBER CROI		
DSE CALL SIGN DSE of Base Rate F and		110011111111111111111111111111111111111		SOBSCINIDEN GIVO	RTEENTH	
DSE CALL SIGN DSE of Base Rate F and		COMMUNITY/ AREA	0			COMMUNITY/ AREA
and		CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
and Syndicated						
Syndicated						
Fredricit						
Exclusivity Surcharge						
for						
Partially						
Distant				-		
Stations				-		
0.00				<u>l</u>		
0.00		Total DSEs	0.00			Total DSEs
nd Group \$ 0.00	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
nd Group \$ 0.00	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
SIXTEENTH SUBSCRIBER GROUP	XTEENTH	ii	JP	SUBSCRIBER GRO	FTEENTH	FI
0		COMMUNITY/ AREA	0			COMMUNITY/ AREA
DSE CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
				-		
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0.00	1	Total DSEs	0.00			Total DSEs
h Group \$ 0.00	Group	Gross Receipts Fourtl	0.00	\$	Group	Gross Receipts Third G
				·	i.	
1 1	Croup	Base Rate Fee Fourth	0.00	\$	Group	Base Rate Fee Third G

O Computatio DSE of Base Rate Form and Syndicated	IBER GROUP SUBSCRIBER GROUP		TE FEES FOR EACH	BASE RA	COMPUTATION OF		
DSE of Base Rate Fo	SUBSCRIBER GROUP	HTEENTH	11				
DSE of Base Rate Fo					SUBSCRIBER GRO	NTEENTH	
Base Rate F			COMMUNITY/ AREA	0			COMMUNITY/ AREA
and	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
and Syndicated							
Syndicated		•					
Exclusivity							
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for	=						
Partially							
Distant							
Stations							
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0.00	_	ļ	Total DSEs	0.00			Total DSEs
0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First G
0.00		d C	Basa Bata Faa Caasa	0.00			Basa Bata Foo Finat C
0.00			Base Rate Fee Secon	0.00	\$ 0.00000000000000000000000000000000000		Base Rate Fee First G
0	SUBSCRIBER GROUP	VENTIETH	ii		SUBSCRIBER GRO	NIEENIH	
			COMMUNITY/ AREA	0			COMMUNITY/ AREA
DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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0.00			Total DSEs	0.00			Total DSEs
0.00	\$	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G
0.00	\$	Group	Base Rate Fee Fourth	0.00	\$	roup	Base Rate Fee Third G

	O06702	SY			•	E SYSTEM:	R OF CABL	LEGAL NAME OF OWNER CABLE ONE, INC.
				TE FEES FOR EACH				
9	Р	SUBSCRIBER GROU	-SECOND			SUBSCRIBER GRO	TY-FIRST	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and								
Syndicate Exclusivit								
Surcharge								
for						-		
Partially								
Distant		-						
Stations						-		
		-				-		
	0.00	···		Total DSEs	0.00	!		Γotal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gr
	Р	SUBSCRIBER GROU	-FOURTH	TWENTY	JP	SUBSCRIBER GRO	Y-THIRD	TWENT
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
		_						
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	<u></u>						l l	
	0.00			Total DSEs	0.00			Fotal DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	<u>\$</u>	Group	Total DSEs Gross Receipts Third G

	006702	SY				E SYSTEM:	R OF CABL	LEGAL NAME OF OWNER CABLE ONE, INC.
				TE FEES FOR EACH				
. u		SUBSCRIBER GROU	TY-SIXTH			SUBSCRIBER GRO	TY-FIFTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and						-		
Syndicated Exclusivity								
Surcharge		-						
for								
Partially		-						
Distant								
Stations		,						
						-	···	
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_	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gr
_								·
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
	IP	SUBSCRIBER GROU	Y-EIGHTH	TWENT	JP	SUBSCRIBER GRO	SEVENTH	TWENTY-S
<u></u>	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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						-		
							<u>.</u>	
		·					<u>.</u>	
				Total DSEs	0.00			Total DSEs
	0.00							
_	-	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G
_	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Froup	Gross Receipts Third G

D# 02 ^{Nar}								
				TE FEES FOR EAC				
<u>,</u> 9	JP 0	SUBSCRIBER GROU	HIRTIETH	COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	I Y-NINTH	TWEN' COMMUNITY/ AREA
Compu				OOMMONT 1774 (E7				OOMMONT 1774 CEX
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Ra								
an Syndid								
Exclus								
Surch								
fo								
Parti Dist								
Stati								
						-		
<u>) </u>	0.00			Total DSEs	0.00			Total DSEs
<u> </u>	0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	Group	Gross Receipts First G
<u> </u>	0.00	\$	nd Group	Base Rate Fee Seco	0.00	\$	Group	3ase Rate Fee First G
		\$ SUBSCRIBER GROU				\$ SUBSCRIBER GROUND		
0		\$ SUBSCRIBER GROU						THIR
0		SUBSCRIBER GROU		THIRT	UP			THIR
0	JP 0		Y-SECOND	THIRT COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	RTY-FIRST	THIR
0	JP 0		Y-SECOND	THIRT COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	RTY-FIRST	THIR
0	JP 0		Y-SECOND	THIRT COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	RTY-FIRST	THIR
0	JP 0		Y-SECOND	THIRT COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	RTY-FIRST	THIR
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0	JP 0		Y-SECOND	THIRT COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	RTY-FIRST	THIR
0	JP 0		Y-SECOND	THIRT COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	RTY-FIRST	THIR COMMUNITY/ AREA
0	JP 0		Y-SECOND	THIRT COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	RTY-FIRST	THIR
0	JP 0		Y-SECOND	THIRT COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	RTY-FIRST	THIR
0	JP 0		Y-SECOND	THIRT COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	RTY-FIRST	THIR COMMUNITY/ AREA
0	JP 0		Y-SECOND	THIRT COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	RTY-FIRST	THIR COMMUNITY/ AREA
O	JP 0		Y-SECOND	THIRT COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	RTY-FIRST	THIR COMMUNITY/ AREA CALL SIGN
O	DSE		y-second DSE	THIRT COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GRO	DSE	THIR COMMUNITY/ AREA CALL SIGN
O	DSE DSE 0.00	CALL SIGN	y-second DSE	THIRTI COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	SUBSCRIBER GROI	DSE	COMMUNITY/ AREA
	DSE DSE 0.00	CALL SIGN	y-SECOND DSE OF Group	THIRTI COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	SUBSCRIBER GROI	DSE DSE	THIR COMMUNITY/ AREA CALL SIGN Total DSEs

LEGAL NAME OF OWNI		E SYSTEM:				S	YSTEM ID# 006702	Name
				TE FEES FOR EAC				
	TY-THIRD	SUBSCRIBER GRO		i e		SUBSCRIBER GRO	UP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-				.		Base Rate Fe
		-						and
		-						Syndicated
						.		Exclusivity Surcharge
								for
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Γotal DSEs			0.00	Total DSEs		Ц	0.00	
	roun	•	0.00		and Croup	•	0.00	
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Seco	ли Стоир	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
THIF	RTY-FIFTH	SUBSCRIBER GRO	UP	TH	IRTY-SIXTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third (eroup.	\$	0.00	Base Rate Fee Four	th Group	¢	0.00	
Duse Nate i ee iiiii (J.Oup	Ψ	0.00	Dase Nate 1'88 Four	Group	₩	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	s above.	6		

0 COMMUNITY/ AREA 0 Computation DSE CALL SIGN DSE CALL SIGN DSE of Base Rate Fe and Syndicated	SUBSCRIBER GROUP	Y-EIGHTH	THIR1	UP 0	COMPUTATION OF SUBSCRIBER GRO		
O COMMUNITY/ AREA O Computation DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations O.00 Total DSEs			COMMUNITY/ AREA	0		SEVENTH	
DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations O.00 Total DSEs	CALL SIGN				CALL SIGN		
DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations O.00 Total DSEs O.00	CALL SIGN			DSE	CALL SIGN		COMMUNITY AREA
and Syndicated Exclusivity Surcharge for Partially Distant Stations O.00 Total DSEs 0.00						DSE	CALL SIGN
Syndicated Exclusivity Surcharge for Partially Distant Stations O.00 Total DSEs							
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Surcharge for Partially Distant Stations O.00 Total DSEs 0.00							
for Partially Distant Stations O.00 Total DSEs							
Partially Distant Stations O.00 Total DSEs 0.00							
Distant Stations O.00 Total DSEs Double Distant Stations					-		
0.00 Total DSEs		1			-		
	<u> </u>				Ц		
0.00 Gross Receipts Second Group \$ 0.00			Total DSEs				Total DSEs
	\$	d Group	Gross Receipts Secor	0.00	\$	roup	Gross Receipts First Gr
0.00 Base Rate Fee Second Group \$ 0.00	\$				\$		Base Rate Fee First Gr
	SUBSCRIBER GROUP	ORTIETH	ii –		SUBSCRIBER GRO	ry-ninth	
0 COMMUNITY/ AREA 0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
DSE CALL SIGN DSE CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
······································							
	+				+		
0.00 Total DSEs		1	Total DSEs	0.00			Total DSEs
0.00 Gross Receipts Fourth Group \$ 0.00	<u></u>	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G
	·				·	r	
0.00 Base Rate Fee Fourth Group \$ 0.00	e	Group	Base Rate Fee Fourth	0.00	\$	iroup	Base Rate Fee Third G

	006702	SY			•	E SYSTEM:	R OF CABL	LEGAL NAME OF OWNER CABLE ONE, INC.
_				TE FEES FOR EACH				
9		SUBSCRIBER GROU	-SECOND			SUBSCRIBER GROU	TY-FIRST	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and						-		
Syndicate								
Exclusivit Surcharge								
for								
Partially						-		
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1	0.00	<u> </u>	<u> </u>	Tatal DCEs	0.00		-	Fatal DCFa
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	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
	IP	SUBSCRIBER GROU	-FOURTH	FORT	JP	SUBSCRIBER GROU	ry-Third	FORT
	COMMUNITY/ AREA 0							COMMUNITY/ AREA
1	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			•					
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·····			•					
1								
		11	1	Total DSEs	0.00			Total DSEs
	0.00	-		Total Bolls	0.00			
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	iroup	Gross Receipts Third G

LEGAL NAME OF OWNE CABLE ONE, INC.		LE SYSTEM:				S	YSTEM ID# 006702	Name
				TE FEES FOR EAC			ID	
COMMUNITY/ AREA	(-	SUBSCRIBER GRO	0	COMMUNITY/ ARE		I SUBSCRIBER GRO	0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fe
								and
								Syndicated Exclusivity
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Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	-	\$	0.00	Base Rate Fee Sec		\$	0.00	
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Name	006702	SY			•	E SYSTEM:	R OF CABL	LEGAL NAME OF OWNER CABLE ONE, INC.
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9		SUBSCRIBER GROU	FIFTIETH			SUBSCRIBER GRO	ΓY-NINTH	
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LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABL	E SYSTEM:				SY	STEM ID# 006702	Name
BL	OCK A: C	OMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCF	RIBER GROUP		
	EVENTH	SUBSCRIBER GRO		i e	TY-EIGHTH	I SUBSCRIBER GROU	Р	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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								Stations
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Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
FIFT	Y-NINTH	SUBSCRIBER GRO	JP		SIXTIETH	I SUBSCRIBER GROU	Р	
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CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs	<u>. </u>		0.00	Total DSEs	1		0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

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Name	O06702	SY				E SYSTEM:	R OF CABL	LEGAL NAME OF OWNER CABLE ONE, INC.
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Name	006702						•	CABLE ONE, INC.
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Name	006702	Sì			·	E SYSTEM:	R OF CABL	CABLE ONE, INC.
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9		SUBSCRIBER GROU	'-SECOND			SUBSCRIBER GRO	TY-FIRST	
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CABLE ONE, INC		E SYSTEM:				S	906702	Name
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	JP 0		-SECOND	NINETY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ΓY-FIRST	NINET
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	JP 0 DSE		-SECOND DSE	NINETY COMMUNITY/ AREA CALL SIGN	JP O DSE	SUBSCRIBER GROU	DSE	NINET OMMUNITY/ AREA CALL SIGN otal DSEs
	DSE O.00	CALL SIGN	-SECOND DSE	NINETY COMMUNITY/ AREA CALL SIGN Total DSEs	JP O DSE O O O O O O O O O O O O O	SUBSCRIBER GROU	DSE	NINET COMMUNITY/ AREA CALL SIGN Total DSEs
	DSE O.00	CALL SIGN	-SECOND DSE Group	NINETY COMMUNITY/ AREA CALL SIGN Total DSEs	JP O DSE O O O O O O O O O O O O O	SUBSCRIBER GROU	DSE	COMMUNITY/ AREA

CRIBER GROUP 0 Computation LL SIGN DSE Base Rate Fe and Syndicated Exclusivity	OURTH SU	TE FEES FOR EACH NINETY COMMUNITY/ AREA		COMPUTATION OF SUBSCRIBER GROU		
0 Computatio LL SIGN DSE of Base Rate Form and Syndicated Exclusivity Surcharge for Partially Distant		COMMUNITY/ AREA		SUBSCRIBER GROU	TY_THIRD	
Computatio LL SIGN DSE of Base Rate Form and Syndicated Exclusivity Surcharge for Partially Distant	DSE		0		T TIME	
Base Rate Formand Syndicated Exclusivity Surcharge for Partially Distant	DSE					COMMUNITY/ AREA
and Syndicated Exclusivity Surcharge for Partially Distant		CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Syndicated Exclusivity Surcharge for Partially Distant						
Exclusivity Surcharge for Partially Distant				-		
Surcharge for Partially Distant						
for Partially Distant	·····					
Distant	····					
Stations						
				-		
0.00	<u> </u>	Total DSEs	0.00	ų.		Γotal DSEs
0.00	Group \$	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First G
0.00	Group \$	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
CRIBER GROUP	Y-SIXTH SU	ii –	JP	SUBSCRIBER GROU	TY-FIFTH	NINE
0				COMMUNITY/ AREA		
LL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
				-		
				-		
				-		
0.00	11	Total DSEs	0.00			Γotal DSEs
0.00	iroup \$	Gross Receipts Fourth	0.00	\$	iroup	Gross Receipts Third G
					*	•
0.00	roup \$	Base Rate Fee Fourth	0.00	\$	roup	Base Rate Fee Third G

0 Computation DSE of Base Rate Fe and Syndicated	IBER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OF	OCK A: 0			
O Computation DSE of Base Rate Ference and Syndicated Exclusivity Surcharge for Partially Distant	SUBSCRIBER GROU	Y-EIGHTH	NINE	ID					
Computation DSE of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant									
Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant	CALL SIGN DSE CALL SIGN DSE						COMMUNITY/ AREA		
and Syndicated Exclusivity Surcharge for Partially Distant	CALL SIGN			DSE	CALL SIGN	DSE	CALL SIGN		
Syndicated Exclusivity Surcharge for Partially Distant	_								
Exclusivity Surcharge for Partially Distant									
Surcharge for Partially Distant									
Partially Distant					-				
Distant					-				
					-				
Stations									
									
	·	_			-				
0.00			Total DSEs	0.00			Total DSEs		
0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First G		
0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr		
DUP	SUBSCRIBER GROU	NDREDTH	ONE HU	JP	SUBSCRIBER GROU	TY-NINTH	NINE		
0			COMMUNITY/ AREA	0	JNITY/ AREA 0				
DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
					-				
	_								
					-				
		<u> </u>							
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		_							
	·	_			-				
0.00			Total DSEs	0.00			Total DSEs		
0.00	\$	Group	Gross Receipts Fourtl	0.00	\$	roup	Gross Receipts Third G		
	·	- · I			·	r			
0.00	\$	Group	Base Rate Fee Fourth	0.00	\$	roup	Base Rate Fee Third G		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 006702									
				TE FEES FOR EAC					
	ED FIRST	SUBSCRIBER GRO				SUBSCRIBER GROU		9	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
						.		Base Rate Fe	
								and	
								Syndicated Exclusivity	
			•					Surcharge	
								for	
								Partially	
								Distant	
								Stations	
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00		
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00		
ONE HUNDR	ED THIRD	SUBSCRIBER GRO	UP	ONE HUNDRE	D FOURTH	I SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	<u> </u>								
	<u> </u>								
	<u> </u>				<u> </u>				
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00		
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00		
Base Pate Foo: Add th	o hasa rat	e fees for each subs	criber group	as shown in the boxes	: ahove				

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 006702									
				TE FEES FOR EAC					
	RED FIFTH	SUBSCRIBER GRO		†		SUBSCRIBER GROU	JP	9	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
						.		Base Rate Fee	
		-						and	
		_						Syndicated	
						.		Exclusivity Surcharge	
								for	
		-						Partially	
		H						Distant	
								Stations	
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00		
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00		
ONE HUNDRED	SEVENTH	SUBSCRIBER GRO	UP	ONE HUNDR	ED EIGHTH	I SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		 							
						.			
		-							
		H							
		H							
		_							
Total DSEs			0.00	Total DSEs			0.00		
	_	_					_		
Gross Receipts Third (oroup	\$	0.00	Gross Receipts Fourt	tn Group	\$	0.00		
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00		
Base Rate Fee: Add to Enter here and in bloc			criber group	as shown in the boxes	s above.	\$			

				TE EEEO EOD EAOL						
						COMPUTATION OF				
9		SUBSCRIBER GROU	ו IENTH			SUBSCRIBER GROU	וואTH ט			
_	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA		
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
Base Rate	DOL	O/ LEE GIGIT	DOL	O/ILL GIGIT	DOL	CALL CICIV	BOL	O/ LEE GIGIT		
and						-				
Syndica			•				-			
Exclusiv						-				
Surchar										
for										
Partial										
Distan										
Station										
ļ										
		_								
}										
}										
	0.00			Total DSEs	0.00			otal DSEs		
	0.00	\$	d Group			\$	oup	ross Receipts First Gr		
	_	\$	d Group	Gross Receipts Secon	0.00	\$	oup	ross Receipts First Gr		
	_	\$				\$				
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	l ase Rate Fee First Gr		
	0.00		d Group	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED	0.00		oup	Base Rate Fee First Gr		
	0.00 0.00	\$	d Group	Gross Receipts Secon	0.00 0.00	\$	oup	one Hundred El		
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED	0.00 0.00	SUBSCRIBER GROU	oup	ONE HUNDRED EL		
	0.00 0.00	\$	d Group	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA	0.00 0.00	\$	EVENTH	one Hundred El		
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA	0.00 0.00	SUBSCRIBER GROU	EVENTH	ONE HUNDRED EL		
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA	0.00 0.00	SUBSCRIBER GROU	EVENTH	ONE HUNDRED EL		
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA	0.00 0.00	SUBSCRIBER GROU	EVENTH	ONE HUNDRED EL		
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA	0.00 0.00	SUBSCRIBER GROU	EVENTH	ONE HUNDRED EL		
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA	0.00 0.00	SUBSCRIBER GROU	EVENTH	ONE HUNDRED EL		
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA	0.00 0.00	SUBSCRIBER GROU	EVENTH	ase Rate Fee First Gr ONE HUNDRED EL OMMUNITY/ AREA		
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA	0.00 0.00	SUBSCRIBER GROU	EVENTH	ONE HUNDRED EL		
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA	0.00 0.00	SUBSCRIBER GROU	EVENTH	ase Rate Fee First Gr ONE HUNDRED EL OMMUNITY/ AREA		
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA	0.00 0.00	SUBSCRIBER GROU	EVENTH	ONE HUNDRED EL		
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA	0.00 0.00	SUBSCRIBER GROU	EVENTH	ONE HUNDRED EL		
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA	0.00 0.00	SUBSCRIBER GROU	EVENTH	ONE HUNDRED ELCOMMUNITY/ AREA		
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA	0.00 0.00 JP	SUBSCRIBER GROU	EVENTH	Base Rate Fee First Gr ONE HUNDRED EL COMMUNITY/ AREA		
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA	0.00 0.00 JP	SUBSCRIBER GROU	EVENTH	ase Rate Fee First Gr ONE HUNDRED EL OMMUNITY/ AREA		
	0.00 0.00 DSE	\$ SUBSCRIBER GROU	d Group	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA CALL SIGN	0.00 0.00 JP DSE	SUBSCRIBER GROU	EVENTH	ONE HUNDRED ELECTION ONE HUNDR		
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA	0.00 0.00 JP	SUBSCRIBER GROU	EVENTH	ONE HUNDRED ELECTION ONE HUNDR		
	0.00 0.00 DSE	\$ SUBSCRIBER GROU	d Group TWELVTH DSE	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA CALL SIGN	0.00 0.00 JP DSE	SUBSCRIBER GROU	DSE	ONE HUNDRED EL OMMUNITY/ AREA CALL SIGN otal DSEs		
	0.00 0.00 DSE 0.00	SUBSCRIBER GROUP	d Group TWELVTH DSE	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 JP OSE 0.00	SUBSCRIBER GROU	DSE	ONE HUNDRED ELECOMMUNITY/ AREA CALL SIGN Total DSEs		
	0.00 0.00 DSE 0.00	SUBSCRIBER GROUP	d Group TWELVTH DSE Group	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 JP OSE 0.00	SUBSCRIBER GROU	DSE	COMMUNITY/ AREA		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 006702									
BL	OCK A: C	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCF	RIBER GROUP			
ONE HUNDRED THIS	RTEENTH	SUBSCRIBER GROU	JP	ONE HUNDRED FOU	RTEENTH	SUBSCRIBER GROU	IP	0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
	ļ				<u> </u>			and	
								Syndicated	
								Exclusivity Surcharge	
					1	# -		for	
	1	-			1			Partially	
					Ţ			Distant	
	ļ				ļ			Stations	
	ļ								
					 				
	.				1				
Total DSEs	-		0.00	Total DSEs			0.00		
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00		
Base Rate Fee First Gr		\$ CLIRCOPIED COOL	0.00	Base Rate Fee Secon		\$ CURSORIES OROU	0.00		
	TEENIH	SUBSCRIBER GROU	<u> </u>	ii ee	IXTEENIA	SUBSCRIBER GROU	0		
COMMUNITY/ AREA			U	COMMUNITY/ AREA			<u> </u>		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
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		-							
		-							
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	.								
	.				 				
					 				
Total DSEs			0.00	Total DSEs	-		0.00		
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00		
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes	above.	\$			

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 006702									
				TE FEES FOR EAC	CH SUBSCE	RIBER GROUP			
		SUBSCRIBER GROU		ti e		SUBSCRIBER GROUF		9	
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
		-						Base Rate Fe	
		-						and	
								Syndicated	
								Exclusivity Surcharge	
								for	
		-						Partially	
		-						Distant	
								Stations	
Γotal DSEs			0.00	Total DSEs		11	0.00		
	0				l O		-		
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ona Group	\$	0.00		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
ONE HUNDRED N	IINTEENTH	SUBSCRIBER GRO)UP	ONE HUNDRED	TWENTIETH	SUBSCRIBER GRO	UP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		-	····						
Total DSEs	l		0.00	Total DSEs			0.00		
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
	•	ı			•	L			
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxe	s above.	\$			

LEGAL NAME OF OWNER CABLE ONE, INC.	₹ OF CABL	.E SYSTEM:				S	YSTEM ID# 006702	Name
BL-	OCK A: (COMPUTATION OF	F BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED TWEN	TY-FIRST	SUBSCRIBER GROU	Р	ONE HUNDRED TWE	NTY-SECOND	SUBSCRIBER GROUP		^
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
		 						and
								Syndicate
		Ī						Exclusivit Surcharge
		-				<u></u>		for
		-				H-111111111111111111111111111111111111		Partially
								Distant
		<u> </u>						Stations
		H						
	.							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED TWEN	TY-THIRD	SUBSCRIBER GROU	Р	ONE HUNDRED TWE	NTY-FOURTH	I SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
								
						" 		
		<u> </u>						
		[
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
			_					
Base Rate Fee Third G	oup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee Third G	oup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	

Name	STEM ID# 006702	SY				E SYSTEM:	R OF CABL	LEGAL NAME OF OWNER CABLE ONE, INC.		
				E FEES FOR EACH						
9		SUBSCRIBER GROUP	TY-SIXTH :			SUBSCRIBER GROUP	NTY-FIFTH	ONE HUNDRED TWEN		
Computat	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA		
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
Base Rate										
and							-			
Syndicat Exclusive							-			
Surcharg										
for										
Partially										
Distant							-			
Stations							-			
	0.00			Total DSEs	0.00			Fotal DSEs		
		_	0							
	0.00	\$	Group	Gross Receipts Secon	0.00	ross Receipts First Group \$ 0.00				
	0.00	\$	Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gro		
		SUBSCRIBER GROUP	Y-EIGHTH :	ONE HUNDRED TWEN)	SUBSCRIBER GROUP	SEVENTH	NE HUNDRED TWENTY-S		
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
							-			
							-			
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			•	Total DSEs	0.00			Гotal DSEs		
	0.00					·				
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third Gr		
	_	\$	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third Gr		

Name	006702	SY				E SYSTEM:		LEGAL NAME OF OWNER CABLE ONE, INC.
		BER GROUP	SUBSCRI	TE FEES FOR EACH				
9		SUBSCRIBER GROUP	THIRTIETH	ll .		SUBSCRIBER GROUP	ITY-NINTH	ONE HUNDRED TWEN
Computati	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicate						-		
Exclusivi Surcharg								
for						-		
Partially								
Distant								
Stations								
		-						
	0.00			Total DSEs	0.00			Total DSEs
	Gross Receipts Second Group \$ 0.00				0.00	\$	roup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr
		SUBSCRIBER GROUP	Y-SECOND	ONE HUNDRED THIRT)	SUBSCRIBER GROUF	RTY-FIRST	ONE HUNDRED THIR
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			•					
			Ţ					
		-						
	0.00_			Total DSEs	0.00_			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 006702										
		RIBER GROUP	UBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL			
9		SUBSCRIBER GROUP	FOURTH			SUBSCRIBER GROUP	TY-THIRD				
Computatio	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA			
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN			
Base Rate F						-					
and						-					
Syndicated Exclusivity											
Surcharge						_					
for											
Partially											
Distant		 -				-	-				
Stations		-				-					
						-					
					<u> </u>						
i	0.00			Total DSEs	0.00			Total DSEs			
				Gross Receipts Secon	0.00						
	0.00	\$	Group	Cross receipts occorr							
	-	\$		Base Rate Fee Secon	0.00	\$					
	0.00		Group	Base Rate Fee Secon			oup	Base Rate Fee First Gro			
	0.00	\$	Group	Base Rate Fee Secon			oup	Base Rate Fee First Gro			
	0.00 0.00	\$	Group	Base Rate Fee Secon	JP		oup	Base Rate Fee First Gro			
	0.00 0.00 JP	\$ SUBSCRIBER GROU	Group Y-SIXTH	Base Rate Fee Secon- ONE HUNDRED THIR COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	oup Y-FIFTH	Base Rate Fee First Gro ONE HUNDRED THIRT COMMUNITY/ AREA			
	0.00 0.00 JP	\$ SUBSCRIBER GROU	Group Y-SIXTH	Base Rate Fee Secon- ONE HUNDRED THIR COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	oup Y-FIFTH	Base Rate Fee First Gro ONE HUNDRED THIRT COMMUNITY/ AREA			
	0.00 0.00 JP	\$ SUBSCRIBER GROU	Group Y-SIXTH	Base Rate Fee Secon- ONE HUNDRED THIR COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	oup Y-FIFTH	Base Rate Fee First Gro ONE HUNDRED THIRT COMMUNITY/ AREA			
	0.00 0.00 JP	\$ SUBSCRIBER GROU	Group Y-SIXTH	Base Rate Fee Secon- ONE HUNDRED THIR COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	oup Y-FIFTH	Base Rate Fee First Gro ONE HUNDRED THIRT COMMUNITY/ AREA			
	0.00 0.00 JP	\$ SUBSCRIBER GROU	Group Y-SIXTH	Base Rate Fee Secon- ONE HUNDRED THIR COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	oup Y-FIFTH	Base Rate Fee First Gro ONE HUNDRED THIRT COMMUNITY/ AREA			
	0.00 0.00 JP	\$ SUBSCRIBER GROU	Group Y-SIXTH	Base Rate Fee Secon- ONE HUNDRED THIR COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	oup Y-FIFTH	Base Rate Fee First Gro ONE HUNDRED THIRT COMMUNITY/ AREA			
	0.00 0.00 JP	\$ SUBSCRIBER GROU	Group Y-SIXTH	Base Rate Fee Secon- ONE HUNDRED THIR COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	oup Y-FIFTH	Base Rate Fee First Gro ONE HUNDRED THIRT COMMUNITY/ AREA			
	0.00 0.00 JP	\$ SUBSCRIBER GROU	Group Y-SIXTH	Base Rate Fee Secon- ONE HUNDRED THIR COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	oup Y-FIFTH	Base Rate Fee First Gro ONE HUNDRED THIRT COMMUNITY/ AREA			
	0.00 0.00 JP	\$ SUBSCRIBER GROU	Group Y-SIXTH	Base Rate Fee Secon- ONE HUNDRED THIR COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	oup Y-FIFTH	Base Rate Fee First Gro ONE HUNDRED THIRT COMMUNITY/ AREA			
	0.00 0.00 JP	\$ SUBSCRIBER GROU	Group Y-SIXTH	Base Rate Fee Secon- ONE HUNDRED THIR COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	oup Y-FIFTH	Base Rate Fee First Gro ONE HUNDRED THIRT COMMUNITY/ AREA			
	0.00 0.00 JP	\$ SUBSCRIBER GROU	Group Y-SIXTH	Base Rate Fee Secon- ONE HUNDRED THIR COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	oup Y-FIFTH	Base Rate Fee First Gro ONE HUNDRED THIRT COMMUNITY/ AREA			
	0.00 0.00 JP	\$ SUBSCRIBER GROU	Group Y-SIXTH	Base Rate Fee Secon- ONE HUNDRED THIR COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	oup Y-FIFTH	Base Rate Fee First Gro ONE HUNDRED THIRT COMMUNITY/ AREA			
	0.00 0.00 JP	\$ SUBSCRIBER GROU	Group Y-SIXTH	Base Rate Fee Secon- ONE HUNDRED THIR COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	oup Y-FIFTH	Base Rate Fee First Gro ONE HUNDRED THIRT COMMUNITY/ AREA			
	0.00 0.00 JP DSE	\$ SUBSCRIBER GROU	Group Y-SIXTH DSE	Dase Rate Fee Second ONE HUNDRED THIS COMMUNITY/ AREA CALL SIGN	JP 0	SUBSCRIBER GROU	Y-FIFTH DSE	Base Rate Fee First Gro ONE HUNDRED THIRT COMMUNITY/ AREA CALL SIGN			

0 Computation OSE of Base Rate Fe	IBER GROUP SUBSCRIBER GROUP	SUBSCR	TE FEES FOR EACH				LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 006702									
Computation of	SUBSCRIBER GROUP		TETELSTON LACI		COMPUTATION OF											
Computation of																
	0		COMMUNITY/ AREA	0			COMMUNITY/ AREA									
Base Rate Fe	CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN									
and	_															
Syndicated																
Exclusivity Surcharge																
for	-				-	+										
Partially					-	1										
Distant																
Stations																
					-											
	- 				-											
						 										
						.										
0.00	0.00		Total DSEs	0.00		-	Total DSEs									
0.00	\$ 0.00	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gr									
0.00	\$ 0.00	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr									
	SUBSCRIBER GROUP	ORTIETH	ONE HUNDRED	JP	SUBSCRIBER GROU	Y-NINTH	ONE HUNDRED THIRT									
O	0		COMMUNITY/ AREA	0			COMMUNITY/ AREA									
DSE	CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN									
	_															
	_ 															
	- 				-											
					-											
0.00	0.00		Total DSEs	0.00			Total DSEs									
0.00	\$ 0.00	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G									
			Base Rate Fee Fourth	0.00	\$	roup	Base Rate Fee Third G									

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 006702									
BI	LOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCF	RIBER GROUP			
ONE HUNDRED FO	RTY-FIRST	SUBSCRIBER GROU	Р	ONE HUNDRED FOR	RTY-SECONE	SUBSCRIBER GROUP		0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fe	
								and	
								Syndicated	
						.		Exclusivity	
								Surcharge for	
								Partially	
								Distant	
		+						Stations	
		II.				Ц			
Total DSEs			0.00	Total DSEs		-	0.00		
Gross Receipts First G	roup	\$	0.00	Gross Receipts Second Group \$ 0.00					
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00		
ONE HUNDRED FOR	RTY-THIRD	SUBSCRIBER GROU	Р	ONE HUNDRED FOR	RTY-FOURTH	SUBSCRIBER GROUP)		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		_							
						.			
						H			
		H							
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00		
C. 200 Protopio Triila C	oup	<u>-</u>		C. SSS T COCIPIS T OUI	O.Jup	.*	3.00		
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00		
	ne base rat	re fees for each subs		as shown in the boxes		\$	0.00		

	O06702					.E SYSTEM:	R OF CABL	CABLE ONE, INC.				
		RIBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL				
0		SUBSCRIBER GROUP	RTY-SIXTH	ONE HUNDRED FO		ONE HUNDRED FORTY-FIFTH SUBSCRIBER GROUP						
9 Computation	COMMUNITY/ AREA 0				0			COMMUNITY/ AREA				
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN				
Base Rate F												
and						-						
Syndicate						-						
Exclusivit												
Surcharge for												
Partially		<u> </u>										
Distant			•									
Stations												
	0.00	-		Total DSEs	0.00			Total DSEs				
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gr				
		·					•					
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr				
		I SUBSCRIBER GROUP	TY-EIGHTH	ONE HUNDRED FOR)	SUBSCRIBER GROUP	SEVENTH	ONE HUNDRED FORTY-				
	COMMUNITY/ AREA 0				0			COMMUNITY/ AREA				
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN				
						_						
	0.00_			Total DSEs	0.00			Total DSEs				
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	croup	Total DSEs Gross Receipts Third G				

	IP			TE FEES FOR EACH							
9	0	ONE HUNDRED FIFTIETH SUBSCRIBER GROUP COMMUNITY/ AREA 0				NE HUNDRED FORTY-NINTH SUBSCRIBER GROUP OMMUNITY/ AREA 0					
Computation of	DSE	CALL SIGN	CALL SIGN	DSE	ALL SIGN DSE CALL SIGN DSE						
Base Rate			DSE								
and											
Syndicat Exclusiv											
Surchar							-				
for											
Partiall											
Distan Station		_					-				
Otation						-	-				
						-	-				
	0.00			Total DSEs	0.00		•	otal DSEs			
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gr			
				·				•			
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gr			
	<u>'</u>	SUBSCRIBER GROU		Base Rate Fee Secon				iase Rate Fee First Gr			
	<u>'</u>	SUBSCRIBER GROU						ONE HUNDRED FIFT			
	<u>'</u>	SUBSCRIBER GROU CALL SIGN		ONE HUNDRED FIFTY	JP			ONE HUNDRED FIFT			
	JP 0		-SECOND	ONE HUNDRED FIFTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ΓY-FIRST	ONE HUNDRED FIFT			
	JP 0		-SECOND	ONE HUNDRED FIFTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ΓY-FIRST	ONE HUNDRED FIFTOMMUNITY/ AREA			
	JP 0		-SECOND	ONE HUNDRED FIFTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ΓY-FIRST	ONE HUNDRED FIFT			
	JP 0		-SECOND	ONE HUNDRED FIFTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ΓY-FIRST	ONE HUNDRED FIFT			
	JP 0		-SECOND	ONE HUNDRED FIFTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ΓY-FIRST	ONE HUNDRED FIFT			
	JP 0		-SECOND	ONE HUNDRED FIFTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ΓY-FIRST	ONE HUNDRED FIFT			
	JP 0		-SECOND	ONE HUNDRED FIFTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ΓY-FIRST	ONE HUNDRED FIFT			
	JP 0		-SECOND	ONE HUNDRED FIFTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ΓY-FIRST	ONE HUNDRED FIFT			
	JP 0		-SECOND	ONE HUNDRED FIFTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ΓY-FIRST	COMMUNITY/ AREA			
	JP 0		-SECOND	ONE HUNDRED FIFTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ΓY-FIRST	ONE HUNDRED FIFT			
	JP 0		-SECOND	ONE HUNDRED FIFTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ΓY-FIRST	ONE HUNDRED FIFT			
	JP 0		-SECOND	ONE HUNDRED FIFTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ΓY-FIRST	ONE HUNDRED FIFT			
	JP 0		-SECOND	ONE HUNDRED FIFTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ΓY-FIRST	ONE HUNDRED FIFTOMMUNITY/ AREA CALL SIGN			
	JP 0 DSE		-SECOND DSE	ONE HUNDRED FIFTY COMMUNITY/ AREA CALL SIGN	JP O DSE	SUBSCRIBER GROU	DSE DSE	ONE HUNDRED FIFT COMMUNITY/ AREA CALL SIGN Total DSEs			
	JP 0 DSE 0 O.000	CALL SIGN	-SECOND DSE	ONE HUNDRED FIFTY COMMUNITY/ AREA CALL SIGN Total DSEs	JP O DSE O O O O O O O O O O O O O	SUBSCRIBER GROU	DSE DSE	ONE HUNDRED FIFT			
	JP 0 DSE 0 O.000	CALL SIGN	-SECOND DSE Group	ONE HUNDRED FIFTY COMMUNITY/ AREA CALL SIGN Total DSEs	JP O DSE O O O O O O O O O O O O O	SUBSCRIBER GROU	DSE	ONE HUNDRED FIFT COMMUNITY/ AREA CALL SIGN Total DSEs			

LEGAL NAME OF OWN		LE SYSTEM:				S	YSTEM ID# 006702	Name
				TE FEES FOR EACH				
	TY-THIRD	SUBSCRIBER GRO		ONE HUNDRED FIFT	JP	9		
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						.		Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
		-						for
		+						Partially
								Distant
								Stations
Total DSEs	<u> </u>	<u> </u>	0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED FI	TY-FIFTH	SUBSCRIBER GRO	UP	ONE HUNDRED FI	FTY-SIXTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
						.		
		-						
						+ 		
		-						
		-						
		-				-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourtl	h Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourth	h Group	\$	0.00	
Base Rate Fee: Add to Enter here and in bloc			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABI CABLE ONE, INC.	LE SYSTEM:				S)	O06702	Name
		SASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
ONE HUNDRED FIFTY-SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED FIF		9		
COMMUNITY/ AREA		0	COMMUNITY/ AREA 0				Computation
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate Fe
							and
							Syndicated Exclusivity
					_		Surcharge
	-						for
	-			•			Partially
							Distant
				•	<u> </u>		Stations
					 -		
				ļ			
	-			.			
Fotal DSEs	<u> </u>	0.00	Total DSEs		Ш	0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Secon		\$	0.00	
ONE HUNDRED FIFTY-NINTH	SUBSCRIBER GROUP			SIXTIETH	SUBSCRIBER GROU	_	
COMMUNITY/ AREA		0	COMMUNITY/ AREA				
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	-				,		
	-				-		
				•			
	-						
				ļ			
				.			
	-						
	<u> </u>						
Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts Third Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
·		0.00	Gross Receipts Fourth	·	\$	0.00	

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 006702 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 006702 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIFTH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 006702 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. NINTH SUBSCRIBER GROUP TENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY **SURCHARGE** SURCHARGE Second Group **ELEVENTH SUBSCRIBER GROUP** TWELVTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 006702 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. THIRTEENTH SUBSCRIBER GROUP FOURTEENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group FIFTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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