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               |  |  |  |  |  |  |
| 09/19/2022                    | \$ 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                    | ACCOUNTING PERIOD COVERED BY THIS STATEMENT:  |                    |                             |               |  |  |  |  |
|----------------------|---|--------------------|-----------------------------|---------------|--|--|--|--|
| Accounting<br>Period | 2022/1  |                    |                             |               |  |  |  |  |
| B<br>Owner           | Instructions:     Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo rate title of the subsidiary, not that of the parent corporation     List any other name or names under which the owner conducts the business of the cable system     If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period  Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. |                    |                             |               |  |  |  |  |
|                      | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM  CABLE ONE, INC.  |                    |                             |               |  |  |  |  |
|                      | CABLE ONE, INC.   |                    |                             |               |  |  |  |  |
|                      |   |                    |                             | 00771120221   |  |  |  |  |
|                      |   |                    |                             | 007711 2022/1 |  |  |  |  |
|                      | 210 E. EARLL DRIVE<br>PHOENIX, AZ 85012-2626  |                    |                             |               |  |  |  |  |
| С                    | INSTRUCTIONS: In line 1, give any business or trade names used to ic names already appear in space B. In line 2, give the mailing address of  |                    |                             |               |  |  |  |  |
| System               | 1 IDENTIFICATION OF CABLE SYSTEM: SPARKLIGHT  |                    | <u> </u>                    |               |  |  |  |  |
|                      | MAILING ADDRESS OF CABLE SYSTEM:  261 EASTLAND DRIVE  (Number, street, rural route, apartment, or suite number)  TWIN FALLS, ID 83301  (City, town, state, zip code)  |                    |                             |               |  |  |  |  |
| D                    | Instructions: For complete space D instructions, see page 1b. Identify  | only the frst comn | nunity served below and rel | st on page 1b |  |  |  |  |
| Area<br>Served       | with all communities.  CITY OR TOWN   | STATE              |                             |               |  |  |  |  |
| First                | TWIN FALLS  | ID                 |                             |               |  |  |  |  |
| Community            | Below is a sample for reporting communities if you report multiple cha  | nnel line-ups in S | pace G.                     |               |  |  |  |  |
|                      | CITY OR TOWN (SAMPLE)   | STATE              | CH LINE UP                  | SUB GRP#      |  |  |  |  |
| Sample               | Alda  | MD                 | A                           | 1             |  |  |  |  |
|                      | Alliance  | MD                 | В                           | 2             |  |  |  |  |
|                      | Gering  | MD                 | В                           | 3             |  |  |  |  |

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright 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.  |                                       |   |                     |                        |  |  |  |  |  |
|--|---------------------------------------|---|---------------------|------------------------|--|--|--|--|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:   |                                       |   | SYSTEM ID#          |                        |  |  |  |  |  |
| CABLE ONE, INC.  |                                       |   | 007711              |                        |  |  |  |  |  |
| Instructions: List each separate community served by the cable system. A "community in FCC rules: "a separate and distinct community or municipal entity (including unincorporareas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frs of system identification hereafter known as the "first community." Please use it as the first community." | orated communiti<br>t community that  | es within unincorp<br>you list will serve | orated              | D<br>Area<br>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., on all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each redesignated by a number (based on your reporting from Part 9).                                      | e column blank. İ<br>levant community | f you report any si<br>with a subscribe   | tations<br>r group, |                        |  |  |  |  |  |
| When reporting the carriage of television broadcast stations on a community-by-community channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns by  | a subscriber gro                      |   |                     |                        |  |  |  |  |  |
| CITY OR TOWN   | STATE                                 | CH LINE UP                                | SUB GRP#            | ]                      |  |  |  |  |  |
| TWIN FALLS   | ID                                    |   |                     | First                  |  |  |  |  |  |
| BUHL   | ID                                    |   |                     | Community              |  |  |  |  |  |
| BURLEY   | ID                                    |   |                     | ,                      |  |  |  |  |  |
| CASSIA COUNTY  | ID                                    |   |                     |                        |  |  |  |  |  |
| FILER  | ID                                    |   |                     |                        |  |  |  |  |  |
| GOODING  | ID                                    |   |                     | See instructions for   |  |  |  |  |  |
| GOODING COUNTY   | ID                                    |   |                     | additional information |  |  |  |  |  |
| HAGERMAN   | ID                                    |   |                     | on alphabetization.    |  |  |  |  |  |
| HANSEN   | ID                                    |   |                     |                        |  |  |  |  |  |
| HEYBURN  | ID                                    |   |                     |                        |  |  |  |  |  |
| JEROME   | ID                                    |   |                     | Add rows as no cossan, |  |  |  |  |  |
| JEROME COUNTY  | ID                                    |   |                     | Add rows as necessary. |  |  |  |  |  |
| KIMBERLY   | ID                                    |   |                     |                        |  |  |  |  |  |
| MINIDOKA COUNTY  | ID                                    |   |                     |                        |  |  |  |  |  |
| PAUL   | ID                                    |   |                     |                        |  |  |  |  |  |
| RUPERT   | ID                                    |   |                     |                        |  |  |  |  |  |
| SHOSHONE   | ID                                    |   |                     |                        |  |  |  |  |  |
| TWIN FALLS COUNTY  | ID                                    |   |                     |                        |  |  |  |  |  |
| WENDELL  | ID                                    |   |                     |                        |  |  |  |  |  |
| LINCOLN COUNTY   | ID                                    |   |                     |                        |  |  |  |  |  |
|  |                                       |   |                     |                        |  |  |  |  |  |
|  |                                       |   |                     |                        |  |  |  |  |  |
|  |                                       |   |                     |                        |  |  |  |  |  |
|  |                                       |   |                     |                        |  |  |  |  |  |
|  |                                       |   |                     |                        |  |  |  |  |  |
|  |                                       |   |                     |                        |  |  |  |  |  |
|  |                                       |   |                     |                        |  |  |  |  |  |
|  |                                       |   |                     |                        |  |  |  |  |  |
|  |                                       |   |                     |                        |  |  |  |  |  |
|  |                                       |   |                     |                        |  |  |  |  |  |
|  |                                       |   |                     |                        |  |  |  |  |  |
|  |                                       |   |                     |                        |  |  |  |  |  |
|  |                                       |   |                     |                        |  |  |  |  |  |
|  |                                       |   |                     |                        |  |  |  |  |  |
|  |                                       |   |                     |                        |  |  |  |  |  |
|  |                                       |   |                     |                        |  |  |  |  |  |
|  |                                       |   |                     |                        |  |  |  |  |  |
|  |                                       |   |                     |                        |  |  |  |  |  |
|  |                                       |   |                     |                        |  |  |  |  |  |
|  |                                       |   |                     |                        |  |  |  |  |  |
|  |                                       |   |                     |                        |  |  |  |  |  |

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#

007711

### Ε

### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

Secondary Transmission Service: Subscribers and Rates **In General:** The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

**Rate:** Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

| BLO  | OCK 1       | BLOCK 2  |                                      |  |  |
|--|-------------|----------|--------------------------------------|--|--|
|  | NO. OF      |          | NO. OF                               |  |  |
| CATEGORY OF SERVICE                              | SUBSCRIBERS | RATE     | CATEGORY OF SERVICE SUBSCRIBERS RATE |  |  |
| Residential:                                     |             |          |                                      |  |  |
| Service to first set                             | 2,536       | \$ 42.00 |                                      |  |  |
| <ul> <li>Service to additional set(s)</li> </ul> |             |          |                                      |  |  |
| <ul> <li>FM radio (if separate rate)</li> </ul>  |             |          |                                      |  |  |
| Motel, hotel                                     |             |          |                                      |  |  |
| Commercial                                       |             |          |                                      |  |  |
| Converter  |             |          |                                      |  |  |
| Residential                                      |             |          |                                      |  |  |
| Non-residential                                  |             |          |                                      |  |  |

## F

Services Other Than Secondary Transmissions: Rates

### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

|   | BLOCK 2      |   |           |                     |          |
|---|--------------|---|-----------|---------------------|----------|
| CATEGORY OF SERVICE                         | RATE         | CATEGORY OF SERVICE                         | RATE      | CATEGORY OF SERVICE | RATE     |
| Continuing Services:                        |              | Installation: Non-residential               |           |                     |          |
| Pay cable                                   | \$ 19.00     | Motel, hotel                                | COST PLUS | TIER                | \$ 44.00 |
| <ul> <li>Pay cable—add'l channel</li> </ul> | \$ 10.99     | Commercial                                  | COST PLUS |                     |          |
| Fire protection                             |              | Pay cable                                   | COST PLUS |                     |          |
| •Burglar protection                         |              | <ul> <li>Pay cable-add'l channel</li> </ul> | \$ 4.00   |                     |          |
| Installation: Residential                   |              | Fire protection                             |           |                     |          |
| • First set                                 | 0-90.00      | Burglar protection                          |           |                     |          |
| Additional set(s)                           | 30.00 -60.00 | Other services:                             |           |                     |          |
| • FM radio (if separate rate)               |              | Reconnect                                   | 0-90.00   |                     |          |
| Converter                                   |              | Disconnect                                  |           |                     |          |
|   |              | Outlet relocation                           | \$ 60.00  |                     |          |
|   |              | Move to new address                         |           |                     |          |
|   |              |   |           |                     |          |

| FORM SA3E. PAGE 3.   |  |  |  |  |   |                             |
|--|--|--|--|--|---|-----------------------------|
| LEGAL NAME OF OWN  |  | YSTEM:   |  |  | SYSTEM ID#  | Namo                        |
| CABLE ONE, IN  |  |  |  |  | 007711  |                             |
| PRIMARY TRANSMITTE   |  |  |  |  |   |                             |
| carried by your cable s  | system during t  | he accounting  | g period, excep  | t (1) stations carri   | s and low power television stations)<br>ed only on a part-time basis under<br>tain network programs [sections   | G                           |
| 76.59(d)(2) and (4), 76  | 6.61(e)(2) and (   | (4), or 76.63 (  | referring to 76.6  |  | and (2) certain stations carried on a   | Primary                     |
| substitute program bas   |  |  |  | s carried by your  | cable system on a substitute program  | Transmitters:<br>Television |
| basis under specifc FC   | CC rules, regula   | ations, or auth  | norizations:   |  |   | Television                  |
| station was carried  | only on a subs   | titute basis.  |  | •  | nent and Program Log)—if the itute basis and also on some other   |                             |
|  |  |  |  |  | of the general instructions located   |                             |
| in the paper SA3 for   |  | sian Do not  | report originatio  | n program service  | es such as HBO, ESPN, etc. Identify   |                             |
| each multicast stream  | associated wit   | h a station ac   | cording to its ov  | /er-the-air designa  | ation. For example, report multi-   |                             |
| cast stream as "WETA<br>WETA-simulcast).   | 2". Simulcast  | streams mus  | t be reported in   | column 1 (list eac   | ch stream separately; for example   |                             |
| Column 2: Give the   |  |  | •  |  | tion for broadcasting over-the-air in   |                             |
| its community of licens<br>on which your cable sy  | •  |  | annel 4 in Wasl  | hington, D.C. This   | may be different from the channel   |                             |
| Column 3: Indicate   | in each case   | whether the s  |  |  | ependent station, or a noncommercial  |                             |
|  |  |  |  |  | cast), "I" (for independent), "I-M"<br>ommercial educational multicast).  |                             |
| For the meaning of the   | se terms, see  | page (v) of th   | ie general instru  | ictions located in t   | the paper SA3 form.   |                             |
| Column 4: If the sta<br>planation of local servi   |  |  |  | , .  | es". If not, enter "No". For an ex-<br>e paper SA3 form.  |                             |
| Column 5: If you ha  | ave entered "Y   | es" in column  | 4, you must co   | mplete column 5,   | stating the basis on which your   |                             |
| cable system carried th  |  | •  | ٠.   | •  | ntering "LAC" if your cable system  |                             |
| carried the distant stati  | ion on a part-ti   | me basis bec   | ause of lack of a  | activated channei  | capacity.   |                             |
| For the retransmiss  | ion of a distant   | t multicast str  | eam that is not  | subject to a royalt  | y payment because it is the subject   |                             |
| For the retransmiss of a written agreement   | ion of a distant<br>entered into o   | t multicast str<br>n or before J   | eam that is not a<br>une 30, 2009, b   | subject to a royalt<br>etween a cable sy   | y payment because it is the subject vistem or an association representing   |                             |
| For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For s   | ion of a distant<br>entered into o<br>a primary trans<br>simulcasts, als   | t multicast str<br>in or before Ji<br>imitter or an a<br>o enter "E". If   | eam that is not a<br>une 30, 2009, be<br>association repre<br>you carried the  | subject to a royalt<br>etween a cable sy<br>esenting the prima<br>channel on any c   | y payment because it is the subject retem or an association representing ary transmitter, enter the designation basis, enter "O." For a further   |                             |
| For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the   | ion of a distant<br>entered into o<br>a primary trans<br>simulcasts, als<br>aree categories  | t multicast str<br>in or before Ju<br>mitter or an a<br>o enter "E". If<br>s, see page (v  | eam that is not a<br>une 30, 2009, but<br>association repre-<br>you carried the<br>of the general  | subject to a royalt<br>etween a cable sy<br>esenting the prima<br>channel on any c<br>instructions locat   | y payment because it is the subject stem or an association representing ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form.  |                             |
| For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the <b>Column 6:</b> Give the FCC. For Mexican or Column of the sexplanation of | ion of a distant<br>entered into of<br>a primary trans<br>simulcasts, als<br>aree categories<br>to location of ea<br>Canadian station  | t multicast str<br>on or before Ju<br>mitter or an a<br>o enter "E". If<br>s, see page (v<br>och station. Fo<br>ons, if any, giv   | eam that is not une 30, 2009, but association representation of the general or U.S. stations, we the name of t   | subject to a royalt etween a cable sy esenting the prima channel on any constructions locat list the community with the community with esemble community with es | y payment because it is the subject stem or an association representing ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form.  y to which the station is licensed by the h which the station is identifed.   |                             |
| For the retransmiss<br>of a written agreement<br>the cable system and a<br>tion "E" (exempt). For s<br>explanation of these th<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C   | ion of a distant<br>entered into of<br>a primary trans<br>simulcasts, als<br>aree categories<br>to location of ea<br>Canadian station  | t multicast str<br>on or before Ju<br>mitter or an a<br>o enter "E". If<br>s, see page (v<br>ach station. Fo<br>ons, if any, giv<br>nnel line-ups,   | eam that is not une 30, 2009, bus sociation repressive you carried the of the general or U.S. stations, we the name of tuse a separate   | subject to a royalt etween a cable sy esenting the prima channel on any c instructions locat list the community with space G for each  | y payment because it is the subject stem or an association representing ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form.  y to which the station is licensed by the h which the station is identifed.   |                             |
| For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the <b>Column 6:</b> Give the FCC. For Mexican or Column of the sexplanation of | ion of a distant<br>entered into of<br>a primary trans<br>simulcasts, als<br>aree categories<br>to location of ea<br>Canadian station  | t multicast str<br>on or before Ju<br>mitter or an a<br>o enter "E". If<br>s, see page (v<br>ach station. Fo<br>ons, if any, giv<br>nnel line-ups,   | eam that is not une 30, 2009, but association representation of the general or U.S. stations, we the name of t   | subject to a royalt etween a cable sy esenting the prima channel on any c instructions locat list the community with space G for each  | y payment because it is the subject stem or an association representing ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form.  y to which the station is licensed by the h which the station is identifed.   |                             |
| For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or Column 6: If you are utilizin 1. CALL  | ion of a distant entered into o a primary trans simulcasts, als aree categories e location of ea Canadian static g multiple chai   | t multicast str<br>on or before Ju<br>mitter or an a<br>o enter "E". If<br>s, see page (v<br>och station. Fo<br>ons, if any, giv<br>nnel line-ups,<br>CHANN<br>3. TYPE   | eam that is not sune 30, 2009, bussociation repreyou carried the of the general or U.S. stations, we the name of tuse a separate  EL LINE-UP  4. DISTANT?  | subject to a royalt etween a cable syesenting the prima channel on any constructions located list the community with a space G for each AA  5. BASIS OF  | y payment because it is the subject stem or an association representing ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form.  y to which the station is licensed by the h which the station is identifed.   |                             |
| For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or Column 6: If you are utilizin  | ion of a distant entered into o a primary trans simulcasts, als aree categories e location of ea Canadian static g multiple chai  2. B'CAST CHANNEL  | t multicast str<br>on or before Ju<br>mitter or an a<br>o enter "E". If<br>s, see page (v<br>och station. Fo<br>ons, if any, giv<br>nnel line-ups,<br>CHANN<br>3. TYPE   | eam that is not une 30, 2009, but association representation of the general or U.S. stations, we the name of the use a separate EL LINE-UP  4. DISTANT?  (Yes or No)   | subject to a royalt etween a cable sy esenting the prima channel on any constructions locat list the community with space G for each AA  5. BASIS OF CARRIAGE  | y payment because it is the subject vetem or an association representing any transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form.  y to which the station is licensed by the h which the station is identifed. In channel line-up.  |                             |
| For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or Column 6: If you are utilizin 1. CALL SIGN   | ion of a distant entered into o a primary trans simulcasts, als iree categories e location of ea Canadian static ig multiple chai  2. B'CAST CHANNEL NUMBER  | t multicast str<br>on or before Ju-<br>mitter or an a<br>o enter "E". If<br>is, see page (v<br>ach station. Fo<br>ons, if any, giv<br>nnel line-ups,<br>CHANN<br>3. TYPE<br>OF<br>STATION  | earn that is not une 30, 2009, bus sociation representation representation of the general or U.S. stations, we the name of the use a separate  EL LINE-UP  4. DISTANT?  (Yes or No)  | subject to a royalt etween a cable syesenting the prima channel on any constructions located list the community with a space G for each AA  5. BASIS OF  | y payment because it is the subject stem or an association representing ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed. In channel line-up.  6. LOCATION OF STATION  |                             |
| For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or Column 6: Give the F     | ion of a distant entered into o a primary trans simulcasts, als tree categories e location of ea Canadian static g multiple characteristics.  2. B'CAST CHANNEL NUMBER  22   | t multicast str n or before Jo mitter or an a o enter "E". If s, see page (v sch station. Fo ons, if any, giv nnel line-ups,  CHANN  3. TYPE  OF STATION  E  | eam that is not une 30, 2009, bussociation repreyou carried the of the general or U.S. stations, we the name of tuse a separate  EL LINE-UP  4. DISTANT?  (Yes or No)  | subject to a royalt etween a cable sy esenting the prima channel on any constructions locat list the community with space G for each AA  5. BASIS OF CARRIAGE  | y payment because it is the subject vistem or an association representing any transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form.  by to which the station is licensed by the high which the station is identifed.  channel line-up.  6. LOCATION OF STATION  TWIN FALLS, ID   |                             |
| For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or Column 6: Give the F     | ion of a distant entered into o a primary trans simulcasts, als tree categories e location of ea Canadian static g multiple characteristics. B'CAST CHANNEL NUMBER 22 22.2   | t multicast street or or before Justin or before Justin or an at o enter "E". If it, see page (vach station. Foons, if any, givennel line-ups,  CHANN  3. TYPE  OF  STATION  E  E-M  | earn that is not une 30, 2009, bus sociation representation representation of the general or U.S. stations, we the name of the use a separate EL LINE-UP  4. DISTANT?  (Yes or No)  No  No   | subject to a royalt etween a cable sy esenting the prima channel on any constructions locat list the community with space G for each AA  5. BASIS OF CARRIAGE  | y payment because it is the subject stem or an association representing ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed. In channel line-up.  6. LOCATION OF STATION  TWIN FALLS, ID  TWIN FALLS, ID  |                             |
| For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or Column 6: Give the F     | ion of a distant entered into o a primary trans simulcasts, als tree categories e location of ea Canadian static growth multiple characteristics. B'CAST CHANNEL NUMBER 22 22.2 22.3   | t multicast str n or before Jo mitter or an a o enter "E". If s, see page (v ach station. Fo ons, if any, giv nnel line-ups,  CHANN  3. TYPE OF STATION  E E-M  E-M  | eam that is not une 30, 2009, but is sociation representation of the general or U.S. stations, we the name of the use a separate  EL LINE-UP  4. DISTANT?  (Yes or No)  No  No  No   | subject to a royalt etween a cable sy esenting the prima channel on any constructions locat list the community with space G for each AA  5. BASIS OF CARRIAGE  | y payment because it is the subject stem or an association representing any transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form.  y to which the station is licensed by the h which the station is identifed.  or channel line-up.  TWIN FALLS, ID  TWIN FALLS, ID  TWIN FALLS, ID  |                             |
| For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or Column 6: Give the F     | ion of a distant entered into o a primary trans simulcasts, als iree categories e location of ea Canadian static growth multiple characteristics. B'CAST CHANNEL NUMBER 22 22.2 22.3 22.4  | t multicast stren or before Justin or before Justin or an a content "E". If it, see page (vach station. Foons, if any, givennel line-ups,  CHANN  3. TYPE  OF  STATION  E  E-M  E-M  E-M   | earn that is not une 30, 2009, but is sociation representation representation of the general or U.S. stations, we the name of the use a separate EL LINE-UP  4. DISTANT?  (Yes or No)  No  No  No  No  No  No  No  No  No  | subject to a royalt etween a cable sy esenting the prima channel on any constructions locat list the community with space G for each AA  5. BASIS OF CARRIAGE  | y payment because it is the subject vistem or an association representing any transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form.  y to which the station is licensed by the high which the station is identified. In channel line-up.  6. LOCATION OF STATION  TWIN FALLS, ID   | additional information      |
| For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or Column 6: Give the F     | ion of a distant entered into o a primary trans simulcasts, als tree categories e location of ea Canadian static growth multiple characteristics of the control of the cont | t multicast str on or before Jo mitter or an a o enter "E". If o, see page (v och station. Fo ons, if any, giv nnel line-ups,  CHANN  3. TYPE OF STATION  E E-M E-M N  | earn that is not une 30, 2009, but is sociation representation of the general or U.S. stations, we the name of the use a separate of the separ | subject to a royalt etween a cable sy esenting the prima channel on any constructions locat list the community with space G for each AA  5. BASIS OF CARRIAGE  | y payment because it is the subject stem or an association representing ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form.  y to which the station is licensed by the h which the station is identifed.  a channel line-up.  6. LOCATION OF STATION  TWIN FALLS, ID   | additional information      |
| For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or Column 6: Give the F     | ion of a distant entered into o a primary trans simulcasts, als iree categories e location of ea Canadian static growth multiple characteristics of the control of the cont | t multicast str n or before Jo mitter or an a o enter "E". If s, see page (v sch station. Fo ons, if any, giv nnel line-ups,  CHANN  3. TYPE OF STATION  E -M E-M  E-M  I-M  | eam that is not une 30, 2009, but is sociation repreyou carried the your carried the your carried the your carried the your carried the name of the general or U.S. stations, we the name of the use a separate of the name of the use as exparate of the name of  | subject to a royalt etween a cable sy esenting the prima channel on any constructions locat list the community with space G for each AA  5. BASIS OF CARRIAGE  | y payment because it is the subject stem or an association representing any transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form.  y to which the station is licensed by the had which the station is identifed. In channel line-up.  TWIN FALLS, ID   | additional information      |
| For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or CNote: If you are utilizing.  1. CALL SIGN  KIPT-DT1  KIPT-DT2  KIPT-DT3  KIPT-DT4  KMVT-DT1  KMVT-DT1  KMVT-DT1  KMVT-DT2  KSAW-LD  | ion of a distant entered into o a primary trans simulcasts, als tree categories e location of ea Canadian static growth multiple characteristics. B'CAST CHANNEL NUMBER 22 22.2 22.3 22.4 11 11.2 15   | t multicast str on or before Jo mitter or an a o enter "E". If o, see page (v och station. Fo ons, if any, giv nnel line-ups,  CHANN  3. TYPE OF STATION  E E-M E-M N I-M N  | earn that is not une 30, 2009, but is sociation representation of the general or U.S. stations, we the name of the use a separate of the separ | subject to a royalt etween a cable sy esenting the prima channel on any constructions locat list the community with space G for each AA  5. BASIS OF CARRIAGE  | y payment because it is the subject stem or an association representing ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. It is to which the station is licensed by the handle when the station is identified. In channel line-up.  6. LOCATION OF STATION  TWIN FALLS, ID   | additional information      |
| For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or CNote: If you are utilizing.  1. CALL SIGN  KIPT-DT1  KIPT-DT2  KIPT-DT3  KIPT-DT4  KMVT-DT1  KMVT-DT1  KMVT-DT2  KSAW-LD  KSVT-LD   | ion of a distant entered into o a primary trans simulcasts, als aree categories e location of ea Canadian static growth multiple characteristics.  2. B'CAST CHANNEL NUMBER  22  22.2  22.3  22.4  11  11.2  15  | t multicast str n or before Jo mitter or an a o enter "E". If s, see page (v sch station. Fo ons, if any, giv nnel line-ups,  CHANN  3. TYPE OF STATION E E-M E-M N I-M N  | eam that is not une 30, 2009, but is sociation representation of the general or U.S. stations, we the name of the use a separate  EL LINE-UP  4. DISTANT? (Yes or No)  No  No  No  No  No  No  No  No  No  | subject to a royalt etween a cable sy esenting the prima channel on any constructions locat list the community with space G for each AA  5. BASIS OF CARRIAGE  | y payment because it is the subject stem or an association representing any transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form.  y to which the station is licensed by the had which the station is identifed.  o channel line-up.  TWIN FALLS, ID   | additional information      |
| For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or CNote: If you are utilizing 1. CALL SIGN  KIPT-DT1  KIPT-DT2  KIPT-DT3  KIPT-DT4  KMVT-DT1  KMVT-DT1  KMVT-DT2  KSAW-LD  KSVT-LD  KTFT-LD  | ion of a distant entered into o a primary trans simulcasts, als tree categories e location of ea Canadian static growth multiple characteristics of the control of the cont | t multicast str on or before Jo mitter or an a o enter "E". If o, see page (v och station. Fo ons, if any, giv nnel line-ups,  CHANN  3. TYPE OF STATION  E E-M E-M N I-M N  | earn that is not une 30, 2009, but is sociation representation of the general or U.S. stations, we the name of the use a separate of the separ | subject to a royalt etween a cable sy esenting the prima channel on any constructions locat list the community with space G for each AA  5. BASIS OF CARRIAGE  | y payment because it is the subject stem or an association representing ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form.  y to which the station is licensed by the h which the station is identifed.  a channel line-up.  6. LOCATION OF STATION  TWIN FALLS, ID   | additional information      |
| For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or CNote: If you are utilizing 1. CALL SIGN  KIPT-DT1  KIPT-DT2  KIPT-DT3  KIPT-DT4  KMVT-DT1  KMVT-DT1  KMVT-DT2  KSAW-LD  KSVT-LD  KXTF-HD  | ion of a distant entered into o a primary trans simulcasts, als aree categories e location of ea Canadian static growth multiple characteristics and care categories e location of ea Canadian static growth multiple characteristics and categories e location of ea Canadian static growth multiple characteristics and categories e location of ea Canadian static growth multiple characteristics and categories and ca | t multicast str n or before Jo mitter or an a o enter "E". If s, see page (v tech station. Fo ons, if any, giv nnel line-ups,  CHANN  3. TYPE OF STATION  E-M E-M N I-M N I  | eam that is not une 30, 2009, but is sociation representation of the general or U.S. stations, we the name of the use a separate  EL LINE-UP  4. DISTANT? (Yes or No)  No  No  No  No  No  No  No  No  No  | subject to a royalt etween a cable sy esenting the prima channel on any constructions locat list the community with space G for each AA  5. BASIS OF CARRIAGE  | y payment because it is the subject stem or an association representing any transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form.  y to which the station is licensed by the hydrochamber with the station is identifed.  channel line-up.  6. LOCATION OF STATION  TWIN FALLS, ID   | additional information      |
| For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or CNote: If you are utilizing 1. CALL SIGN  KIPT-DT1  KIPT-DT2  KIPT-DT3  KIPT-DT4  KMVT-DT1  KMVT-DT1  KMVT-DT2  KSAW-LD  KSVT-LD  KXTF-HD  | ion of a distant entered into o a primary transsimulcasts, alsuree categories e location of ea Canadian static grantiple charter than the categories e location of ea Canadian static grantiple charter than the categories e location of ea Canadian static grantiple charter than the categories e location of ea Canadian static grantiple charter than the categories and categories are categories are categories and categories are  | t multicast stren or before Joseph In or befor | earn that is not une 30, 2009, but is sociation representation of the general or U.S. stations, we the name of the use a separate of the separ | subject to a royalt etween a cable sy esenting the prima channel on any constructions locat list the community with space G for each AA  5. BASIS OF CARRIAGE  | y payment because it is the subject stem or an association representing any transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form.  y to which the station is licensed by the h which the station is identifed. In channel line-up.  6. LOCATION OF STATION  TWIN FALLS, ID   | additional information      |
| For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or Column 6: Give the F     | ion of a distant entered into o a primary trans simulcasts, als aree categories e location of ea Canadian static growth multiple characteristics and care categories e location of ea Canadian static growth multiple characteristics and categories e location of ea Canadian static growth multiple characteristics and categories e location of ea Canadian static growth multiple characteristics and categories and ca | t multicast str n or before Jo mitter or an a o enter "E". If s, see page (v tech station. Fo ons, if any, giv nnel line-ups,  CHANN  3. TYPE OF STATION  E-M E-M N I-M N I  | eam that is not une 30, 2009, but is sociation representation of the general or U.S. stations, we the name of the use a separate  EL LINE-UP  4. DISTANT? (Yes or No)  No  No  No  No  No  No  No  No  No  | subject to a royalt etween a cable sy esenting the prima channel on any constructions locat list the community with space G for each AA  5. BASIS OF CARRIAGE  | y payment because it is the subject stem or an association representing any transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form.  y to which the station is licensed by the hydrochamber with the station is identifed.  channel line-up.  6. LOCATION OF STATION  TWIN FALLS, ID   | additional information      |
| For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or CNote: If you are utilizing 1. CALL SIGN  KIPT-DT1  KIPT-DT2  KIPT-DT3  KIPT-DT4  KMVT-DT1  KMVT-DT1  KMVT-DT2  KSAW-LD  KSVT-LD  KTFT-LD  KTVB-2  KTVB-3  | ion of a distant entered into o a primary transsimulcasts, alsuree categories e location of ea Canadian static grantiple charter than the categories e location of ea Canadian static grantiple charter than the categories e location of ea Canadian static grantiple charter than the categories e location of ea Canadian static grantiple charter than the categories and categories are categories are categories and categories are categories and categories are categories and categories are categories are categories and categories are categories are categories and categories are  | t multicast str n or before Jo mitter or an a o enter "E". If s, see page (v sch station. Fc ons, if any, giv nnel line-ups,  CHANN  3. TYPE OF STATION  E-M E-M N I-M N I-M I I-M   | eam that is not sune 30, 2009, but is sociation repreyou carried the your carried the your carried the your carried the your carried the name of the general court. So that is a separate of the separate of t | subject to a royalt etween a cable sy esenting the prima channel on any constructions locat list the community with space G for each AA  5. BASIS OF CARRIAGE  | y payment because it is the subject stem or an association representing any transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form.  y to which the station is licensed by the h which the station is identifed. In channel line-up.  6. LOCATION OF STATION  TWIN FALLS, ID   | additional information      |
| For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or CNote: If you are utilizing 1. CALL SIGN  KIPT-DT1  KIPT-DT2  KIPT-DT3  KIPT-DT4  KMVT-DT4  KMVT-DT2  KSAW-LD  KSYT-LD  KTFT-LD  KTFT-LD  KTVB-2  KTVB-3  KMVT-SIMUL   | ion of a distant entered into o a primary trans simulcasts, als aree categories e location of ea Canadian static grupped multiple characteristics and categories e location of ea Canadian static grupped multiple characteristics and categories e location of ea Canadian static grupped multiple characteristics and categories e location of ea Canadian static grupped multiple characteristics and categories and cat | t multicast stren or before Joseph In or befor | eam that is not une 30, 2009, but is sociation representation of the general or U.S. stations, we the name of the use a separate of the separa | subject to a royalt etween a cable sy esenting the prima channel on any constructions locat list the community with space G for each AA  5. BASIS OF CARRIAGE  | y payment because it is the subject stem or an association representing any transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form.  y to which the station is licensed by the h which the station is identifed.  o channel line-up.  6. LOCATION OF STATION  TWIN FALLS, ID   | additional information      |
| For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or CNote: If you are utilizing.  1. CALL SIGN  KIPT-DT1  KIPT-DT2  KIPT-DT3  KIPT-DT4  KMVT-DT1  KMVT-DT1  KMVT-DT1  KMVT-DT1  KSAW-LD  KTFT-LD  KTFT-LD  KTFT-LD  KTVB-2  KTVB-3  KMVT-SIMUL  KSAW-SIMUL   | ion of a distant entered into of a primary transsimulcasts, alsuree categories elocation of each canadian static growth multiple characteristics and canadian static growth growth multiple characteristics and canadian static growth  | t multicast str n or before Jo mitter or an a o enter "E". If s, see page (v sch station. Fo ons, if any, giv nnel line-ups,  CHANN  3. TYPE  OF STATION  E E-M  E-M  N  I-M  N  I-M  I-M  N  I-M  N  I-M  N  I-M  N  I-M  N   | eam that is not une 30, 2009, but is sociation repreyou carried the port U.S. stations, we the name of the use a separate EL LINE-UP  4. DISTANT? (Yes or No)  No  No  No  No  No  No  No  No  No  | subject to a royalt etween a cable sy esenting the prima channel on any constructions locat list the community with space G for each AA  5. BASIS OF CARRIAGE  | y payment because it is the subject stem or an association representing any transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form.  y to which the station is licensed by the h which the station is identifed. In channel line-up.  6. LOCATION OF STATION  TWIN FALLS, ID   | additional information      |
| of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or C     | ion of a distant entered into of a primary transsimulcasts, alsuree categories e location of each canadian static grunding multiple characteristics and canadian static grunding multiple characteristics.  2. B'CAST CHANNEL NUMBER 22 22.2 22.3 22.4 11 11.2 15 14 20 34 7.2 7.3 11 15`  | t multicast str on or before Jo mitter or an a o enter "E". If o, see page (v och station. Fo ons, if any, giv nnel line-ups,  CHANN  3. TYPE  OF STATION  E-M  E-M  N  I-M  N  I-M  N  I-M  N  N  N  N  N  N  N  N  N  N  N  N  N   | eam that is not une 30, 2009, but is sociation representation of the general or U.S. stations, we the name of the use a separate of the separa | subject to a royalt etween a cable sy esenting the prima channel on any constructions locat list the community with space G for each AA  5. BASIS OF CARRIAGE  | y payment because it is the subject stem or an association representing any transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form.  y to which the station is licensed by the h which the station is identifed. In channel line-up.  6. LOCATION OF STATION  TWIN FALLS, ID   additional information      |
| For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or CNote: If you are utilizing.  1. CALL SIGN  KIPT-DT1  KIPT-DT2  KIPT-DT3  KIPT-DT4  KMVT-DT4  KMVT-DT1  KMVT-DT2  KSAW-LD  KSYT-LD  KTFT-LD  KXTF-HD  KTVB-2  KTVB-3  KMVT-SIMUL  KSAW-SIMUL  KSVT-LD-SIMUL  | ion of a distant entered into of a primary transsimulcasts, also a primary transsimulcasts, also aree categories elocation of each canadian static growth multiple characteristics. B'CAST CHANNEL NUMBER 22 22.2 22.3 22.4 11 11.2 15 14 20 34 7.2 7.3 11 15 14   | t multicast str on or before Jo mitter or an a o enter "E". If s, see page (v och station. Fo ons, if any, giv nnel line-ups,  CHANN  3. TYPE  OF STATION  E-M  E-M  N  I-M  N  I-M  N  I-M  N  N  I-M  N  N  I-M  N  N  I-M  I-M  | eam that is not une 30, 2009, but is sociation representation of the general or U.S. stations, we the name of the use a separate of U.S. Stations, we the name of the use a separate of U.S. Stations, we the name of the use a separate of U.S. Stations, we the name of the use a separate of U.S. Stations, we the name of the use a separate of U.S. Stations, we the name of the use a separate of U.S. Stations of the use a separate of U.S. Stations of No.  No.  No.  No.  No.  No.  No.  No.   | subject to a royalt etween a cable sy esenting the prima channel on any constructions locat list the community with space G for each AA  5. BASIS OF CARRIAGE  | y payment because it is the subject stem or an association representing any transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form.  y to which the station is licensed by the h which the station is identifed.  o channel line-up.  6. LOCATION OF STATION  TWIN FALLS, ID   additional information      |

| FORM SA3E. PAGE 3.  |  |  |  |   | CVCTEM ID#   |                                    |
|---|--|--|--|---|--|------------------------------------|
| LEGAL NAME OF OWN   |  | YSTEM:   |  |   | SYSTEM ID#   | Name                               |
| CABLE ONE, II   |  |  |  |   | 007711   |                                    |
| PRIMARY TRANSMITTI  |  |  |  |   |  |                                    |
| In General: In space of carried by your cable of FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base Substitute program base Substitute Pasis 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-Simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multifor the meaning of the Column 4: If the splanation of local service Column 5: If you he cable system carried the carried the distant stat For the retransmiss of a written agreement the cable system and station of the column system carried the cable system and station of a written agreement the cable system and station of a written agreement the cable system and station of the cable system | G, identify ever system during toons in effect on 6.61(e)(2) and (6.61(e)(2) a | y television so the accounting of June 24, 19 4), or 76.63 (add in the next respect to any ations, or auth G—but do listitute basis. ace I, if the stateming substitute basis. Sign. Do not the a station active actions whether the station. Whether the setter "N" (for noncommercial page (v) of the the local ser age (v) of the the local ser in column on during the me basis becautiful actions and active actions and active actions are the setter "nor before Jumitter or an active accounting the me basis becautiful active actions and active actions account to the series active actions account to the series active account to the series active actions account to the series account to | g period, except g period, except 81, permitting the referring to 76.6 paragraph. It is space I (the ation was carried tute basis station report origination cording to its own to be reported in the assession of the assession of the report origination cording to its own to be reported in the assession of the ass | t (1) stations carried to carriage of certific (2) and (4))]; as carried by your one Special Statem of both on a substitution, see page (v) on program service ter-the-air designation of the television statington, D.C. This ork station, an indefor metwork multiple of "E-M" (for noncontributions located in the distant"), enter "Yestions located in the inplete column 5, od. Indicate by enactivated channel subject to a royalty etween a cable sy esenting the prima | 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- | G Primary Transmitters: Television |
| the cable system and tion "E" (exempt). For   | a primary trans<br>simulcasts, als   | mitter or an a<br>o enter "E". If  | ssociation repre   | esenting the prima<br>channel on any o  | ry transmitter, enter the designa-<br>ther basis, enter "O." For a further   |                                    |
| 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 n which the station is identifed.   |                                    |
| Note: If you are utilizing  |  |  |  | •   |  |                                    |
|   |  | CHANN  | EL LINE-UP   | AB  |  |                                    |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION   |                                    |
|   |  |  |  |   |  |                                    |
|   |  |  |  |   |  |                                    |
|   |  |  |  |   |  |                                    |
|   |  |  |  | •   |  |                                    |
|   |  |  |  |   |  |                                    |
|   |  |  |  |   |  |                                    |
|   |  |  |  |   |  |                                    |
|   |  |  |  |   |  |                                    |
|   |  |  |  | •   |  |                                    |
|   |  |  |  |   |  |                                    |
|   |  |  |  |   |  |                                    |
|   |  |  | •  | •   |  |                                    |
|   |  |  |  |   |  |                                    |
|   |  |  |  |   |  |                                    |
|   |  |  |  |   |  |                                    |
|   |  |  |  |   |  |                                    |
|   |  |  |  |   |  |                                    |

| FORM SA3E. PAGE 3.  |  |  |  |   |   |   |
|---|--|--|--|---|---|---|
| LEGAL NAME OF OWN   | IER OF CABLE S   | YSTEM:   |  |   | SYSTEM ID#  | Name  |
| CABLE ONE, IN   | NC.  |  |  |   | 007711  | Nume  |
| PRIMARY TRANSMITTI  | ERS: TELEVISION  | ON   |  |   |   |   |
| PRIMARY TRANSMITTI In General: In space ( carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FO Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List each 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 | ERS: TELEVISIO G, identify ever system during t ions in effect or 6.61(e)(2) and ( sis, as explaine Stations: With CC rules, regula there in space only on a subs and also in spa formation cono rm. th station's call associated wit associated wit ce channel numl se. For example yetem carried the in each case of the entering the le cast), "E" (for n the entering see the entering see the entering see the entering the le cast), "E" (for n the entering see the enteri | y television standard y television y television standard y television y television y television y television y television y televisi | g period, except 81, permitting the referring to 76.6 paragraph. y distant stations norizations: at it in space I (the ation was carried tute basis stations cording to its over the temporary of the reported in the sassigned to annel 4 in Wash tation is a network), "N-M" (all educational), ce general instruvice area, (i.e. "central to 76.6 paragraphs.") | t (1) stations carried to carriage of cert (1(e)(2) and (4))]; as carried by your one Special Statemed both on a substitus, see page (v) on program service for the television statington, D.C. This ork station, an index (for network multicor "E-M" (for noncoctions located in tidistant"), enter "Ye | es". If not, enter "No". For an ex-   | G<br>Primary<br>Transmitters:<br>Television |
| cable system carried the carried the distant stat. For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the   | ne distant station on a part-tion on a part-tion of a distant entered into o a primary trans simulcasts, also ree categories e location of ea  | on during the me basis became the basis structure or before Jumitter or an acceptance of the basis of the bas | accounting peri-<br>ause of lack of a<br>eam that is not s<br>une 30, 2009, be<br>ssociation repre-<br>you carried the<br>) of the general<br>or U.S. stations,  | od. Indicate by en<br>activated channel<br>subject to a royalty<br>etween a cable sy-<br>esenting the prima<br>channel on any or<br>instructions locate<br>list the community   | 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 designather 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   | • •  | ·  | <u>'</u>  | channel line-up.  |   |
|   | 1  | CHANN  | EL LINE-UP   | AC  |   |   |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION  |   |
|   |  |  |  | •   |   |   |
|   |  |  |  | •   |   |   |
|   |  |  |  |   |   |   |
|   |  |  |  |   |   |   |
|   |  |  |  |   |   |   |
|   |  |  |  |   |   |   |
|   |  |  |  |   |   |   |
|   |  |  |  | •   |   |   |
|   |  |  |  |   |   |   |
|   |  |  |  |   |   |   |
|   |  |  |  |   |   |   |
|   |  |  |  | •   |   |   |
|   |  |  |  |   |   |   |
|   |  |  |  |   |   |   |
|   |  |  |  |   |   |   |
|   |  |  |  |   |   |   |
|   |  |  |  |   |   |   |
|   |  |  |  |   |   |   |

| FORM SA3E. PAGE 3.   |  |   |  |  | CVCTEM ID#   |                                    |
|--|--|---|--|--|--|------------------------------------|
| LEGAL NAME OF OW   |  | YSTEM:  |  |  | SYSTEM ID#   | Name                               |
| CABLE ONE, I   |  |   |  |  | 007711   |                                    |
| PRIMARY TRANSMITT  |  |   |  |  |  |                                    |
| In General: In space carried by your cable FCC rules and regula 76.59(d)(2) and (4), 7 substitute Basis basis under specifc F • Do not list the statio station was carried • List the station here basis. For further i in the paper SA3 froum 1: List ea each multicast stream cast stream as "WET. WETA-simulcast). Column 2: Give trits community of licen on which your cables Column 3: Indicated aducational station, by (for independent mult For the meaning of the Column 5: If you in cable system carried the distant stafor the retransmis of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the Column 6: Giv | G, identify ever system during to tions in effect on 6.61(e)(2) and (sis, as explaine Stations: With CC rules, regular here in space only on a subsand also in spanformation concorn.  ch station's call associated with A-2". Simulcast e channel numbers. For example ystem carried the in each case of the cast, "E" (for nese terms, see tation is outside ice area, see phave entered "Y the distant station on a part-itius on of a distant tentered into of a primary trans simulcasts, alshree categories e location of each Canadian static | y television so the accounting of June 24, 19 (4), or 76.63 (4), or 76.63 (4), or 76.63 (5) and the next respect to any attons, or authors, whether basis or the FCC has attended to the station. Whether the setter "N" (for noncommercial page (v) of the the local serial page (v) of the es" in column on during the me basis becath multicast strain or before Jumitter or an allowed to enter "E". If the serial page (v) of the station, Foons, if any, given the serial page (v) of the station. Foons, if any, given the serial page (v) on the station. | g period, exception and a period, exception and a period, exception and a period a period a period a period and a period | t (1) stations carrine carriage of cersit (e)(2) and (4))]; is carried by your me Special Statem d both on a substins, see page (v) on program service er-the-air designa column 1 (list each the television stanington, D.C. This ork station, an ind (for network multipor "E-M" (for noncotions located in the mplete column 5, od. Indicate by eractivated channel subject to a royalt etween a cable sy essenting the prima channel on any constructions located in the community with the communit | es". If not, enter "No". For an exee paper SA3 form. stating the basis on which your stering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing any transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed. | G Primary Transmitters: Television |
|  |  | CHANN   | EL LINE-UP   | AD   |  |                                    |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION  | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION   |                                    |
|  |  |   |  |  |  |                                    |
|  |  |   |  |  |  |                                    |
|  |  |   |  |  |  |                                    |
|  |  |   |  |  |  |                                    |
|  |  |   |  |  |  |                                    |
|  |  |   |  | •  |  |                                    |
|  |  |   |  |  |  |                                    |
|  |  |   |  |  |  |                                    |
|  |  |   |  |  |  |                                    |
|  |  |   |  |  |  |                                    |
|  |  |   |  |  |  |                                    |
|  |  |   |  |  |  |                                    |
|  |  |   |  |  |  |                                    |
|  |  |   |  |  |  |                                    |
|  |  |   |  |  |  |                                    |
|  |  |   |  |  |  |                                    |
|  |  |   | 1  | <b></b>  | 1  |                                    |

| FORM SA3E. PAGE 3.   |   |  |  |   | 0.407514 10.41   |  |
|--|---|--|--|---|--|--|
| LEGAL NAME OF OW   |   | YSTEM:   |  |   | SYSTEM ID#   | Name                                   |
| CABLE ONE, I   | NC.   |  |  |   | 007711   |  |
| PRIMARY TRANSMITT  | ERS: TELEVISION   | NC   |  |   |  |  |
| In General: In space carried by your cable FCC rules and regular 76.59(d)(2) and (4), 7 substitute program ba Substitute Basis basis under specifc F • Do not list the station station was carried • List the station here basis. For further i in the paper SA3 froum 1: List ea each multicast stream cast stream as "WETA-simulcast). Column 2: Give the its community of licen on which your cable stream as "Indicated educational station, be (for independent multicast). Column 4: If the splanation of local servalum 5: If you the cable system carried the distant state For the retransmis of a written agreement the cable system and tion "E" (exempt). For explanation of these the substitute of the set the set of the set | G, identify ever system during to tions in effect of 6.61(e)(2) and usis, as explaine Stations: With CC rules, regular here in space of only on a subset and also in spanformation concorm.  The station's call and associated with A-2". Simulcast the channel number see the channel number see terms, see the total station is outside vice area, see phave entered "Y the distant station on a part-tision of a distant at entered into of a primary transformations, als hree categories | y television state accounting in June 24, 19 (4), or 76.63 (4), or 76.63 (5) and in the next respect to any attions, or authorized from June 24, 19 (4), or 76.63 (5) and 10 (5) | g period, except g period, except 181, permitting the referring to 76.6 paragraph. It is attained to the second of | t (1) stations carried to carriage of certifice (2) and (4))]; is carried by your one Special Statem of both on a substitus, see page (v) on program service rethe-air designate column 1 (list each the television statington, D.C. This park station, an indefor network multicor "E-M" (for noncoctions located in the thing of the column 5, oot. Indicate by endactivated channel subject to a royalty etween a cable systeming the prima channel on any of instructions located in any of instructions located in the column 5, oot. Indicate by endactivated channel subject to a royalty etween a cable systeming the prima channel on any of instructions located in the prima channel on any of instructions located in the prima channel on any of instructions located. | 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 try transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. | Primary<br>Transmitters:<br>Television |
|  |   |  |  |   | y to which the station is licensed by the h which the station is identifed.  |  |
| Note: If you are utilizi   |   |  |  | •   |  |  |
|  |   | CHANN  | EL LINE-UP   | AE  |  |  |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION   |  |
|  |   |  |  |   |  |  |
|  |   |  |  |   |  |  |
|  |   |  |  |   |  |  |
|  |   |  |  |   |  |  |
|  |   |  |  |   |  |  |
|  |   |  |  |   |  |  |
|  |   |  |  |   |  |  |
|  |   |  |  |   | ,  |  |
|  |   |  |  |   |  |  |
|  |   |  |  |   |  |  |
|  |   |  |  |   |  |  |
|  |   |  |  |   |  |  |
|  |   |  |  | •   |  |  |
|  |   |  |  |   |  |  |
|  |   |  |  |   |  |  |
|  |   |  |  |   |  |  |

| FORM SA3E. PAGE 3.   |   |  |  |  | CVCTEM ID#  |                                    |
|--|---|--|--|--|---|------------------------------------|
| LEGAL NAME OF OV   |   | YSTEM:   |  |  | SYSTEM ID#  | Name                               |
| CABLE ONE,   |   |  |  |  | 007711  |                                    |
| PRIMARY TRANSMIT   |   |  |  |  |   |                                    |
| In General: In space carried by your cable FCC rules and regula FC6.59(d)(2) and (4), substitute Basis basis under specific Po not list the station was carrie List the station was carrie List the station here basis. For further in the paper SA3 Column 1: List each multicast strear cast stream as "WETA-simulcast). Column 2: Give t its community of lice on which your cable Column 3: Indica educational station, to (for independent mul For the meaning of the Column 5: If you cable system carried the distant station with the system carried the cable system and tion "E" (exempt). Fo explanation of these Column 6: Give the substitute of the second carried for the system and tion "E" (exempt). Fo explanation of these Column 6: Give the substitute of the second carried for the second carried for the second carried for the system and tion "E" (exempt). Fo explanation of these Column 6: Give the substitute of the second carried for the second ca | G, identify ever system during to titions in effect on 16.61(e)(2) and (asis, as explaines Stations: With CC rules, regular nerver in space of only on a subset, and also in spanformation concorm.  In associated with A-2". Simulcast the channel number in each case of a subset of the station's call in associated with a system carried to the in each case of the station's explained by entering the legicast), "E" (for necesser terms, see that it on a partition on a partition on a partition on a partition on a primary transformation on a primary transformation on a primary transformation on a calculation of each canadian station of each canadian station of a canadian station on a station of each canadian station on a station of each canadian station on a station of each canadian station of a canadian station | y television sign accounting n June 24, 19 (4), or 76.63 (4), or 76.63 (4), or 76.63 (5) accounting attions, or authorized accounting attions, or authorized accounting accounting accounting substitute basis.  I accounting accounting accounting substitute basis accounting accounting accounting accounting accounting accounting accounting accounting the accounting | g period, exception of the grant of the gran | t (1) stations carrine carriage of certine carriage of certine (2) and (4))]; is carried by your me Special Statem d both on a substans, see page (v) in program service er-the-air designation of the television stanington, D.C. This ork station, an indefor network multiper "E-M" (for noncettions located in the television of the television of the television stanington, D.C. This ork station, an indefor network multiper "E-M" (for noncettions located in the television of the tel | les". If not, enter "No". For an exee paper SA3 form. stating the basis on which your entering "LAC" if your cable system capacity. sty payment because it is the subject system or an association representing any transmitter, enter the designation the paper SA3 form. Sty to which the station is licensed by the she which the station is identified. | G Primary Transmitters: Television |
|  |   | CHANN  | EL LINE-UP   | AF   |   |                                    |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION  |                                    |
|  |   |  |  |  |   |                                    |
|  |   |  |  |  |   |                                    |
|  |   |  |  |  |   |                                    |
|  |   |  |  |  |   |                                    |
|  |   |  |  |  |   |                                    |
|  |   |  |  |  |   |                                    |
|  |   |  |  |  |   |                                    |
|  |   |  |  |  |   |                                    |
|  |   |  |  | •  |   |                                    |
|  |   |  |  |  |   |                                    |
|  |   |  |  |  |   |                                    |
|  |   |  |  |  |   |                                    |
|  |   |  |  |  |   |                                    |
|  |   |  |  |  |   |                                    |
|  |   |  |  |  |   |                                    |
|  |   |  |  |  |   |                                    |
|  |   |  |  |  |   |                                    |

| FORM SA3E. PAGE 3.  |  |   |  |  | CVCTEM ID#  |  |
|---|--|---|--|--|---|--|
| LEGAL NAME OF OW  |  | YSTEM:  |  |  | SYSTEM ID#<br>007711  | Name                                   |
| CABLE ONE, I  |  |   |  |  | 007711  |  |
| PRIMARY TRANSMITT   |  |   |  |  |   |  |
| In General: In space carried by your cable FCC rules and regular 76.59(d)(2) and (4), 7 substitute program ba Substitute Basis: basis under specific For Do not list the station station was carried to List the station here, basis. For further in the paper SA3 for Column 1: List ear each multicast stream as "WETA-simulcast). Column 2: Give the distance on which your cable sommunity of licen on which your cables Column 3: Indicate educational station, by (for independent multifer the meaning of the Column 5: If you for cable system carried the distant state For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these tecolumn 6: Give the | G, identify ever system during to tions in effect on 6.61(e)(2) and (sis, as explaine Stations: With CC rules, regular here in space only on a subsand also in spanformation concorn.  ch station's call associated with A-2". Simulcast e channel numbers. For example ystem carried the in each case of the cast, "E" (for nese terms, see tation is outside ice area, see phave entered "Y the distant station on a part-itius on of a distant tentered into of a primary trans simulcasts, alshree categories e location of each Canadian static | y television so the accounting of June 24, 19 4), or 76.63 (ad in the next respect to any attions, or authors, or attention accepts of the station accepts of the station.  Whether the station.  In or before Junitter or an accept of the station.  The see page (v) of the station or before Junitter or an acceptance of the station.  The see page (v) of the station. | g period, exception of the grant of the gran | t (1) stations carrine carriage of cersit (e)(2) and (4))]; is carried by your me Special Statem d both on a substins, see page (v) on program service er-the-air designa column 1 (list each the television stanington, D.C. This ork station, an ind (for network multipor "E-M" (for noncotions located in the mplete column 5, od. Indicate by eractivated channel subject to a royalt etween a cable sy essenting the prima channel on any constructions located in the community with the communit | es". If not, enter "No". For an exe paper SA3 form. stating the basis on which your attering "LAC" if your cable system capacity. y payment because it is the subject ystem or an association representing any transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed. | Primary<br>Transmitters:<br>Television |
|   |  | CHANN   | EL LINE-UP   | AG   |   |  |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION  | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION  |  |
|   |  |   |  |  |   |  |
|   |  |   | •  |  |   |  |
|   |  |   |  |  |   |  |
|   |  |   |  | •  |   |  |
|   |  |   |  |  |   |  |
|   |  |   |  | •  |   |  |
|   |  |   |  |  |   |  |
|   |  |   |  |  |   |  |
|   |  |   |  | •  |   |  |
|   |  |   |  |  |   |  |
|   |  |   |  |  |   |  |
|   |  |   |  |  |   |  |
|   |  |   |  |  |   |  |
|   |  |   |  |  |   |  |
|   |  |   |  |  |   |  |
|   |  |   |  |  |   |  |
|   |  |   |  |  |   |  |

| FORM SA3E. PAGE 3.   |  |   |  |  | CVCTEM ID#  |                                    |
|--|--|---|--|--|---|------------------------------------|
| LEGAL NAME OF OWN  |  | YSTEM:  |  |  | SYSTEM ID#<br>007711  | Name                               |
| CABLE ONE, II  |  |   |  |  | 007711  |                                    |
| PRIMARY TRANSMITT  |  |   |  |  |   |                                    |
| In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute program bas Substitute Pasis Subasis under specific FC Do not list the station station was carried List the station here, basis. For further ir in the paper SA3 fc Column 1: List ead each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give thits community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multi-For the meaning of the Column 5: If you h cable system carried the carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the | G, identify ever system during to ions in effect on 6.61(e)(2) and (6.61(e)(2) | y television so the accounting of June 24, 19 4), or 76.63 (ad in the next respect to any attions, or authors, or attention accepts of the station accepts of the station.  Whether the station.  In or before Junitter or an accept of the station.  The see page (v) of the station or before Junitter or an acceptance of the station.  The see page (v) of the station. | g period, exception and a period, exception and a period, exception and a period a period a period a period and a period | t (1) stations carrine carriage of cersit (e)(2) and (4))]; is carried by your me Special Statem d both on a substins, see page (v) on program service er-the-air designa column 1 (list each the television stanington, D.C. This ork station, an ind (for network multipor "E-M" (for noncotions located in the mplete column 5, od. Indicate by eractivated channel subject to a royalt etween a cable sy essenting the prima channel on any constructions located in the community with the communit | es". If not, enter "No". For an exe paper SA3 form. stating the basis on which your attering "LAC" if your cable system capacity. y payment because it is the subject ystem or an association representing any transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed. | G Primary Transmitters: Television |
|  |  | CHANN   | EL LINE-UP   | AH   |   |                                    |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION  | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION  |                                    |
|  |  |   |  |  |   |                                    |
|  |  |   |  |  |   |                                    |
|  |  |   |  |  |   |                                    |
|  |  |   |  |  |   |                                    |
|  |  |   |  |  |   |                                    |
|  |  |   |  |  |   |                                    |
|  |  |   |  |  |   |                                    |
|  |  |   |  |  |   |                                    |
|  |  |   |  |  |   |                                    |
|  |  |   |  |  |   |                                    |
|  |  |   |  |  |   |                                    |
|  |  |   |  |  |   |                                    |
|  |  |   |  |  |   |                                    |
|  |  |   |  |  |   |                                    |
|  |  |   |  |  |   |                                    |
|  |  |   |  |  |   |                                    |
|  |  |   |  |  |   |                                    |
|  |  |   |  | 1  | •   |                                    |

| FORM SA3E. PAGE 3.  |  |  |  |  | CVCTEM ID#  |                                    |
|---|--|--|--|--|---|------------------------------------|
| LEGAL NAME OF OWN   |  | YSTEM:   |  |  | SYSTEM ID#  | Name                               |
| CABLE ONE, II   |  |  |  |  | 007711  |                                    |
| 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 Pasis 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 multicate for the meaning of the Column 4: If the stiplanation of local service Column 5: If you heable system carried the carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For | G, identify ever system during to ions in effect of 6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2) and also in spartformation conditions. The station's call associated with a case of the cas | 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 the accounting period and the accounting period and the accounting period and the accounting period and the accounting period accounting | t (1) stations carried to carriage of certific (e)(2) and (4))]; as carried by your one Special Statem d both on a substims, 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 exeen a cable sy esenting 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 |
| explanation of these th   | ree categories   | , see page (v  | ) of the general   | instructions locate  | 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 utilizir   |  |  |  | •  |   |                                    |
|   |  | CHANN  | EL LINE-UP   | Al   |   |                                    |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION  |                                    |
|   |  |  |  |  |   |                                    |
|   |  |  |  |  |   |                                    |
|   |  |  |  | •  |   |                                    |
|   |  |  |  | •  |   |                                    |
|   |  |  |  |  |   |                                    |
|   |  |  |  |  |   |                                    |
|   |  |  |  |  |   |                                    |
|   |  |  |  | •  |   |                                    |
|   |  |  |  |  |   |                                    |
|   |  |  |  |  |   |                                    |
|   |  |  |  |  |   |                                    |
|   |  |  |  |  |   |                                    |
|   |  |  |  |  |   |                                    |
|   |  |  |  |  |   |                                    |
|   |  |  |  |  |   |                                    |
|   |  |  |  |  |   |                                    |

| FURINI SAJE. PAGE 3.  |   |  |   |   | 2./2=====   |                                    |
|---|---|--|---|---|---|------------------------------------|
| CABLE ONE, I  |   | YSTEM:   |   |   | SYSTEM ID#<br>007711  | Name                               |
| PRIMARY TRANSMITT   | ERS: TELEVISION   | ON   |   |   |   |                                    |
| carried by your cable<br>FCC rules and regula<br>76.59(d)(2) and (4), 7<br>substitute program ba  | system during t<br>tions in effect of<br>6.61(e)(2) and (<br>sis, as explaine   | he accounting<br>n June 24, 19<br>(4), or 76.63 (<br>ed in the next  | g period, exception (2016) g period, exception (2016) g permitting to 76.6 paragraph.   | t (1) stations carrione carrione carriage of cert (1); (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 |
| station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List ea each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give th its community of licen on which your cable s Column 3: Indicate educational station, b (for independent mult For the meaning of th Column 4: If the s planation of local serv Column 5: If you h cable system carried carried the distant sta For the retransmis of a written agreement the cable system and tion "E" (exempt). For explanation of these t Column 6: Give the | n here in space of only on a substand also in spanformation condum. It is associated with A-2". Simulcast the channel number of the | G—but do listitute basis. ace I, if the stateming substitute basis. ace I, if the stateming substitute basis bereams must ber the FCC I be, WRC is Change (v) of the station. Whether the statem "N" (for moncommercial page (v) of the the local ser age (v) of the me basis becat multicast strain or before Jumitter or an aco enter "E". If the ser page (v) ch station. For the station. For the ser page (v) ch station. | at it in space I (the ation was carried tute basis station report origination occording to its own to be reported in the assigned to the annel 4 in Wash at the ation is a network), "N-M" and educational), of the general instruction of lack of a caccounting period ause of lack of a came that is not such as a control 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 indefer "E-M" (for network multiper "E-M" (for nemerations 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 primate channel on any of instructions located list the communit | es". If not, enter "No". For an ex-<br>e paper SA3 form.<br>stating the basis on which your<br>tering "LAC" if your cable system  |                                    |
| Note: If you are utilizi  |   | nnel line-ups,   |   | space G for each  |   |                                    |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)  | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION  |                                    |
|   |   |  |   |   |   |                                    |
|   |   |  |   |   |   |                                    |
|   |   |  |   |   |   |                                    |

| FORM SA3E. PAGE 3  |  |  |   |  | CVCTEM ID#   |                                    |
|--|--|--|---|--|--|------------------------------------|
|  |  | YSTEM:   |   |  |  | Name                               |
| •  |  | <b>01</b> 1  |   |  | 007711   |                                    |
| arried by your cable CC rules and regule 6.59(d)(2) and (4), ubstitute program be Substitute Basis asis under specific Do not list the statio station was carried List the station was carried List the station here in the paper SA3 Column 1: List each multicast stream as "WETA-simulcast). Column 2: Give the scommunity of lice in which your cable Column 3: Indicated ducational station, It or independent multion the meaning of the Column 4: If the lanation of local sere Column 5: If you able system carried the distant state For the retransming a written agreement cable system and on "E" (exempt). For xplanation of these Column 6: Give the series and these Column 6: Give the series and these Column 6: Give the series and the series and these Column 6: Give the series and the serie | TERS: TELEVISION OF CASE OF CA | y television so the accounting in June 24, 19 (4), or 76.63 (ed in the next respect to any ations, or auth G—but do list stitute basis. ace I, if the stateming substitute basis sign. Do not the a station ac streams mus ber the FCC I e, WRC is Che station. whether the setter "N" (for noncommercial page (v) of the ethe local series in column on during the me basis bect multicast stream or before Justiniary in or before Justiniary in or before Justiniary in column on during the me that is the local series in column on during the me basis bect multicast stream or before Justiniary in or before Justiniary in or before Justiniary in or before Justiniary in Grand in the constitution of the formal and or enter "E". If so, see page (v) onthe line-ups, if any, given in line in li | g period, except a period, except a permitting the referring to 76.6 paragraph. It is paragraph. It is the period of the period | t (1) stations carrine carriage of certifice)(2) and (4))]; is carried by your me Special Statem d both on a substants, see page (v) on program service re-the-air designation of the television statington, D.C. This pork station, an indefer "E-M" (for network multipor "E-M" (for none ctions located in the thinglete column 5, od. Indicate by eractivated channel subject to a royalt etween a cable system in the community with space G for each | 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 try 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 h which the station is identifed. | G Primary Transmitters: Television |
| . CALL   | 2. B'CAST  | 3. TYPE  | 4. DISTANT?   | 5. BASIS OF  | 6. LOCATION OF STATION   |                                    |
| SIGN   | CHANNEL<br>NUMBER  |  | (Yes or No)   | CARRIAGE<br>(If Distant)   | b. LOCATION OF STATION   |                                    |
|  |  |  |   |  |  |                                    |
|  |  |  |   |  |  |                                    |
|  |  |  |   |  |  |                                    |
|  |  |  |   |  |  |                                    |
|  |  |  | •   |  |  |                                    |
|  |  |  | •   | •  |  |                                    |
|  |  | •  |   |  |  |                                    |
|  |  |  |   |  |  |                                    |
|  |  |  |   |  |  |                                    |
|  |  |  |   |  |  |                                    |
|  |  |  |   |  |  |                                    |
|  |  |  |   |  |  |                                    |
|  |  |  | •   | •  |  |                                    |
|  |  |  |   |  |  |                                    |
|  |  |  |   |  |  |                                    |
|  |  |  |   |  |  |                                    |
|  |  |  |   |  |  |                                    |

| FURINI SAJE. PAGE 3.   |  |  |  |   |   |                                    |
|--|--|--|--|---|---|------------------------------------|
| CABLE ONE, II  |  | YSTEM:   |  |   | SYSTEM ID#<br>007711  | Name                               |
| PRIMARY TRANSMITTI   | ERS: TELEVISION  | ON   |  |   |   |                                    |
| carried by your cable s<br>FCC rules and regulat<br>76.59(d)(2) and (4), 76<br>substitute program base   | system during to<br>ions in effect of<br>5.61(e)(2) and (<br>sis, as explaine  | he accounting<br>n June 24, 19<br>(4), or 76.63 (<br>ed in the next  | g period, except<br>81, permitting the<br>referring to 76.6<br>paragraph.  | t (1) stations carrie<br>ne carriage of cert<br>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 |
| 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 spatformation concern. The station's call associated with the second case of the secon | 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.   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-<br>e paper SA3 form.<br>stating the basis on which your<br>tering "LAC" if your cable system  |                                    |
| Note: If you are utilizing   |  | nnel line-ups,   |  | space G for each  |   |                                    |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION  |                                    |
|  |  |  |  |   |   |                                    |
|  |  |  |  |   |   |                                    |
|  |  |  |  |   |   |                                    |
|  |  |  |  |   |   |                                    |

| FORM SA3E. PAGE 3.   |   |  |  |   |  |   |
|--|---|--|--|---|--|---|
| LEGAL NAME OF OWN  | IER OF CABLE S  | YSTEM:   |  |   | SYSTEM ID#   | Name  |
| CABLE ONE, II  | NC.   |  |  |   | 007711   |   |
| PRIMARY TRANSMITTI   | ERS: TELEVISION   | ON   |  |   |  |   |
| In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bases basis 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-Simulcast).  Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multi-For the meaning of the Column 4: If the splanation of local service Column 5: If you he cable system carried the distant stat. For the retransmiss of a written agreement the cable system and station of the column system carried the cable system and station of the cable system and station of a written agreement the cable system and station of the cable system and | G, identify ever system during to ions in effect on 6.61(e)(2) and (6.51(e)(2) and (6.51(e)(2) and (6.51(e)(2) and (6.51(e)(2) and (6.51(e)(2) and also in spartformation conditre.  The station's call associated with associated with associated with a certain the in each case of the entire of the entire of the entire of the distant static ion on a part-tip ion of a distant the entered into of a primary trans | y television state accounting in June 24, 19 4), or 76.63 (ad in the next respect to any attons, or authors, accell, if the state accounting substitute basis.  I sign. Do not the account of the station account of the station.  I whether the state "N" (for noncommercial page (v) of the the local ser age (v) of the the local ser in column on during the me basis becauthors and account or before Jumitter or an account of the station or before Jumitter or an account of the station or before Jumitter or an account of the station or before Jumitter or an account of the station or before Jumitter or an account of the station of the station or before Jumitter or an account of the station of the stat | g period, except 81, permitting the referring to 76.6 paragraph. y distant stations orizations: at it in space I (the ation was carried tute basis stations report origination cording to its own to be reported in the assigned to annel 4 in Wash tation is a network), "N-M" (all educational), control of the general instruct 4, you must conaccounting period accounting perio | t (1) stations carried to carriage of certific (2) and (4))]; as carried by your one Special Statem d both on a substitus, see page (v) on program service ter-the-air designation of the television statington, D.C. This park station, an indefor "E-M" (for noncontions located in the distant"), enter "Yestions located in the interpretation of the column 5, and Indicate by enactivated channel subject to a royalty etween a cable system in the prima | 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- | G<br>Primary<br>Transmitters:<br>Television |
| tion "E" (exempt). For<br>explanation of these th<br><b>Column 6:</b> Give the   | simulcasts, also<br>nree categories<br>e location of ea<br>Canadian static  | o enter "E". If<br>, see page (v<br>ch station. Fo<br>ons, if any, giv   | you carried the<br>) of the general<br>or U.S. stations,<br>re the name of the   | channel on any o<br>instructions locate<br>list the community<br>he community with  | ther basis, enter "O." For a further ed in the paper SA3 form.  by to which the station is licensed by the hand the station is identifed.  |   |
|  |   | CHANN  | EL LINE-UP   | AM  |  |   |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION   |   |
|  |   |  |  |   |  |   |
|  |   |  |  |   |  |   |
|  |   |  |  | •   |  |   |
|  |   |  |  |   |  |   |
|  |   |  |  |   |  |   |
|  |   |  |  | •   |  |   |
|  |   |  |  |   |  |   |
|  |   |  |  |   |  |   |
|  |   |  |  | •   |  |   |
|  |   |  |  |   |  |   |
|  |   |  |  | •   |  |   |
|  |   |  |  |   |  |   |
|  |   |  |  |   |  |   |
|  |   |  |  |   |  |   |
|  |   |  |  |   |  |   |
|  |   |  |  |   |  |   |
|  |   |  |  |   |  |   |

| FORM SA3E. PAGE 3.  |  |  |  |  | CVCTEM ID#   |                                    |
|---|--|--|--|--|--|------------------------------------|
| LEGAL NAME OF OWN   |  | YSTEM:   |  |  | SYSTEM ID#   | Name                               |
| CABLE ONE, II   |  |  |  |  | 007711   |                                    |
| PRIMARY TRANSMITTI  |  |  |  |  |  |                                    |
| In General: In space of carried by your cable of FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base Substitute program base Substitute Pasis Subasis under specific FC Do not list the station station was carried List the station here, basis. For further in the paper SA3 GCOlumn 1: List each multicast stream cast stream as "WETA-Simulcast).  Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multifor the meaning of the Column 4: If the st planation of local service Column 5: If you he cable system carried the distant stat For the retransmiss of a written agreement. | G, identify ever system during to the stations: With CC rules, regular here in space only on a substand also in spatformation concern. A station's call associated with the station of a distant static ion on a part-timition of a distant at entered into o | y television so the accounting of June 24, 19 (4), or 76.63 (4d) in the next respect to an ations, or authorized for June 24, 19 (4), or 76.63 (4d) in the next respect to an ations, or authorized for June 24, 19 (4d) in the station account of the station account of the station. Whether the station on commercial page (v) of the the local serial age (v) of the es" in column on during the me basis bect multicast string or before June 24, 19 (4d) and the station or before June 24, 19 (4d) and the station of the sta | g period, except 181, permitting the referring to 76.6 paragraph. It is pa | t (1) stations carried to carriage of certific (2) and (4))]; as carried by your one Special Statem of both on a substitution, see page (v) on program service for the air designation of the television statington, D.C. This park station, an indefor metwork multiple of "E-M" (for noncontributions located in the televisions located in the television located located locat | es". If not, enter "No". For an ex-<br>e paper SA3 form.<br>stating the basis on which your<br>tering "LAC" if your cable system                     | G Primary Transmitters: Television |
| the cable system and a<br>tion "E" (exempt). For<br>explanation of these th<br><b>Column 6:</b> Give the  | a primary trans<br>simulcasts, also<br>aree categories<br>e location of ea   | mitter or an a<br>o enter "E". If<br>s, see page (v<br>ach station. Fo   | ssociation repre<br>you carried the<br>) of the general<br>or U.S. stations,   | esenting the prima<br>channel on any o<br>instructions locate<br>list the community  | ry transmitter, enter the designa-<br>ther basis, enter "O." For a further<br>ed in the paper SA3 form.<br>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.<br>channel line-up.  |                                    |
|   | ī  | CHANN  | EL LINE-UP   | AN   |  |                                    |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION   |                                    |
|   |  |  |  |  |  |                                    |
|   |  |  |  |  |  |                                    |
|   |  |  |  | •  |  |                                    |
|   |  |  |  |  |  |                                    |
|   |  |  |  |  |  |                                    |
|   |  |  |  |  |  |                                    |
|   |  |  |  |  |  |                                    |
|   |  |  |  |  |  |                                    |
|   |  |  |  |  |  |                                    |
|   |  |  |  |  |  |                                    |
|   |  |  |  |  |  |                                    |
|   |  |  |  |  |  |                                    |
|   |  |  |  |  |  |                                    |
|   |  |  |  |  |  |                                    |
|   |  |  |  |  |  |                                    |
|   |  |  |  |  |  |                                    |
|   |  |  |  |  |  |                                    |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  PRIMARY TRANSMITTERS: TELEVISION  In General: In space G, identify every television station (including translator station)  | SYSTEM ID#   |
|--|--|
| PRIMARY TRANSMITTERS: TELEVISION  n General: In space G, identify every television station (including translator stat  | 007711   |
| n General: In space G, identify every television station (including translator stat  | 901.11   |
| arried by your cable system during the accounting period, except (1) stations of CC rules and regulations in effect on June 24, 1981, permitting the carriage of 6.6.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4) ubstitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by yo asis 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 Stat 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 sul basis. For further information concerning substitute basis stations, see page (in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program sen ach multicast stream associated with a station according to its over-the-air desi ast stream as "WETA-2". Simulcast streams must be reported in column 1 (list of WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television is community of license. For example, WRC is Channel 4 in Washington, D.C. Ton which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, and ducational station, by entering the letter "N" (for network), "N-M" (for network more or the meaning of these terms, see page (v) of the general instructions located Column 4: If the station is outside the local service area, (i.e. "distant"), enter lanation of local service area, see page (v) of the general instructions located in Column 5: If you have entered "Yes" in column 4, you must complete column able system carried the distant station on a part-time basis because of lack of activated channer for the retransmission of a distant multicast stream that is not subject to a roy of a written agreement entered into on or before June 30, 2009, between a cable are cable system and a primary transmitter or an association representin | arried only on a part-time basis under certain network programs [sections ])]; and (2) certain stations carried on a pur cable system on a substitute program tement and Program Log)—if the libstitute basis and also on some other (v) of the general instructions located vices such as HBO, ESPN, etc. Identify ignation. For example, report multieach stream separately; for example station for broadcasting over-the-air in This may be different from the channel independent station, or a noncommercial ulticast), "I" (for independent), "I-M" concommercial educational multicast). In the paper SA3 form.  "Yes". If not, enter "No". For an exnithe paper SA3 form.  "S, stating the basis on which your yentering "LAC" if your cable system nel capacity. yalty payment because it is the subject easystem or an association representing rimary transmitter, enter the designany other basis, enter "O." For a further cated in the paper SA3 form. unity to which the station is licensed by the with which the station is identifed. |
| CHANNEL LINE-UP         AO           . CALL         2. B'CAST         3. TYPE         4. DISTANT?         5. BASIS OF CARRIAGE           SIGN         CHANNEL         OF         (Yes or No)         CARRIAGE  |  |
| NUMBER STATION (If Distant)  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

| FORM SA3E. PAGE 3.  |  |  |  |   | 0.407514 10.41   |  |
|---|--|--|--|---|--|--|
| LEGAL NAME OF OWN   |  | YSTEM:   |  |   | SYSTEM ID#   | Name                                   |
| CABLE ONE, II   | NC.  |  |  |   | 007711   |  |
| PRIMARY TRANSMITT   | ERS: TELEVISION  | ON   |  |   |  |  |
| In General: In space of carried by your cable is FCC rules and regular 76.59(d)(2) and (4), 76 substitute program ba Substitute Pasis is basis under specific FC • Do not list the station station was carried • List the station here, basis. For further ir in the paper SA3 fc Column 1: List ead each multicast stream cast stream as "WETA-Simulcast). Column 2: Give th its community of licens on which your cable is Column 3: Indicate educational station, by (for independent multi For the meaning of the Column 5: If you h cable system carried the distant stat For the retransmiss of a written agreemen the cable system and tion "E" (exempt). For explanation of these the | G, identify ever system during to ions in effect of 3.61(e)(2) and | y television s' he accounting n June 24, 19 (4), or 76.63 (4), or 76.63 (4), or 76.63 (5) and the next respect to an ations, or authors, in the station of the station action of the station action of the station. Whether the setter "N" (for noncommercial page (v) of the the local serial page (v) of the es" in column on during the me basis becat multicast string or before Junitter or an action of the end of the column of the station or before Junitter or an action of the end of the column of the end of th | g period, except g period, except 181, permitting the referring to 76.6 paragraph. It is attained to the second of | t (1) stations carried to carriage of certifice (2) and (4))]; is carried by your one Special Statem of both on a substitus, see page (v) on program service rethe-air designate column 1 (list each the television statington, D.C. This pork station, an indefor network multicor "E-M" (for noncoctions located in the thing of the column 5, oot. Indicate by endactivated channel subject to a royalty etween a cable systeming the prima channel on any of instructions located in any of instructions located in the column 5, oot. Indicate by endactivated channel subject to a royalty etween a cable systeming the prima channel on any of instructions located in the prima channel on any of instructions located in the prima channel on any of instructions located. | es". If not, enter "No". For an ex-<br>e paper SA3 form.<br>stating the basis on which your<br>tering "LAC" if your cable system | Primary<br>Transmitters:<br>Television |
|   |  |  |  |   | h which the station is identifed.  |  |
| Note: If you are utilizing  | ng multiple cha  | nnel line-ups,   | use a separate   | space G for each  | channel line-up.   |  |
|   |  | CHANN  | EL LINE-UP   | AP  |  |  |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION   |  |
|   |  |  |  |   |  |  |
|   |  |  |  | •   |  |  |
|   |  |  |  |   |  |  |
| <br>  |  |  |  |   |  |  |
|   |  |  |  |   |  |  |
|   |  |  |  | •   |  |  |
|   |  |  |  |   |  |  |
|   |  |  |  |   |  |  |
|   |  |  | •  | •   | 4  |  |
|   |  |  |  |   |  |  |
|   |  |  |  |   |  |  |
|   |  |  |  |   |  |  |
|   |  |  |  |   |  |  |
|   |  |  |  |   |  |  |
|   |  |  |  |   |  |  |
|   |  |  |  |   |  |  |
|   |  | I  |  |   |  |  |

| PRIMARY TRANSMITTERS: TELEVISION  In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under 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 separately; for example  | FORM SA3E. PAGE 3.  |  |  |  |   | 0.407514 10.41  |                          |
|--|---|--|--|--|---|---|--------------------------|
| 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 76.59(g)(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 organ 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 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 as a "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, WRCs is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station is Cahnel 4 in Washington, D.C. This may be different from the channel on which your cable system with the station is continued to the station of the settern's for network, "N-M" (for network," N-M" (for network multicast), "" (for independent),"—I-M" (for independent multicast), "" (for independent 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 colum |   |  | YSTEM:   |  |   | 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 FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs (sections 76.50(4)2) and (4), 76.61(e)(2) and (4), 0. 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:  **Ob not list the station here, and also in space (1) 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 streams with EAP2. Simulacast stream associated with a station.  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 estation.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a 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., edistant, hearth "ves." If no, neter "ves." If  | CABLE ONE, II   | NC.  |  |  |   | 007711  |                          |
| FCC rules and regulations in effect on June 24, 1981, permitting the 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:  10 not list the station here, and also in space (— Junt do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  1 state 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 associated with a station according to its over-the-air designation. For example, report multicast streams must be reported in column 1 (list each stream separately; for example, were reported in column 1 (list each stream separately; for example, were reported in column 1 (list each stream separately; for example, were reported in column 1 (list each stream separately; for example, were reported in column 1 (list each stream separately; for example, were reported in column 1 (list each stream separately; for example, were reported in column 1 (list each stream separately; for example, report multicast. Fire for example, were reported in column 1 (list ea | PRIMARY TRANSMITT   | ERS: TELEVISION  | ON   |  |   |   |                          |
| Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.  CHANNEL LINE-UP AQ  1. CALL SIGN 2. B'CAST CHANNEL OF (Yes or No) CARRIAGE  6. LOCATION OF STATION CARRIAGE  | In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Pasis Substitute Pasis Subsis under specific FC Do not list the station station was carried List the station here, basis. For further ir in the paper SA3 fc Column 1: List eac each multicast stream cast stream as "WETA-Simulcast). Column 2: Give thits community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multi-For the meaning of the Column 5: If you h cable system carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the | G, identify ever system during to ions in effect of 6.61(e)(2) and (6.61(e)(2) | y television of the accounting of June 24, 19 4), or 76.63 (ad in the next respect to any attorns, or authors, or accommendation, or authors, or an authors, or authors, | g period, except 981, permitting the referring to 76.6 paragraph. It is attained to the second of th | t (1) stations carried to carriage of certifice (2) and (4))]; is carried by your one Special Statem of both on a substitus, see page (v) on program service rethe-air designate column 1 (list each the television statington, D.C. This pork station, an indefor network multicor "E-M" (for noncoctions located in the thing of the column 5, oot. Indicate by endactivated channel subject to a royalty etween a cable systeming the prima channel on any of instructions located in any of instructions located in the column 5, oot. Indicate by endactivated channel subject to a royalty etween a cable systeming the prima channel on any of instructions located in the prima channel on any of instructions located in the prima channel on any of instructions located. | ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program tent and Program Log)—if the state basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify station. For example, report multish stream separately; for example station for broadcasting over-the-air in may be different from the channel sependent station, or a noncommercial cast), "I" (for independent), "I-M" commercial educational multicast). The paper SA3 form.  ses". If not, enter "No". For an executaring the basis on which your stering "LAC" if your cable system capacity. The young the system capacity of the paper SA3 form.  stating the basis on which your stering "LAC" if your cable system capacity. The your cable system capacity of the paper SA3 form. | Primary<br>Transmitters: |
| 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF CHANNEL OF (Yes or No) CARRIAGE 6. LOCATION OF STATION   |   |  |  |  | •   |   |                          |
| 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF CARRIAGE 6. LOCATION OF STATION CARRIAGE   | Note: If you are utilizing  | ig multiple cha  |  | ·  | •   | Chaineime-up.   |                          |
| SIGN CHANNEL OF (Yes or No) CARRIAGE   |   |  | CHANN  | EL LINE-UP   | AQ  |   |                          |
| Marie  |   | CHANNEL  | OF   | (Yes or No)  | CARRIAGE  | 6. LOCATION OF STATION  |                          |
|  |   |  |  | •  |   |   |                          |
|  |   |  |  |  |   |   |                          |
|  |   |  |  |  |   |   |                          |
|  |   |  |  |  |   |   |                          |
|  |   |  |  |  |   |   |                          |
|  |   |  |  |  |   |   |                          |
|  |   |  |  |  |   |   |                          |
|  |   |  |  | •  |   |   |                          |
|  |   |  |  | •  | •   |   |                          |
|  |   |  |  |  |   |   |                          |
|  |   |  |  |  |   |   |                          |
|  |   |  |  |  |   |   |                          |
|  |   |  |  |  |   |   |                          |
|  |   |  |  |  |   |   |                          |
|  |   |  |  |  |   |   |                          |
|  |   |  |  |  |   |   |                          |
|  |   |  |  |  |   |   |                          |

| FORM SA3E. PAGE 3.  |   |  |  |   | 0.407514 10.41   |  |
|---|---|--|--|---|--|--|
| LEGAL NAME OF OWI   |   | YSTEM:   |  |   | SYSTEM ID#   | Name                                   |
| CABLE ONE, I  | NC.   |  |  |   | 007711   |  |
| PRIMARY TRANSMITT   | ERS: TELEVISION   | NC   |  |   |  |  |
| In General: In space carried by your cable FCC rules and regular 76.59(d)(2) and (4), 7 substitute program ba Substitute Basis: basis under specific Fe Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fc Column 1: List eace each multicast stream cast stream as "WETA-simulcast). Column 2: Give th its community of licen on which your cable s Column 3: Indicate educational station, by (for independent multi For the meaning of the Column 5: If you he cable system carried the distant state For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these times and substitution of these times and substitution of these times and tion "E" (exempt). For explanation of these times and substitution of these times and tion "E" (exempt). For explanation of these times and substitution of these times and tion "E" (exempt). For explanation of these times and tion "E" (exempt). For explanation of these times and tion "E" (exempt). For explanation of these times and tion "E" (exempt). | G, identify ever system during to tions in effect on 6.61(e)(2) and (sis, as explaine Stations: With CC rules, regular here in space only on a substand also in spanformation conditions. Ch station's call associated with A-2". Simulcast e channel number see, For example yetem carried to ein each case of a condition is outside ice area, see place entered "Y iche distant station of a distant tentered into of a primary trans simulcasts, als heree categories | ry television state accounting in June 24, 19 (4), or 76.63 (ed in the next respect to any ations, or auth G—but do lissifute basis. ace I, if the state cerning substitute basis. ace I, if the state cerning substitute basis bearting substitute basis. ace I, if the state cerning substitute basis bearting substitute basis bearting the station. Whether the setter "N" (for incommercial page (v) of the edge (v) of t | g period, except g period, except 181, permitting the referring to 76.6 paragraph. It is attained to the second of | t (1) stations carried to carriage of certifice (2) and (4))]; is carried by your one Special Statem of both on a substitus, see page (v) on program service rethe-air designate column 1 (list each the television statington, D.C. This pork station, an indefor network multicor "E-M" (for noncoctions located in the thing of the column 5, oot. Indicate by endactivated channel subject to a royalty etween a cable systeming the prima channel on any of instructions located in any of instructions located in the column 5, oot. Indicate by endactivated channel subject to a royalty etween a cable systeming the prima channel on any of instructions located in the prima channel on any of instructions located in the prima channel on any of instructions located. | es". If not, enter "No". For an ex-<br>e paper SA3 form.<br>stating the basis on which your<br>tering "LAC" if your cable system | Primary<br>Transmitters:<br>Television |
| FCC. For Mexican or   | Canadian statio   | ons, if any, giv   | e the name of t  | he community witl   | n which the station is identifed.  |  |
| Note: If you are utilizing  | ng multiple cha   | nnel line-ups,   | use a separate   | space G for each  | channel line-up.   |  |
|   |   | CHANN  | EL LINE-UP   | AR  |  |  |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION   |  |
|   |   |  |  |   |  |  |
|   |   |  |  |   |  |  |
|   |   |  |  |   |  |  |
|   |   |  |  |   |  |  |
|   |   |  |  |   |  |  |
|   |   |  |  |   |  |  |
|   |   |  |  |   |  |  |
|   |   |  |  |   |  |  |
|   |   |  |  |   |  |  |
|   |   |  |  |   |  |  |
|   |   |  |  |   |  |  |
|   |   |  | •  | •   |  |  |
|   |   |  |  |   |  |  |
|   |   |  |  |   |  |  |
|   |   |  |  |   |  |  |
|   |   |  |  |   |  |  |
|   |   |  |  |   |  |  |

| FORM SA3E. PAGE 3.  |  |   |  |  |  |                                    |
|---|--|---|--|--|--|------------------------------------|
| LEGAL NAME OF OWN   | NER OF CABLE SY  | YSTEM:  |  |  | SYSTEM ID#   | Name                               |
| CABLE ONE, II   | NC.  |   |  |  | 007711   |                                    |
| PRIMARY TRANSMITT   | ERS: TELEVISIO   | ON  |  |  |  |                                    |
| In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Program Cast in the station was carried List the station here, basis. For further ir in the paper SA3 for Column 1: List eac each multicast stream cast stream as "WETA-WETA-simulcast). Column 2: Give thits community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multiper the meaning of the Column 5: If you cable system carried the carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the | G, identify everify every system during to the control of the cont | y television standard by television standard | g period, except 981, permitting the referring to 76.6 paragraph. It is paragraph. It is space I (the ation was carried that the basis station report origination coording to its own to be reported in the ation is a network and a sassigned to the annel 4 in Wash attain is a network and a sassigned to the annel 4 in Wash attain is a network and a sassigned to the annel 4 in wash attain is a network and a sassigned to the general instruction accounting period accountin | t (1) stations carried to carriage of certific (2) and (4))]; is carried by your one Special Statem of both on a substitution, see page (v) on program service rer-the-air designate column 1 (list each the television statington, D.C. This pork station, an indefer network multiple or "E-M" (for nonce ctions located in the distant"), enter "Yestions located in the interplete column 5, od. Indicate by enactivated channel subject to a royalty exenting the primal channel on any of instructions located list the community. | es". If not, enter "No". For an ex-<br>e paper SA3 form.<br>stating the basis on which your<br>tering "LAC" if your cable system | G Primary Transmitters: Television |
| Note: If you are utilizing  | ng multiple char   | nnel line-ups,  | use a separate   | space G for each   | channel line-up.   |                                    |
|   |  | CHANN   | EL LINE-UP   | AS   |  |                                    |
| 1. CALL SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE OF STATION  | 4. DISTANT? (Yes or No)  | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION   |                                    |
|   |  |   |  |  |  |                                    |

| FORM SA3E. PAGE 3.  |   |   |  |   | 0.407514 10.41   |  |
|---|---|---|--|---|--|--|
| LEGAL NAME OF OWI   |   | YSTEM:  |  |   | SYSTEM ID#   | Name                                   |
| CABLE ONE, I  | NC.   |   |  |   | 007711   |  |
| PRIMARY TRANSMITT   | ERS: TELEVISION   | ON  |  |   |  |  |
| In General: In space carried by your cable FCC rules and regular 76.59(d)(2) and (4), 7 substitute program ba Substitute Basis: basis under specific Fe Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fc Column 1: List eace each multicast stream cast stream as "WETA-simulcast). Column 2: Give th its community of licen on which your cable s Column 3: Indicate educational station, by (for independent multi For the meaning of the Column 5: If you he cable system carried the distant state For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these times and substitution of these times and substitution of these times and tion "E" (exempt). For explanation of these times and substitution of these times and tion "E" (exempt). For explanation of these times and substitution of these times and tion "E" (exempt). For explanation of these times and tion "E" (exempt). For explanation of these times and tion "E" (exempt). For explanation of these times and tion "E" (exempt). | G, identify ever system during to tions in effect on 6.61(e)(2) and (sis, as explaine Stations: With CC rules, regular here in space only on a substand also in spanformation conditions. Ch station's call associated with A-2". Simulcast e channel number see, For example yetem carried to ein each case of a condition is outside ice area, see place entered "Y iche distant station of a distant tentered into of a primary trans simulcasts, als heree categories | y television so the accounting n June 24, 19 (4), or 76.63 (4), or 76.63 (5) (4), or 76.63 (5) (4), or 76.63 (5) (4), or 76.63 (5) (5) (4), or 76.63 (5) (5) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7 | g period, except 981, permitting the referring to 76.6 paragraph. It is attained to the second of th | t (1) stations carried to carriage of certifice (2) and (4))]; is carried by your one Special Statem of both on a substitus, see page (v) on program service rethe-air designate column 1 (list each the television statington, D.C. This pork station, an indefor network multicor "E-M" (for noncoctions located in the thing of the column 5, oot. Indicate by endactivated channel subject to a royalty etween a cable systeming the prima channel on any of instructions located in any of instructions located in the column 5, oot. Indicate by endactivated channel subject to a royalty etween a cable systeming the prima channel on any of instructions located in the prima channel on any of instructions located in the prima channel on any of instructions located. | es". If not, enter "No". For an ex-<br>e paper SA3 form.<br>stating the basis on which your<br>tering "LAC" if your cable system | Primary<br>Transmitters:<br>Television |
| FCC. For Mexican or   | Canadian statio   | ons, if any, giv  | e the name of t  | he community witl   | n which the station is identifed.  |  |
| Note: If you are utilizing  | ng multiple cha   | nnel line-ups,  | use a separate   | space G for each  | channel line-up.   |  |
|   |   | CHANN   | EL LINE-UP   | AT  |  |  |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION  | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION   |  |
|   |   |   |  |   |  |  |
|   |   |   |  |   |  |  |
|   |   |   |  |   |  |  |
|   |   |   |  |   |  |  |
|   |   |   | •  | •   |  |  |
|   |   |   |  |   |  |  |
|   |   |   |  |   |  |  |
|   |   |   |  |   |  |  |
|   |   |   |  |   | ,  |  |
|   |   |   |  |   |  |  |
|   |   |   |  |   |  |  |
|   |   |   |  |   |  |  |
|   |   |   |  |   |  |  |
|   |   |   |  |   |  |  |
|   |   |   |  |   |  |  |
|   |   |   |  |   |  |  |

| FORM SA3E. PAGE 3.  |  |  |   |   | OVOTEM ID#   |   |
|---|--|--|---|---|--|---|
| LEGAL NAME OF OWI   |  | YSTEM:   |   |   | SYSTEM ID#   | Name  |
| CABLE ONE, I  | NC.  |  |   |   | 007711   |   |
| PRIMARY TRANSMITT   | ERS: TELEVISION  | NC   |   |   |  |   |
| In General: In space carried by your cable FCC rules and regular 76.59(d)(2) and (4), 7 substitute program ba Substitute Basis: basis under specific Fe Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fc Column 1: List eace each multicast stream cast stream as "WETA-simulcast). Column 2: Give the its community of licen on which your cable s Column 3: Indicate educational station, by (for independent multi For the meaning of the Column 5: If you he cable system carried the distant state For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these times and subsets the set of the set | G, identify ever system during to the control of th | y television state accounting in June 24, 19 (4), or 76.63 (4), or 76.63 (5) and in the next respect to any attions, or authorized from June 24, 19 (4), or 76.63 (5) and 10 (5) | g period, except 981, permitting the referring to 76.6 paragraph. It is a possible to the second of | t (1) stations carried to carriage of certifice (2) and (4))]; is carried by your one Special Statem of both on a substitus, see page (v) on program service rethe-air designate column 1 (list each the television statington, D.C. This pork station, an indefor network multicor "E-M" (for noncoctions located in the thing of the column 5, oot. Indicate by endactivated channel subject to a royalty etween a cable systeming the prima channel on any of instructions located in any of instructions located in the column 5, oot. Indicate by endactivated channel subject to a royalty etween a cable systeming the prima channel on any of instructions located in the prima channel on any of instructions located in the prima channel on any of instructions located. | es". If not, enter "No". For an ex-<br>e paper SA3 form.<br>stating the basis on which your<br>tering "LAC" if your cable system | G<br>Primary<br>Transmitters:<br>Television |
|   |  |  |   |   | h which the station is identifed.  |   |
| Note: If you are utilizi  | ng multiple cha  | nnel line-ups,   | use a separate  | space G for each  | channel line-up.   |   |
|   |  | CHANN  | EL LINE-UP  | AU  |  |   |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)  | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION   |   |
|   |  |  |   |   |  |   |
|   |  |  |   |   |  |   |
|   |  |  |   |   |  |   |
|   |  |  |   |   |  |   |
|   |  |  | •   |   |  |   |
|   |  |  | •   | •   |  |   |
|   |  |  |   |   |  |   |
|   |  |  |   |   |  |   |
|   |  |  |   |   |  |   |
|   |  |  |   |   |  |   |
|   |  |  |   |   |  |   |
|   |  |  |   |   |  |   |
|   |  |  |   |   |  |   |
|   |  |  |   |   |  |   |
|   |  |  |   |   |  |   |
|   |  |  |   |   |  |   |

| FURINI SAJE. PAGE 3.   |   |   |   |  | 21/2   |                                    |  |  |
|--|---|---|---|--|--|------------------------------------|--|--|
| CABLE ONE, II  |   | YSTEM:  |   |  | SYSTEM ID#<br>007711   | Name                               |  |  |
| PRIMARY TRANSMITTI   | ERS: TELEVISION   | ON  |   |  |  |                                    |  |  |
| carried by your cable s<br>FCC rules and regulat<br>76.59(d)(2) and (4), 76<br>substitute program base   | system during to<br>ions in effect of<br>6.61(e)(2) and (<br>sis, as explaine | he accounting<br>n June 24, 19<br>(4), or 76.63 (<br>ed in the next | g period, except<br>81, permitting the<br>referring to 76.6<br>paragraph. | t (1) stations carrie<br>the carriage of cert<br>51(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 |  |  |
| 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 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) are continued 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 ca |   |   |   |  |  |                                    |  |  |
| Note: If you are utilizing   |   | nnel line-ups,  |   | space G for each   | n which the station is identifed.<br>channel line-up.  |                                    |  |  |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION  | 4. DISTANT?<br>(Yes or No)  | 5. BASIS OF<br>CARRIAGE<br>(If Distant)                              | 6. LOCATION OF STATION   |                                    |  |  |
|  |   |   |   |  |  |                                    |  |  |
|  |   |   |   |  |  |                                    |  |  |
|  |   |   |   |  |  |                                    |  |  |
|  |   |   |   |  |  |                                    |  |  |

| FORM SA3E. PAGE 3.   |                                |                          |                            |   |                        |      |  |  |
|--|--------------------------------|--------------------------|----------------------------|---|------------------------|------|--|--|
| LEGAL NAME OF OWN  | IER OF CABLE SY                | YSTEM:                   |                            |   | SYSTEM ID#             | Name |  |  |
| CABLE ONE, II  | NC.                            |                          |                            |   | 007711                 | Nume |  |  |
| PRIMARY TRANSMITTERS: TELEVISION   |                                |                          |                            |   |                        |      |  |  |
|  |                                |                          |                            |   |                        |      |  |  |
| 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   |                                | nnel line-ups,           | use a separate             | space G for each                        |                        |      |  |  |
|  | 1                              | CHANN                    | EL LINE-UP                 | AW                                      |                        |      |  |  |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER | 3. TYPE<br>OF<br>STATION | 4. DISTANT?<br>(Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION |      |  |  |
|  |                                |                          |                            |   |                        |      |  |  |
|  |                                |                          |                            |   |                        |      |  |  |
|  |                                |                          |                            |   |                        |      |  |  |
|  |                                |                          |                            |   |                        |      |  |  |
|  |                                |                          |                            |   |                        |      |  |  |
|  |                                |                          |                            |   |                        |      |  |  |
|  |                                |                          |                            |   |                        |      |  |  |
|  |                                |                          |                            | •                                       |                        |      |  |  |
|  |                                |                          |                            |   |                        |      |  |  |
|  |                                |                          |                            |   |                        |      |  |  |
|  |                                |                          |                            |   |                        |      |  |  |
|  |                                |                          |                            | •                                       |                        |      |  |  |
|  |                                |                          |                            |   |                        |      |  |  |
|  |                                |                          |                            |   |                        |      |  |  |
|  |                                |                          |                            |   |                        |      |  |  |
|  |                                |                          |                            |   |                        |      |  |  |
|  |                                |                          |                            |   |                        |      |  |  |
|  |                                |                          |                            |   |                        |      |  |  |

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007711 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 F   |   |  |   |   |  |   |                   | PERIOD: 2022/1       |  |  |
|---|---|--|---|---|--|---|-------------------|----------------------|--|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007711   |   |  |   |   |  |   |                   | Name                 |  |  |
| SUBSTITUTE CARRIAGE   |   |  |   | distant station   | n that your  | cable evetem  | carried on a      | I                    |  |  |
| 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. |   |  |   |   |  |   |                   | Substitute           |  |  |
| 1. SPECIAL STATEMENT  |   |  |   |   |  |   |                   | Carriage:<br>Special |  |  |
| • 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   |   |  |   |   |  |   |                   |                      |  |  |
| period, was broadcast by a under certain FCC rules, reg SA3 form for futher informal titles, for example, "I Love L Column 2: If the program Column 3: Give the call s Column 4: Give the broathe case of Mexican or Can Column 5: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."   | itute progra ce, please a of every nor distant stati gulations, or tion. Do not ucy" or "NB n was broad sign of the s dcast statio atlan statio th and day n re "5/7." es when the Example: a er "R" if the and regulatic ogramming | m on a separa- attach additional network televi- tion and that your authorizations t use general council that a Basketball: least live, enterestation broadca to be a because on the council to be a because of the counc | al pages. ision program (substitute program (substitute program cable system substituteds). See page (vi) of the generategories like "movies", or 76ers vs. Bulls." refees." Otherwise enter "Notesting the substitute program are community to which the secommunity with which the secommunity with which the secommunity with substitute program was carried by your companied by a system from 6:01:10 was substituted for program aring the accounting period; | rogram) that, at for the progeral instruction "basketball".  o."  n. station is licentation is identation is identation.  station is identation is judgen.  5 p.m. to 6:2  mming that yearner the let | during the ramming or ons located List specifinsed by the hitfied). In the time is a contract the contract the contract that is a cont | accounting another state in the paper ic program  FCC or, in with the more ness accurate hould be was required listed pro | tion<br>nth<br>ly |                      |  |  |
| s   | UBSTITUT  | E PROGRAM  |   |   | EN SUBST   |   | 7. REASON<br>FOR  |                      |  |  |
| 1. TITLE OF PROGRAM   | 2. LIVE?<br>Yes or No   | 3. STATION'S<br>CALL SIGN  |   | 5. MONTH<br>AND DAY   | 6.   | TIMES<br>— TO   | DELETION          |                      |  |  |
|   | ļ<br>   |  |   |   |  |   |                   |                      |  |  |
|   |   |  |   |   |  |   |                   |                      |  |  |
|   |   |  |   |   |  | <u></u>   |                   |                      |  |  |
|   |   |  |   |   |  | <u></u>   | ·                 |                      |  |  |
|   |   |  |   |   |  | <u> </u>  |                   | 1                    |  |  |
|   |   |  |   |   |  | <u> </u>  |                   |                      |  |  |
|   |   |  |   |   |  | <u> </u>  |                   |                      |  |  |
|   |   |  |   |   |  |   | <b></b>           | 1                    |  |  |
|   |   |  |   |   |  |   | <b></b>           | 1                    |  |  |
|   |   |  |   |   |  | <u></u>   | · <b> </b>        |                      |  |  |
|   |   |  |   |   |  | <u></u>   | <b></b>           |                      |  |  |
|   |   |  |   |   |  | <u></u>   | · <b> </b>        |                      |  |  |
|   |   |  |   |   |  | <u></u>   | <b></b>           |                      |  |  |
|   |   |  |   |   |  |   |                   |                      |  |  |
|   |   |  |   |   |  |   |                   |                      |  |  |
|   |   |  |   |   |  |   |                   |                      |  |  |
|   |   |  |   |   |  |   | -                 |                      |  |  |
|   |   |  |   |   |  |   |                   |                      |  |  |
|   |   |  |   |   |  |   |                   | I                    |  |  |

|                                   | LEGAL NAME OF O   | WNER OF CABLE  | SYSTEM:  |  |  |  |   |   | S١ | STEM ID# |
|-----------------------------------|---|--|--|--|--|--|---|---|----|----------|
| Name                              | CABLE ONE,  | , INC.   |  |  |  |  |   |   |    | 007711   |
| J<br>Part-Time<br>Carriage<br>Log | time carriage du<br>hours your syste<br>Column 1 (Ca<br>column 5 of spac<br>Column 2 (Da<br>curred during the<br>Give the month<br>"4/10."<br>• State the startiful television station<br>"app." Example: | s space ties in vet to lack of act tem carried that all sign): Give ce G.  ates and hour est accounting per and day where many and ending o's broadcast defined in a comment of the commen | with column 5 of spa<br>ivated channel capa<br>station. If you need<br>the call sign of ever<br>s of carriage): For<br>eriod.<br>In the carriage occurriatimes of carriage to<br>ay, you may give an | ncity, you are remore space, ply distant station each station, listed. Use numer the nearest quarapproximate e | equire<br>lease<br>n wh<br>st the<br>rals,<br>arter<br>endir | ed to complete the attach additional ose basis of carried dates and hours with the month fire hour. In any casing hour, followed | nis log giving the pages. iage you identified when part-timest. Example: for the where carriately the abbrevi | e total dates and fied by "LAC" in the carriage oc- or April 10 give the ge ran to the entation |    | e        |
|                                   |   |  | DATES  | AND HOURS  | OF I   | PART-TIME CAR  | RIAGE   |   |    |          |
|                                   | CALL SIGN   | WHEN<br>DATE   | CARRIAGE OCCU<br>HOUF<br>FROM  |  |  | CALL SIGN  | WHEN  | WHEN CARRIAGE OCCURRED  HOURS  DATE FROM TO   |    |          |
|                                   |   | BATTE  | -  | 10   |  |  | BATTE   | THOM  | _  | 10       |
|                                   |   |  | _  |  |  |  |   |   | _  |          |
|                                   |   |  |  |  |  |  |   |   |    |          |
|                                   |   |  |  |  |  |  |   |   |    |          |
|                                   |   |  |  |  |  |  |   |   |    |          |
|                                   |   |  |  |  |  |  | _   |   |    |          |
|                                   |   |  | _  |  |  |  |   |   | _  |          |
|                                   |   |  |  |  |  |  |   |   |    |          |
|                                   |   |  |  |  |  |  |   |   |    |          |
|                                   |   |  |  |  |  |  |   |   |    |          |

Form SA3E Long Form (Rev. 05-17) U.S. Copyright Office

| LEG  | AL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#                                    | Name   |  |  |  |  |  |  |
|--|---|---|--|--|--|--|--|--|--|
| CA   | BLE ONE, INC.   | 007711  | Nume   |  |  |  |  |  |  |
| 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.  ORTANT: You must complete a statement in space P concerning gross receipts.  | \$ 1,051,026.59<br>(Amount 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 b k 3 below.  | e entered on line 1 of                        |  |  |  |  |  |  |  |
|  | art 6 of the DSE schedule was completed, the amount from line 7 of block C should be slow.  | entered on line 2 in block                    |  |  |  |  |  |  |  |
|  | art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho<br>block 4 below.   | ould be entered on line                       |  |  |  |  |  |  |  |
| Block<br>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.  | \$ 11,182.92                                  |  |  |  |  |  |  |  |
| Block<br>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.                    | mn 4, you must check                          |  |  |  |  |  |  |  |
| Block<br>3   | Line 1. <b>BASE RATE FEE:</b> Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero   | \$ -  |  |  |  |  |  |  |  |
|  | Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero  | 0.00  |  |  |  |  |  |  |  |
|  | Line 3. Add lines 1 and 2 and enter here  | \$ -  |  |  |  |  |  |  |  |
| Block<br>4   | Line 1. <b>BASE RATE FEE/3.75 FEE or MINIMUM FEE:</b> Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger  | \$ 11,182.92                                  | Cable systems  |  |  |  |  |  |  |
|  | Line 2. <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, ente zero.  |   | submitting<br>additional<br>deposits under           |  |  |  |  |  |  |
|  | Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)  |   |  |  |  |  |  |  |  |
|  | Line 4. <b>FILING FEE</b>   |   |  |  |  |  |  |  |  |
|  | TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here  | \$ 11,907.92                                  | appropriate form for submitting the additional fees. |  |  |  |  |  |  |
|  | Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)   | (See page (i) of the                          | 22.351411000   |  |  |  |  |  |  |

| Name          | LEGAL NAME OF OWNER OF   | CABLE S     | YSTEM:  | SYSTEM ID#                |  |  |  |  |  |  |
|---------------|--|-------------|---|---------------------------|--|--|--|--|--|--|
| Name          | CABLE ONE, INC.  |             |   | 007711                    |  |  |  |  |  |  |
|               | CHANNELS   |             |   |                           |  |  |  |  |  |  |
| M             | Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations |             |   |                           |  |  |  |  |  |  |
|               | to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.        |             |   |                           |  |  |  |  |  |  |
| Channels      |  |             |   |                           |  |  |  |  |  |  |
|               |  |             | hannels on which the cable padcast stations   | 18                        |  |  |  |  |  |  |
|               | system carried televis   | 31011 01    | raucast stations  |                           |  |  |  |  |  |  |
|               | 2. Enter the total numb  | per of a    | ctivated channels   |                           |  |  |  |  |  |  |
|               | on which the cable sy  | ystem (     | carried television broadcast stations   | 284                       |  |  |  |  |  |  |
|               | and nonbroadcast se  | ervices     |   |                           |  |  |  |  |  |  |
| N             | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual                                   |             |   |                           |  |  |  |  |  |  |
| Individual to | we can contact about t   | this sta    | tement of account.)   |                           |  |  |  |  |  |  |
| Be Contacted  |  |             |   |                           |  |  |  |  |  |  |
| for Further   | Name JENAE H   | HECK        | Telephone   | 602-364-6092              |  |  |  |  |  |  |
| Information   |  |             |   |                           |  |  |  |  |  |  |
|               | Address 210 E. E.  | ARLL        | DRIVE   |                           |  |  |  |  |  |  |
|               | (Number, stree   | et, rural r | oute, apartment, or suite number)   |                           |  |  |  |  |  |  |
|               |  |             | 85012-2626  |                           |  |  |  |  |  |  |
|               | (City, town, sta   | ate, zip)   |   |                           |  |  |  |  |  |  |
|               | Email J  | JENA        | E.HECK@CABLEONE.BIZ Fax (optional) 602-364  | -6013                     |  |  |  |  |  |  |
|               | CERTIFICATION (This  | statem      | ent of account must be certifed and signed in accordance with Copyright Office re   | quiations                 |  |  |  |  |  |  |
| 0             | OLIVIII IOATION (TIIIS   | Statem      | one of account must be contact and signed in accordance with copyright office re  | guidions.                 |  |  |  |  |  |  |
| Certification | I. the undersigned, here   | ebv cei     | tify that (Check one, but only one, of the boxes.)  |                           |  |  |  |  |  |  |
|               | , 3 ,  | ,           |   |                           |  |  |  |  |  |  |
|               | (Owner other than o  | corpor      | ntion or partnership) I am the owner of the cable system as identifed in line 1 of space  | e B; or                   |  |  |  |  |  |  |
|               |  |             |   |                           |  |  |  |  |  |  |
|               |  |             | n corporation or partnership) I am the duly authorized agent of the owner of the cab<br>that the owner is not a corporation or partnership; or  | le system as identified   |  |  |  |  |  |  |
|               |  | s b anu     | that the owner is not a corporation of partnership, of  |                           |  |  |  |  |  |  |
|               | (Officer or partner) in line 1 of space  |             | n officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as o   | owner of the cable system |  |  |  |  |  |  |
|               | iii liile i oi space   | . D.        |   |                           |  |  |  |  |  |  |
|               |  |             | it of account and hereby declare under penalty of law that all statements of fact contai<br>to the best of my knowledge, information, and belief, and are made in good faith.         | ned herein                |  |  |  |  |  |  |
|               | [18 U.S.C., Section 100  |             |   |                           |  |  |  |  |  |  |
|               |  |             |   |                           |  |  |  |  |  |  |
|               |  |             |   |                           |  |  |  |  |  |  |
|               |  |             |   |                           |  |  |  |  |  |  |
|               |  | X           | /s/ Quynh Tran  |                           |  |  |  |  |  |  |
|               | <del>-</del>   | nter an     | electronic signature on the line above using an "/s/" signature to certify this statement.  |                           |  |  |  |  |  |  |
|               | (6   | e.g., /s/   | John Smith). Before entering the first forward slash of the /s/ signature, place your curso on, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lot. |                           |  |  |  |  |  |  |
|               | т  | Fyned ,     | or printed name: QUYNH TRAN   |                           |  |  |  |  |  |  |
|               | ·  | ypeu (      | n prince riaine. We little litain   |                           |  |  |  |  |  |  |
|               |  |             |   |                           |  |  |  |  |  |  |
|               | Т  | Γitle:      | VICE PRESIDENT & TREASURER (Title of official position held in corporation or partnership)  |                           |  |  |  |  |  |  |
|               | -  | Data:       | August 26, 2022   |                           |  |  |  |  |  |  |
|               | L  | 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 OWNE   |   | EM ID# Name   |
|--|---|---|
| SPECIAL STATE The Satellite Hon lowing sentence:  "In determ service of scribers a  For more informate paper SA3 form.  During the account made by satellite | ATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS ne Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol-  | Special Statement Concerning Gross Receipts Exclusion |
| Name<br>Mailing Address  | Name Mailing Address  |   |
| INTEREST AS  | SSESSMENTS  |   |
|  | ete this worksheet for those royalty payments submitted as a result of a late payment or underpayment on of interest assessment, see page (viii) of the general instructions in the paper SA3 form.   | nt. Q   |
| Line 1 Enter the   | amount of late payment or underpayment  | Interest Assessment                                   |
| Line 2 Multiply I  | ine 1 by the interest rate* and enter the sum here  | -<br>days   |
| Line 3 Multiply li   | ine 2 by the number of days late and enter the sum here   | -   |
|  | ine 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)   |   |
|  | interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance pleas Licensing Division at (202) 707-8150 or licensing@loc.gov.                                   | se  |
| ** This is the   | decimal equivalent of 1/365, which is the interest assessment for one day late.   |   |
|  | filing this worksheet covering a statement of account already submitted to the Copyright Offce, the owner, address, first community served, accounting period, and ID number as given in the original | al  |
| Owner<br>Address   |   |   |
| First community s Accounting perior 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                       |      |  |  |  |  |
| 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  $\varepsilon$  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:

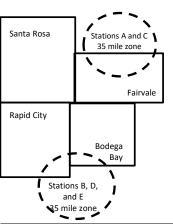
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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.



|    | <b>Distant Stations Carried</b> |       | 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         |
|                                  | <b>CC 204 00</b> |

|  |            | ψ0,504.00  |            |                                      |            |  |
|--|------------|--|------------|--------------------------------------|------------|--|
| First Subscriber Group<br>(Santa Rosa) |            | Second Subscriber Group<br>(Rapid City and Bodega Bay) |            | Third Subscriber Group<br>(Fairvale) |            |  |
|  |            |  |            |                                      |            |  |
| 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

DSE SCHEDULE. PAGE 11. (CONTINUED)

| 1                    | CABLE ONE, INC.  | S    | SYSTEM ID#<br>007711 |     |           |     |  |  |  |  |
|----------------------|--|------|----------------------|-----|-----------|-----|--|--|--|--|
|                      | SUM OF DSEs OF CATEGOR  • Add the DSEs of each station Enter the sum here and in line  | 0.00 |                      |     |           |     |  |  |  |  |
|                      | Instructions: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3).      |      |                      |     |           |     |  |  |  |  |
| of DSEs for          | In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25." |      |                      |     |           |     |  |  |  |  |
| Category "O"         | CATEGORY "O" STATIONS: DSEs  |      |                      |     |           |     |  |  |  |  |
| Stations             | CALL SIGN  | DSE  | CALL SIGN            | DSE | CALL SIGN | DSE |  |  |  |  |
|                      |  |      |                      |     |           |     |  |  |  |  |
|                      |  |      |                      |     |           |     |  |  |  |  |
|                      |  |      |                      |     |           |     |  |  |  |  |
|                      |  |      |                      |     |           |     |  |  |  |  |
|                      |  |      |                      |     |           |     |  |  |  |  |
| Add rows as          |  |      |                      |     |           |     |  |  |  |  |
| necessary.           |  |      |                      |     |           |     |  |  |  |  |
| Remember to copy all |  |      |                      |     |           |     |  |  |  |  |
| formula into new     |  |      |                      |     |           |     |  |  |  |  |
| rows.                |  |      |                      |     |           |     |  |  |  |  |
| 10.03.               |  |      |                      |     |           |     |  |  |  |  |
|                      |  |      |                      |     |           |     |  |  |  |  |
|                      |  |      |                      |     |           |     |  |  |  |  |
|                      |  |      |                      |     |           |     |  |  |  |  |
|                      |  |      |                      |     |           |     |  |  |  |  |
|                      |  |      |                      |     |           |     |  |  |  |  |
|                      |  |      |                      |     |           |     |  |  |  |  |
|                      |  |      |                      |     |           |     |  |  |  |  |
|                      |  |      |                      |     |           |     |  |  |  |  |
|                      |  |      |                      |     |           |     |  |  |  |  |
|                      |  |      |                      |     |           |     |  |  |  |  |
|                      |  |      |                      |     |           |     |  |  |  |  |
|                      |  |      |                      |     |           |     |  |  |  |  |
|                      |  |      |                      |     |           |     |  |  |  |  |
|                      |  |      |                      |     |           |     |  |  |  |  |
|                      |  |      |                      |     |           |     |  |  |  |  |
|                      |  |      |                      |     |           |     |  |  |  |  |
|                      |  |      |                      |     |           |     |  |  |  |  |
|                      |  |      |                      |     |           |     |  |  |  |  |
|                      |  |      |                      |     |           |     |  |  |  |  |
|                      |  |      |                      |     |           |     |  |  |  |  |
|                      |  |      |                      |     |           |     |  |  |  |  |
|                      |  |      |                      |     |           |     |  |  |  |  |
|                      |  |      |                      |     |           |     |  |  |  |  |
|                      |  |      |                      |     |           |     |  |  |  |  |
|                      |  |      |                      |     |           |     |  |  |  |  |
|                      |  |      |                      |     |           |     |  |  |  |  |
|                      |  |      |                      |     |           |     |  |  |  |  |
|                      |  |      |                      |     |           |     |  |  |  |  |
|                      |  |      |                      |     |           |     |  |  |  |  |
|                      |  |      |                      |     |           |     |  |  |  |  |
|                      |  |      |                      |     |           |     |  |  |  |  |
|                      |  |      |                      |     |           |     |  |  |  |  |
|                      |  |      |                      |     |           | [   |  |  |  |  |

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 007711 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 Enter the sum here and in line 2 of part 5 of this schedule, ...... 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 • 0.00 TOTAL NUMBER OF DSEs

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

| CABLE ONE, I  |   | SYSTEM:                       |                                     |  |                |                   | S  | YSTEM ID#    | Name                                       |  |  |
|---|---|-------------------------------|-------------------------------------|--|----------------|-------------------|--|--------------|--|--|--|
| ,   |   |                               |                                     |  |                |                   |  | 007711       |  |  |  |
| Instructions: Block A:                              | ck A must be com  | pleted.                       |                                     |  |                |                   |  |              |  |  |  |
| <ul> <li>If your answer if<br/>schedule.</li> </ul> | "Yes," leave the re   | emainder of p                 | part 6 and part                     | 7 of the DSE sche  | edule blank ar | nd complete pa    | ert 8, (page 16) of                            | the          | 6  |  |  |
| If your answer if                                   | "No," complete blo  |                               |                                     | TI EVICION M   | ADVETS         |                   |  |              | Computation of                             |  |  |
| Is the cable system                                 | m located wholly o  |                               |                                     | ELEVISION MA   |                | ection 76.5 of I  | FCC rules and red                              | gulations in | 3.75 Fee                                   |  |  |
| effect on June 24,                                  | , 1981?   |                               | •                                   |  |                |                   | ·  | J            |  |  |  |
| <del></del>   | iplete part 8 of the<br>plete blocks B and  |                               | DO NOT COMI                         | PLETE THE REMA   | AINDER OF F    | PART 6 AND 7      |  |              |  |  |  |
| X No comp   | nete blooks B and   |                               |                                     |  |                |                   |  |              |  |  |  |
| Caluman 4.  | Listate e ellectere   |                               |                                     | IAGE OF PERM   |                |                   |  | -1.6         |  |  |  |
| Column 1:<br>CALL SIGN                              | under FCC rules   | and regulatione DSE Sche      | ons prior to Jur<br>dule. (Note: Th | part 2, 3, and 4 of<br>ne 25, 1981. For fune letter M below r<br>Act of 2010.) | ırther explana | ation of permitte | ed stations, see th                            | he           |  |  |  |
| Column 2:<br>BASIS OF<br>PERMITTED<br>CARRIAGE      | BASIS OF (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.  PERMITTED A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to |                               |                                     |  |                |                   |  |              |  |  |  |
| o,  | B Specialty stati C Noncommeric   | cal educational data          | al station [76.5<br>65) (see parag  | 6.59(d)(1), 76.61(d), 76.61(d), 76.0<br>raph regarding sul                     | 63(a) referrin | g to 76.61(d)     | . , ,  |              |  |  |  |
|   | E Carried pursuate F A station pre  | ant to individeviously carrie | ual waiver of F<br>ed on a part-tin | CC rules (76.7)<br>ne or substitute ba<br>contour, [76.59(d)(                  | •              |                   | erring to 76.61(e)                             | (5)          |  |  |  |
|   | M Retransmission  | on of a distar                | nt multicast stre                   | eam.   |                |                   |  |              |  |  |  |
| Column 3:   |   | e stations ide                | entified by the le                  | parts 2, 3, and 4<br>etter "F" in column                                       |                |                   | orksheet on page                               | e 14 of      |  |  |  |
| 1. CALL<br>SIGN                                     | 2. PERMITTED<br>BASIS   | 3. DSE                        | 1. CALL<br>SIGN                     | 2. PERMITTED<br>BASIS  | 3. DSE         | 1. CALL<br>SIGN   | 2. PERMITTED<br>BASIS                          | 3. DSE       |  |  |  |
|   |   |                               |                                     |  |                |                   |  |              |  |  |  |
|   |   |                               |                                     |  |                |                   |  |              |  |  |  |
|   |   |                               |                                     | •  |                |                   |  |              |  |  |  |
|   |   |                               |                                     |  |                |                   |  |              |  |  |  |
|   |   |                               | 1                                   | l  |                | ı                 |  | 0.00         |  |  |  |
|   |   | В                             | LOCK C: CO                          | MPUTATION OF   | 3.75 FEE       |                   |  |              |  |  |  |
| Line 1. Enter the                                   | total number of   | DCCs from                     | nort E of this                      | aabadula   |                |                   |  |              |  |  |  |
| Line 1: Enter the                                   | e total number of   | DSES HOIII                    | part 5 or triis                     | scriedule  |                |                   |  |              |  |  |  |
| Line 2: Enter the                                   | sum of permitte   | ed DSEs from                  | m block B abo                       | ove  |                |                   | <u>,                                      </u> |              |  |  |  |
| Line 3: Subtract<br>(If zero, I                     |   |                               |                                     | r of DSEs subjec<br>7 of this schedu   |                | rate.             |  | 0.00         |  |  |  |
| Line 4: Enter gro                                   | oss receipts from   | ı space K (p                  | age 7)                              |  |                |                   | x 0.03   | 375          | Do any of the DSEs represent partially     |  |  |
| Line 5: Multiply I                                  | ine 4 by 0.0375   | and enter si                  | um here                             |  |                |                   |  |              | permited/<br>partially<br>nonpermitted     |  |  |
| Line 6: Enter tota                                  | al number of DS   | Es from line                  | 3                                   |  |                |                   | X  |              | carriage? 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. 007711 **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  | CABLE ONE, IN   |  | E SYSTEM:   |                |         |  |                   |                                 | SY        | STEM ID# 007711 |  |  |  |  |
|---|---|--|---|----------------|---------|--|-------------------|---------------------------------|-----------|-----------------|--|--|--|--|
| Worksheet for<br>Computating<br>the DSE<br>Schedule for<br>Permitted<br>Part-Time and<br>Substitute<br>Carriage | mputating he DSE hedule for ermitted t-Time and ubstitute  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, 19 Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1) Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.  A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections |  |   |                |         |  |                   |                                 |           |                 |  |  |  |  |
|   |   |  |   |                |         |  |                   |                                 |           |                 |  |  |  |  |
|   | 1. CALL<br>SIGN   | PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS  1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED  SIGN DSE PERIOD CARRIAGE DSE DSE |   |                |         |  |                   |                                 |           |                 |  |  |  |  |
|   | OIGIT DOL FERIOD CARRIAGE DOE DOE   |  |   |                |         |  |                   |                                 |           |                 |  |  |  |  |
|   |   |  |   |                |         |  |                   |                                 |           |                 |  |  |  |  |
|   |   |  |   |                |         |  |                   |                                 |           |                 |  |  |  |  |
|   |   |  |   |                |         |  |                   |                                 |           |                 |  |  |  |  |
|   |   |  |   |                |         |  |                   |                                 |           |                 |  |  |  |  |
|   |   |  |   |                |         |  |                   |                                 |           |                 |  |  |  |  |
|   |   |  |   |                |         |  |                   |                                 |           |                 |  |  |  |  |
|   |   |  |   |                |         |  |                   |                                 |           |                 |  |  |  |  |
|   |   |  |   |                |         |  |                   |                                 |           |                 |  |  |  |  |
| Computation<br>of the<br>Syndicated<br>Exclusivity<br>Surcharge   | •   | "Yes," compl "No," leave b   | ete blocks B and C<br>locks B and C blan<br>BLOCh<br>within a top 100 maj | k and complete | TELE    | EVISION MARK   | ET<br>76.5 of FC0 | C rules in effect Ju            | une 24,   | 1981?           |  |  |  |  |
|   | Tes—Complete  | , blocks B and   |   |                | <u></u> | 110-1100000 10   | parto             |                                 |           |                 |  |  |  |  |
|   | BLOCK B: Ca   | arriage of VH  | F/Grade B Contour   | Stations       | -       | BLOCK  | C: Compu          | utation of Exempt               | DSEs      |                 |  |  |  |  |
|   | Is any station listed ir<br>commercial VHF stat<br>or in part, over the ca  | ion that place   |   |                | nity    | is any station listed<br>v served by the cab<br>former FCC rule 76 | le system į       |                                 |           |                 |  |  |  |  |
|   | Yes—List each s  No—Enter zero a  |  | ith its appropriate per<br>part 8.  | mitted DSE     |         |  |                   | with its appropriate to part 8. | e permitt | ed DSE          |  |  |  |  |
|   | CALL SIGN   | DSE  | CALL SIGN   | DSE            |         | CALL SIGN  | DSE               | CALL SIGN                       |           | DSE             |  |  |  |  |
|   |   |  |   |                |         |  |                   |                                 |           |                 |  |  |  |  |
|   |   |  |   |                |         |  |                   |                                 |           |                 |  |  |  |  |
|   |   |  | -   |                |         |  |                   |                                 |           |                 |  |  |  |  |
|   |   |  |   |                |         |  |                   |                                 |           |                 |  |  |  |  |
|   |   |  |   |                |         |  |                   | -                               |           |                 |  |  |  |  |
|   |   |  | TOTAL DSEs  | 0.00           |         |  |                   | TOTAL DSEs                      |           | 0.00            |  |  |  |  |
|   | 1   |  | TOTAL DOLS  | 3.00           | Ш       |  |                   | TO TAL DOES                     | ·         | 0.00            |  |  |  |  |

| LEGAL NA      | ME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  | YSTEM ID#<br>007711 | Name                     |
|---------------|--|---------------------|--------------------------|
|               | BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE   |                     |                          |
| Section<br>1  | Enter the amount of gross receipts from space K (page 7)   | 051,026.59          | 7                        |
| Section<br>2  | A. Enter the total DSEs from block B of part 7   | 0.00                | Computation of the       |
|               | B. Enter the total number of exempt DSEs from block C of part 7  | 0.00                | Syndicated               |
|               | 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                | Exclusivity<br>Surcharge |
| • Is any      | 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<br>3a | Did your cable system retransmit the signals of any partially distant television stations during the accounting period?      Yes—Complete part 9 of this schedule.      No—Complete the applicable section below.  |                     |                          |
|               | If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.  |                     |                          |
|               | A. Enter 0.00599 of gross receipts (the amount in section1)  |                     |                          |
|               | B. Enter 0.00377 of gross receipts (the amount in section.1)   |                     |                          |
|               | D. Multiply line B by line C and enter here  |                     |                          |
|               | E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge   |                     |                          |
| Section<br>3b | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.   |                     |                          |
|               | A. Enter 0.00599 of gross receipts (the amount in section 1)   |                     |                          |
|               | B. Enter 0.00377 of gross receipts (the amount in section 1)   |                     |                          |
|               | C. Multiply line B by 3.000 and enter here   |                     |                          |
|               | D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ _\$   |                     |                          |
|               | E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here  |                     |                          |
|               | F. Multiply line D by line E and enter here  |                     |                          |
|               | G. Add lines A, C, and F. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge   |                     |                          |
|               | SECTION 4: SECOND 50 TELEVISION MARKET   |                     |                          |
| Section       | Did your cable system retransmit the signals of any partially distant television stations during the accounting period?  |                     |                          |
| 4a            | 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 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1) |                     |                          |
|               | B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$  |                     |                          |
|               | C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here   |                     |                          |
|               | D. Multiply line B by line C and enter here  |                     |                          |
|               | E. Add lines A and D. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge   |                     |                          |

| than 4.000, compute your surcharge here and leave section 4a blank.  amount in section 1).   section 1).   the figure on line C in  |
|---|
| amount in section 1)  |
| re  |
| urcharge.   |
| ace L (page 7)▶ \$  |
|   |
| e for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part SEs from part 5.  whether your system carried any partially distant stations. base rate fee in block B. Leave part 9 blank. ne or more partially distant stations), you must complete part 9. Leave block B below  "partially distant" if, at the time your system carried it, some of your subscribers rea and others were located outside that area. For the definition of a station's "local ctions.   |
| CARRIAGE OF PARTIALLY DISTANT STATIONS  |
| f any partially distant television stations during the accounting period?   |
| e. X No—Complete the following sections.  |
| LLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE   |
| space K (page 7)  |
| Es from block B, part 6 of this schedule.  5.)  |
| s, compute your base rate fee here and leave section 4 blank.  If the gross receipts by 0.01064 by the DSE. Enter the result on line A below.  Show the gross receipts by 0.01064 by the DSE. Enter the result on line A below.  Show the gross receipts by 0.01064 by the DSE. Enter the result on line A below.  Show the gross receipts by 0.01064 by the DSE. Enter the result on line A below.  Show the gross receipts by 0.01064 by the DSE. Enter the result on line A below.  Show the gross receipts by 0.01064 by the DSE. Enter the result on line A below.  Show the gross receipts by 0.01064 by the DSE. Enter the result on line A below.  Show the gross receipts by 0.01064 by the DSE. Enter the result on line A below.  Show the gross receipts by 0.01064 by the DSE. Enter the result on line A below.  Show the gross receipts by 0.01064 by the DSE. Enter the result on line A below. |
| L m E t   |

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2022/1

|                    | AME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#<br>007711 | Name                                  |
|--------------------|---|----------------------|---------------------------------------|
| CABI               | LE ONE, INC.  | 007711               |                                       |
| Section 4          | If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.   |                      |                                       |
| 7                  | A. Enter 0.01064 of gross receipts (the amount in section 1)  |                      | 8                                     |
|                    |   | _                    |                                       |
|                    | B. Enter 0.00701 of gross receipts  (the amount in section 1)  \$\bigseleft\{ \bigseleft\} \bigseleft\{ \bigseleft\} \bigseleft\} \bigseleft\{ \bigseleft\} \bigseleft\{ \bigseleft\} \bigseleft\{ \bigseleft\} \bigseleft\} \bigseleft\{ \bigseleft\} \bigseleft\{ \bigseleft\} \bigseleft\} \bigseleft\{ \bigseleft\} \bigseleft\} \bigseleft\{ \bigseleft\} \bigse |                      | 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)   | 0.00                 |                                       |
|                    | Dase Nate 1 ee  | 0.00                 |                                       |
|                    | <b>TANT:</b> It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcal be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channe  | •                    | _                                     |
| Space              |   | ii iiiie-ups iii     | 9                                     |
|                    | <b>eral:</b> If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fees from subscribers located within the station's local service area, from your system's total gross receipts. To take a   |                      | Computation                           |
|                    | on, you must:   | aramage or and       | of<br>Base Rate Fee                   |
|                    | Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to  |                      | and<br>Syndicated                     |
|                    | or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for  |                      | Exclusivity<br>Surcharge              |
| -                  | : Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.  |                      | for                                   |
| also co            | If any portion of your cable system is located within the top 100 television market and the station is not exempt in properties a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B becable system is wholly located outside all major television markets, complete block A only.   |                      | Partially<br>Distant<br>Stations, and |
|                    | Identify a Subscriber Group for Partially Distant Stations  |                      | for Partially<br>Permitted            |
| -                  | : For each community served, determine the local service area of each wholly distant and each partially distant stat<br>to that community.  | ion you              | Stations                              |
| Step 2<br>outside  | For each wholly distant and each partially distant station you carried, determine which of your subscribers were loger the station's local service area. A subscriber located outside the local service area of a station is distant to that state to the station is distant to the subscriber.)  |                      |                                       |
|                    | : Divide your subscribers into subscriber groups according to the complement of stations to which they are distant.   | Each                 |                                       |
|                    | ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note the will have only one subscriber group when the distant stations it carried have local service areas that coincide.  | at a cable           |                                       |
| Comp               | uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system.   | em's subscriber      |                                       |
|                    | section:  |                      |                                       |
|                    | fy the communities/areas represented by each subscriber group.<br>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               |                                       |
|                    | bers in the group.  |                      |                                       |
| • If:<br>1) your   | system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in  | n parts 2, 3, and    |                                       |
| 4 of thi<br>2) any | s schedule; or,<br>portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in b  | ·                    |                                       |
| •                  | 6 of this schedule.<br>he DSEs for each station. This gives you the total DSEs for the particular subscriber group.   |                      |                                       |
| • Calcu            | late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general in  | nstructions          |                                       |
|                    | e paper SA3 form.<br>oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the  | preceding            |                                       |
| page.              | In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (the  | at is, the total     |                                       |

U.S. Copyright Office Form SA3E Long Form (Rev. 05-17)

actual calculations on the form.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007711 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 OWN CABLE ONE, INC               |                                      | E SYSTEM:                                 |              |                      |                 | S                         | YSTEM ID#<br>007711 | Name                     |  |  |
|--|--------------------------------------|---|--------------|----------------------|-----------------|---------------------------|---------------------|--------------------------|--|--|
| В  |                                      | COMPUTATION OF SUBSCRIBER GRO             |              | TE FEES FOR EAC      |                 | IBER GROUP SUBSCRIBER GRO | UP                  | 9                        |  |  |
| COMMUNITY/ AREA                                |                                      |   | 0            | COMMUNITY/ ARE       | COMMUNITY/ AREA |                           |                     |                          |  |  |
| CALL SIGN                                      | DSE                                  | CALL SIGN                                 | DSE          | CALL SIGN            | DSE             | CALL SIGN                 | DSE                 | Computation              |  |  |
|  |                                      |   |              |                      |                 |                           |                     | Base Rate Fee            |  |  |
|  |                                      |   |              |                      |                 |                           |                     | Syndicated               |  |  |
|  |                                      |   |              |                      |                 |                           |                     | Exclusivity<br>Surcharge |  |  |
|  |                                      |   |              |                      |                 |                           |                     | for                      |  |  |
|  |                                      |   |              |                      |                 |                           |                     | Partially<br>Distant     |  |  |
|  |                                      | -   |              |                      |                 |                           |                     | Stations                 |  |  |
|  |                                      |   |              |                      |                 |                           |                     |                          |  |  |
|  |                                      |   |              |                      |                 |                           |                     |                          |  |  |
|  |                                      |   |              |                      |                 |                           |                     |                          |  |  |
|  |                                      |   |              |                      |                 |                           |                     |                          |  |  |
| Total DSEs                                     |                                      |   | 0.00         | Total DSEs           | ļ.              |                           | 0.00                |                          |  |  |
| Gross Receipts First 0                         | Group                                | \$  | 0.00         | Gross Receipts Sec   | ond Group       | \$                        | 0.00                |                          |  |  |
|  |                                      |   |              |                      |                 |                           |                     |                          |  |  |
| Base Rate Fee First G                          |                                      | \$  | 0.00         | Base Rate Fee Sec    |                 | \$                        | 0.00                |                          |  |  |
| COMMUNITY/ AREA                                | THIRD                                | SUBSCRIBER GRO                            | UP <b>0</b>  | COMMUNITY/ ARE       |                 | SUBSCRIBER GRO            | UP <b>0</b>         |                          |  |  |
|  |                                      |   |              |                      |                 |                           |                     |                          |  |  |
| 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 Fou   | rth Group       | \$                        | 0.00                |                          |  |  |
| Base Rate Fee Third                            | Group                                | \$  | 0.00         | Base Rate Fee Fou    | rth Group       | \$                        | 0.00                |                          |  |  |
|  |                                      |   |              | <u>II</u>            |                 |                           |                     |                          |  |  |
| Base Rate Fee: Add t<br>Enter here and in bloc | he <b>base rat</b><br>k 3, line 1, s | e fees for each subsc<br>space L (page 7) | criber group | as shown in the boxe | s above.        | \$                        | 0.00                |                          |  |  |

| LEGAL NAME OF OWNE                             |                    | LE SYSTEM:             | EGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#  O07711 |                      |             |                 |             |                          |  |  |  |  |
|--|--------------------|------------------------|---|----------------------|-------------|-----------------|-------------|--------------------------|--|--|--|--|
| В  |                    |                        |   | TE FEES FOR EAC      |             |                 |             |                          |  |  |  |  |
|  | FIFTH              | SUBSCRIBER GRO         |   |                      |             | SUBSCRIBER GROU | JP <b>0</b> | 9                        |  |  |  |  |
| COMMUNITY/ AREA                                |                    |                        | 0   | COMMUNITY/ AREA      | Computation |                 |             |                          |  |  |  |  |
| CALL SIGN                                      | DSE                | CALL SIGN              | DSE   | CALL SIGN            | DSE         | CALL SIGN       | DSE         | of                       |  |  |  |  |
|  |                    |                        |   |                      |             |                 |             | Base Rate Fee            |  |  |  |  |
|  |                    | -                      |   |                      |             | <br>            |             | and                      |  |  |  |  |
|  |                    | _                      |   |                      |             |                 |             | Syndicated               |  |  |  |  |
|  |                    |                        |   |                      |             |                 |             | Exclusivity<br>Surcharge |  |  |  |  |
|  |                    |                        |   |                      |             |                 |             | for                      |  |  |  |  |
|  |                    |                        |   |                      |             |                 |             | Partially                |  |  |  |  |
|  |                    | -                      |   |                      |             | <br>            |             | Distant                  |  |  |  |  |
|  |                    | _                      |   |                      |             |                 |             | Stations                 |  |  |  |  |
|  |                    |                        |   |                      |             |                 |             |                          |  |  |  |  |
|  |                    |                        |   |                      |             |                 |             |                          |  |  |  |  |
|  |                    |                        |   |                      |             |                 |             |                          |  |  |  |  |
|  |                    |                        |   |                      |             |                 |             |                          |  |  |  |  |
|  |                    |                        |   |                      |             |                 |             |                          |  |  |  |  |
| Total DSEs                                     |                    |                        | 0.00  | Total DSEs           |             |                 | 0.00        |                          |  |  |  |  |
| Gross Receipts First G                         | iroup              | \$                     | 0.00  | Gross Receipts Seco  | ond Group   | \$              | 0.00        |                          |  |  |  |  |
|  |                    |                        |   |                      |             |                 |             |                          |  |  |  |  |
| Base Rate Fee First G                          |                    | \$                     | 0.00  | Base Rate Fee Seco   |             | \$              | 0.00        |                          |  |  |  |  |
|  | SEVENTH            | SUBSCRIBER GRO         |   |                      |             | SUBSCRIBER GROU | )P<br>0     |                          |  |  |  |  |
| COMMUNITY/ AREA                                |                    |                        | 0   | COMMUNITY/ ARE/      |             |                 |             |                          |  |  |  |  |
| 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 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 | ne <b>base rat</b> | te fees for each subso | criber group  | as shown in the boxe | s above.    | s               |             |                          |  |  |  |  |

| CABLE ONE, INC.                                | R OF CABL | E SYSTEM:                         |             |                      |           | S                              | YSTEM ID#<br>007711 | Name                |
|--|-----------|-----------------------------------|-------------|----------------------|-----------|--------------------------------|---------------------|---------------------|
| BL   |           | COMPUTATION OF<br>SUBSCRIBER GROU | JP          | ATE FEES FOR EAC     |           | RIBER GROUP<br>SUBSCRIBER GROU | JP                  | 0                   |
| COMMUNITY/ AREA                                |           |                                   | 0           | COMMUNITY/ AREA      | 0         | 9<br>Computation               |                     |                     |
| CALL SIGN                                      | DSE       | CALL SIGN                         | DSE         | CALL SIGN            | DSE       | CALL SIGN                      | DSE                 | of                  |
|  |           |                                   |             |                      |           |                                |                     | Base Rate Fe        |
|  |           |                                   |             |                      |           |                                |                     | Syndicated          |
|  |           | -                                 |             |                      |           |                                |                     | Exclusivity         |
|  |           |                                   |             |                      |           |                                |                     | Surcharge<br>for    |
|  |           |                                   |             |                      |           |                                |                     | Partially           |
|  |           |                                   |             |                      |           |                                |                     | Distant<br>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                |                     |
|  | EVENTH.   | SUBSCRIBER GROU                   |             |                      |           | SUBSCRIBER GROU                | JP<br>O             |                     |
| COMMUNITY/ AREA                                |           |                                   | 0           | COMMUNITY/ AREA      |           |                                |                     |                     |
| 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                |                     |
| <b>Base Rate Fee</b> 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 boxe | s above.  | \$                             |                     |                     |

| LEGAL NAME OF OWNE CABLE ONE, INC.             | R OF CABL | LE SYSTEM:                     |             |                      |           | S                              | YSTEM ID#<br>007711 | Name              |
|--|-----------|--------------------------------|-------------|----------------------|-----------|--------------------------------|---------------------|-------------------|
| THIF   |           | COMPUTATION OF SUBSCRIBER GROU | JP          | TI .                 | URTEENTH  | RIBER GROUP<br>SUBSCRIBER GROU |                     | 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<br>Syndicated |
|  |           |                                |             |                      |           |                                |                     | Exclusivity       |
|  |           |                                |             |                      |           |                                |                     | Surcharge<br>for  |
|  |           |                                |             |                      |           |                                |                     | Partially         |
|  |           |                                |             |                      |           |                                |                     | Distant           |
|  |           | -                              |             |                      |           |                                |                     | Stations          |
|  |           |                                |             |                      |           |                                |                     |                   |
|  |           |                                |             |                      |           |                                |                     |                   |
|  |           |                                |             |                      |           |                                |                     |                   |
|  |           |                                |             |                      |           |                                |                     |                   |
| 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                         |           | \$                             | 0.00        | Base Rate Fee Seco   |           | \$                             | 0.00                |                   |
|  | TEENTH    | SUBSCRIBER GROU                | JP <b>0</b> | COMMUNITY/ AREA      |           | SUBSCRIBER GROU                | JP<br><b>0</b>      |                   |
| COMMUNITY/ AREA                                |           |                                | U           | COMMUNITY AREA       |           |                                |                     |                   |
| 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 Fou   | rth 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 boxe | s above.  | \$                             |                     |                   |

| LEGAL NAME OF OWNE CABLE ONE, INC.               | R OF CABL | LE SYSTEM:                        |             |  |           | S                              | YSTEM ID#<br>007711 | Name                |
|--|-----------|-----------------------------------|-------------|--|-----------|--------------------------------|---------------------|---------------------|
| SEVEN  |           | COMPUTATION OF<br>SUBSCRIBER GROU | JP          | 11   | IGHTEENTH | RIBER GROUP<br>SUBSCRIBER GROU |                     | 9                   |
| COMMUNITY/ AREA                                  |           |                                   | 0           | COMMUNITY/ AREA  | A         |                                | 0                   | Computation         |
| CALL SIGN  | DSE       | CALL SIGN                         | DSE         | CALL SIGN  | DSE       | CALL SIGN                      | DSE                 | of                  |
|  |           |                                   |             |  |           |                                |                     | Base Rate Fee       |
|  | <b>.</b>  |                                   |             |  |           |                                |                     | Syndicated          |
|  |           |                                   |             |  |           |                                |                     | Exclusivity         |
|  |           |                                   |             |  |           |                                |                     | Surcharge<br>for    |
|  |           | -                                 |             |  |           |                                |                     | Partially           |
|  |           |                                   |             |  |           |                                |                     | Distant<br>Stations |
|  | <b>.</b>  |                                   |             |  |           |                                |                     | 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                |                     |
|  | ITEENTH   | SUBSCRIBER GROU                   |             | 11   |           | SUBSCRIBER GROU                | JP<br><b>0</b>      |                     |
| COMMUNITY/ AREA                                  |           |                                   | 0           | COMMUNITY/ AREA  |           |                                |                     |                     |
| 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  | <u> </u>                       | 0.00                |                     |
|  | -         | •                                 |             | Section of the sect | p         | •                              |                     |                     |
| Base Rate Fee Third G                            | roup      | \$                                | 0.00        | Base Rate Fee Four   | th Group  | \$                             | 0.00                |                     |
| Base Rate Fee: Add th<br>Enter here and in block |           |                                   | riber group | as shown in the boxe   | s above.  | \$                             |                     |                     |

| CABLE ONE, INC.                                | R OF CABL | E SYSTEM:       |             |                       |           | S               | YSTEM ID#<br>007711 | Name                     |
|--|-----------|-----------------|-------------|-----------------------|-----------|-----------------|---------------------|--------------------------|
| BL   | OCK A: (  | COMPUTATION OF  | BASE RA     | ATE FEES FOR EAC      | H SUBSCF  | RIBER GROUP     |                     |                          |
|  | TY-FIRST  | SUBSCRIBER GROU |             |                       |           | SUBSCRIBER GROU |                     | 9                        |
| COMMUNITY/ AREA                                |           |                 | 0           | COMMUNITY/ AREA       | <b>A</b>  |                 | 0                   | Computation              |
| CALL SIGN                                      | DSE       | CALL SIGN       | DSE         | CALL SIGN             | DSE       | CALL SIGN       | DSE                 | of                       |
|  |           |                 |             |                       |           |                 |                     | Base Rate Fee            |
|  |           |                 |             |                       |           |                 |                     | and                      |
|  |           |                 |             |                       |           |                 |                     | Syndicated               |
|  |           |                 |             |                       |           |                 |                     | Exclusivity<br>Surcharge |
|  |           |                 |             |                       |           |                 |                     | for                      |
|  |           |                 |             |                       |           |                 |                     | Partially                |
|  |           | =               |             |                       |           |                 |                     | Distant                  |
|  |           | -               |             |                       |           |                 |                     | Stations                 |
|  | <u> </u>  |                 |             |                       |           |                 |                     |                          |
|  |           | -               |             |                       |           |                 |                     |                          |
|  |           | -               |             |                       |           |                 |                     |                          |
|  |           |                 |             |                       |           |                 |                     |                          |
|  |           |                 | <u> </u>    |                       |           | ļ               |                     |                          |
| 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                |                          |
| TWENT  | Y-THIRD   | SUBSCRIBER GROU | JP          | TWEN                  | ΓY-FOURTH | SUBSCRIBER GROU | JP                  |                          |
| COMMUNITY/ AREA                                |           |                 | 0           | COMMUNITY/ AREA       |           |                 |                     |                          |
| CALL SIGN                                      | DSE       | CALL SIGN       | DSE         | CALL SIGN             | DSE       | CALL SIGN       | DSE                 |                          |
|  |           | -               |             |                       |           |                 |                     |                          |
|  |           |                 |             |                       |           |                 |                     |                          |
|  |           | -               |             |                       |           | ·               |                     |                          |
|  |           |                 |             |                       |           |                 |                     |                          |
|  |           | -               |             |                       |           |                 |                     |                          |
|  |           |                 |             |                       |           |                 |                     |                          |
|  |           |                 |             |                       |           |                 |                     |                          |
|  |           |                 |             |                       |           |                 |                     |                          |
|  |           |                 |             |                       |           |                 |                     |                          |
|  |           |                 |             |                       |           |                 |                     |                          |
|  |           |                 |             |                       |           |                 |                     |                          |
|  |           |                 |             |                       |           |                 |                     |                          |
| Total DSEs                                     |           |                 | 0.00        | Total DSEs            | •         |                 | 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 | LE SYSTEM:     |                |                       |           | S               | YSTEM ID#<br>007711 | Name             |
|---|-----------|----------------|----------------|-----------------------|-----------|-----------------|---------------------|------------------|
|   |           |                |                | ATE FEES FOR EAC      |           |                 | ID.                 |                  |
| TWEN' COMMUNITY/ AREA                                   | ı Y-FIFTH | SUBSCRIBER GRO | JP<br><b>0</b> | COMMUNITY/ AREA       |           | SUBSCRIBER GROU | JP<br><b>0</b>      | 9                |
| OCIVIIVIOTATI 17 74 CEPT                                |           |                |                | CONMONTT I / / AREA   |           |                 |                     | Computation      |
| CALL SIGN   | DSE       | CALL SIGN      | DSE            | CALL SIGN             | DSE       | CALL SIGN       | DSE                 | of               |
|   |           | -              |                |                       |           |                 |                     | Base Rate Fe     |
|   |           |                |                |                       |           |                 |                     | Syndicated       |
|   |           |                |                |                       |           |                 |                     | Exclusivity      |
|   |           |                |                |                       |           |                 |                     | Surcharge        |
|   |           |                |                |                       |           |                 |                     | for<br>Partially |
|   |           |                |                |                       |           |                 |                     | Distant          |
|   |           |                |                |                       |           |                 |                     | Stations         |
|   |           |                |                |                       |           |                 |                     |                  |
|   |           |                |                |                       |           |                 |                     |                  |
|   |           |                |                |                       |           |                 |                     |                  |
|   |           |                |                |                       |           |                 |                     |                  |
|   |           |                | 0.00           |                       |           |                 | 0.00                |                  |
| Total DSEs  |           |                | 0.00           | Total DSEs            |           |                 | 0.00                |                  |
| Gross Receipts First G                                  | roup      | \$             | 0.00           | Gross Receipts Seco   | ond Group | \$              | 0.00                |                  |
| Base Rate Fee First Gr                                  | roup      | \$             | 0.00           | Base Rate Fee Seco    | ond Group | \$              | 0.00                |                  |
| TWENTY-S  | SEVENTH   | SUBSCRIBER GRO |                | 11                    |           | SUBSCRIBER GROU | JP                  |                  |
| COMMUNITY/ AREA   |           |                | 0              | COMMUNITY/ AREA       |           |                 |                     |                  |
| CALL SIGN   | DSE       | CALL SIGN      | DSE            | CALL SIGN             | DSE       | CALL SIGN       | DSE                 |                  |
|   |           | -              |                |                       |           |                 |                     |                  |
|   |           |                |                |                       |           |                 |                     |                  |
|   |           | -              |                |                       |           |                 |                     |                  |
|   |           |                |                |                       |           |                 |                     |                  |
|   |           |                |                |                       |           |                 |                     |                  |
|   |           |                |                |                       |           |                 |                     |                  |
|   |           |                |                |                       |           |                 |                     |                  |
|   |           |                |                |                       |           |                 |                     |                  |
|   |           |                |                |                       |           |                 |                     |                  |
|   |           |                |                |                       |           |                 |                     |                  |
|   |           |                |                |                       |           |                 |                     |                  |
| Total DSEs  |           |                | 0.00           | Total DSEs            |           |                 | 0.00                |                  |
| Gross Receipts Third G                                  | Group     | \$             | 0.00           | Gross Receipts Four   | th Group  | \$              | 0.00                |                  |
|   |           |                |                |                       |           |                 |                     |                  |
| Base Rate Fee Third G                                   | iroup     | \$             | 0.00           | Base Rate Fee Four    | th Group  | \$              | 0.00                |                  |
| <b>Base Rate Fee:</b> Add th<br>Enter here and in block |           |                | riber group    | as shown in the boxes | s above.  | \$              |                     |                  |

| LEGAL NAME OF OWNER CABLE ONE, INC.            | R OF CABL | LE SYSTEM:                              |             |                       |           | S               | YSTEM ID#<br>007711 | Name             |
|--|-----------|---|-------------|-----------------------|-----------|-----------------|---------------------|------------------|
|  |           |   |             | ATE FEES FOR EAC      |           |                 |                     |                  |
| TWENT COMMUNITY/ AREA                          | Y-NINTH   | SUBSCRIBER GROU                         | JP <b>0</b> | COMMUNITY/ AREA       |           | SUBSCRIBER GROU | JP <b>0</b>         | 9                |
| CONNICION I I AREA                             |           |   |             | COMMONT IT AREA       |           |                 |                     | Computation      |
| CALL SIGN                                      | DSE       | CALL SIGN                               | DSE         | CALL SIGN             | DSE       | CALL SIGN       | DSE                 | of               |
|  |           |   |             |                       |           |                 |                     | Base Rate Fee    |
|  |           |   |             |                       |           | -               |                     | Syndicated       |
|  |           |   |             |                       |           |                 |                     | Exclusivity      |
|  |           |   |             |                       |           |                 |                     | Surcharge        |
|  |           |   |             |                       |           |                 |                     | for<br>Partially |
|  |           |   |             |                       |           |                 |                     | Distant          |
|  |           |   |             |                       |           |                 |                     | Stations         |
|  |           |   |             |                       |           |                 |                     |                  |
|  |           |   |             |                       |           |                 |                     |                  |
|  |           |   |             |                       |           |                 |                     |                  |
|  |           |   |             |                       |           |                 |                     |                  |
|  |           |   | 0.00        |                       |           |                 | 0.00                |                  |
| 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                |                  |
| THIR   | ΓY-FIRST  | SUBSCRIBER GROU                         | JP          | 11                    |           | SUBSCRIBER GROU | JP                  |                  |
| COMMUNITY/ AREA                                |           |   | 0           | COMMUNITY/ AREA       |           |                 | 0                   |                  |
| CALL SIGN                                      | DSE       | CALL SIGN                               | DSE         | CALL SIGN             | DSE       | CALL SIGN       | DSE                 |                  |
|  |           |   |             |                       |           |                 |                     |                  |
|  |           |   |             |                       |           |                 |                     |                  |
|  |           |   |             |                       |           |                 |                     |                  |
|  |           | -                                       |             |                       |           |                 |                     |                  |
|  |           |   |             |                       |           |                 |                     |                  |
|  |           | - 1111111111111111111111111111111111111 |             |                       |           |                 |                     |                  |
|  |           | _                                       |             |                       |           |                 |                     |                  |
|  |           |   |             |                       |           |                 |                     |                  |
|  |           |   |             |                       |           |                 |                     |                  |
|  |           |   |             |                       |           |                 |                     |                  |
|  |           |   |             |                       |           |                 |                     |                  |
| 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 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 | LE SYSTEM:                     |             |                       |           | S                              | YSTEM ID#<br>007711 | Name                |
|--|-----------|--------------------------------|-------------|-----------------------|-----------|--------------------------------|---------------------|---------------------|
| THIRT  |           | COMPUTATION OF SUBSCRIBER GROU | JP          |                       | TY-FOURTH | RIBER GROUP<br>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 Fed       |
|  | <b>.</b>  |                                |             |                       |           |                                |                     | Syndicated          |
|  |           |                                |             |                       |           |                                |                     | Exclusivity         |
|  |           |                                |             |                       |           |                                |                     | Surcharge<br>for    |
|  |           | -                              |             |                       |           |                                |                     | Partially           |
|  |           |                                |             |                       |           |                                |                     | Distant<br>Stations |
|  | <b>.</b>  |                                |             |                       |           |                                |                     | 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                |                     |
| THIR   | TY-FIFTH  | SUBSCRIBER GROU                |             | 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 the Enter here and in block |           |                                | riber group | as shown in the boxes | s above.  | \$                             |                     |                     |

| CABLE ONE, INC.                                | R OF CABL | E SYSTEM:                         |                |                       |           | S                              | YSTEM ID#<br>007711 | Name                     |
|--|-----------|-----------------------------------|----------------|-----------------------|-----------|--------------------------------|---------------------|--------------------------|
|  |           | COMPUTATION OF<br>SUBSCRIBER GROU |                | TE FEES FOR EAC       |           | RIBER GROUP<br>SUBSCRIBER GROU | JP                  | •                        |
| COMMUNITY/ AREA                                |           |                                   | 0              | COMMUNITY/ AREA       | A         |                                | 0                   | <b>9</b> Computation     |
| CALL SIGN                                      | DSE       | CALL SIGN                         | DSE            | CALL SIGN             | DSE       | CALL SIGN                      | DSE                 | of                       |
|  |           |                                   |                |                       |           |                                |                     | Base Rate Fee            |
|  |           | -                                 |                |                       |           |                                |                     | Syndicated               |
|  |           |                                   |                |                       |           |                                |                     | Exclusivity<br>Surcharge |
|  |           |                                   |                |                       |           |                                |                     | for                      |
|  |           |                                   |                |                       |           |                                |                     | Partially<br>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                         |           | \$                                | 0.00           | Base Rate Fee Seco    |           | \$                             | 0.00                |                          |
| THIRT COMMUNITY/ AREA                          | Y-NINTH   | SUBSCRIBER GROU                   | JP<br><b>0</b> | COMMUNITY/ AREA       |           | SUBSCRIBER GROU                | JP<br><b>0</b>      |                          |
|  |           |                                   |                |                       |           |                                |                     |                          |
| 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 the Enter here and in block |           |                                   | riber group    | as shown in the boxes | s above.  | \$                             |                     |                          |

| CABLE ONE, INC.                                   | R OF CABL | E SYSTEM:                      |             |                       |           | S                              | YSTEM ID#<br>007711 | Name                |
|---|-----------|--------------------------------|-------------|-----------------------|-----------|--------------------------------|---------------------|---------------------|
| FOR <sup>-</sup>                                  |           | COMPUTATION OF SUBSCRIBER GROU | JP          | ATE FEES FOR EAC      |           | RIBER GROUP<br>SUBSCRIBER GROU | JP                  | 0                   |
| COMMUNITY/ AREA                                   |           |                                | 0           | COMMUNITY/ AREA       | <b>\</b>  |                                | 0                   | 9<br>Computation    |
| CALL SIGN   | DSE       | CALL SIGN                      | DSE         | CALL SIGN             | DSE       | CALL SIGN                      | DSE                 | of                  |
|   |           |                                |             |                       |           | .                              |                     | Base Rate Fed       |
|   |           |                                |             |                       |           |                                |                     | Syndicated          |
|   |           |                                |             |                       |           |                                |                     | Exclusivity         |
|   |           |                                |             |                       |           |                                |                     | Surcharge<br>for    |
|   |           |                                |             |                       |           |                                |                     | Partially           |
|   |           | -                              |             |                       |           |                                |                     | Distant<br>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    | ond Group | \$                             | 0.00                |                     |
|   | Y-THIRD   | SUBSCRIBER GROU                |             | 11                    |           | SUBSCRIBER GROU                |                     |                     |
| COMMUNITY/ AREA                                   |           |                                | 0           | COMMUNITY/ AREA       | <b>\</b>  |                                | 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                |                     |
| <b>Base Rate Fee</b> Third G                      | roup      | \$                             | 0.00        | Base Rate Fee Four    | th Group  | \$                             | 0.00                |                     |
| Base Rate Fee: Add the<br>Enter here and in block |           |                                | riber group | as shown in the boxes | s above.  | \$                             |                     |                     |

| LEGAL NAME OF OWNE CABLE ONE, INC.             | R OF CABL | LE SYSTEM:                     |             |                      |            | S                                | YSTEM ID#<br>007711 | Name                |
|--|-----------|--------------------------------|-------------|----------------------|------------|----------------------------------|---------------------|---------------------|
| FOR <sup>3</sup>                               |           | COMPUTATION OF SUBSCRIBER GROU | JP          |                      | ORTY-SIXTH | RIBER GROUP<br>I 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        |
|  |           |                                |             |                      |            |                                  |                     | Syndicated          |
|  |           |                                |             |                      |            |                                  |                     | Exclusivity         |
|  |           |                                |             |                      |            |                                  |                     | Surcharge<br>for    |
|  |           |                                |             |                      |            |                                  |                     | Partially           |
|  |           |                                |             |                      |            |                                  |                     | Distant<br>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   | ond Group  | \$                               | 0.00                |                     |
|  | SEVENTH   | SUBSCRIBER GROU                |             | 11                   |            | SUBSCRIBER GROU                  |                     |                     |
| COMMUNITY/ AREA                                |           |                                | 0           | COMMUNITY/ AREA      | Α          |                                  | 0                   |                     |
| CALL SIGN                                      | DSE       | CALL SIGN                      | DSE         | CALL SIGN            | DSE        | CALL SIGN                        | DSE                 |                     |
|  |           |                                |             |                      |            |                                  |                     |                     |
|  |           | -                              |             |                      |            |                                  |                     |                     |
|  |           |                                |             |                      |            |                                  |                     |                     |
|  |           |                                |             |                      |            |                                  |                     |                     |
|  |           |                                |             |                      |            |                                  |                     |                     |
|  |           |                                |             |                      |            |                                  |                     |                     |
|  |           | -                              |             |                      |            |                                  |                     |                     |
|  |           |                                |             |                      |            |                                  |                     |                     |
|  |           |                                |             |                      |            |                                  |                     |                     |
|  |           |                                |             |                      |            |                                  |                     |                     |
|  |           |                                | 0.00        |                      |            |                                  | 0.00                |                     |
| Total DSEs                                     |           |                                | 0.00        | Total DSEs           | 41- 0      |                                  | 0.00                |                     |
| Gross Receipts Third G                         | roup      | \$                             | 0.00        | Gross Receipts Four  | ın Group   | <b>&gt;</b>                      | 0.00                |                     |
| <b>Base Rate Fee</b> 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 boxe | s above.   | \$                               |                     |                     |

| LEGAL NAME OF OWNE CABLE ONE, INC.             | R OF CABL    | LE SYSTEM:                              |             |                       |           | S                              | YSTEM ID#<br>007711 | Name                |
|--|--------------|---|-------------|-----------------------|-----------|--------------------------------|---------------------|---------------------|
|  |              | COMPUTATION OF<br>SUBSCRIBER GROU       |             | ATE FEES FOR EAC      |           | RIBER GROUP<br>SUBSCRIBER GROU | ID                  |                     |
| COMMUNITY/ AREA                                | T-INIIN I IT | SUBSCRIBER GROU                         | 0           | COMMUNITY/ AREA       |           | SUBSCRIBER GROU                | 0                   | 9                   |
| CALL SIGN                                      | DSE          | CALL SIGN                               | DSE         | CALL SIGN             | DSE       | CALL SIGN                      | DSE                 | Computation of      |
|  |              |   |             |                       |           |                                |                     | Base Rate Fee       |
|  |              |   |             |                       |           |                                |                     | and<br>Syndicated   |
|  |              | -                                       |             |                       |           |                                |                     | Exclusivity         |
|  |              |   |             |                       |           |                                |                     | Surcharge<br>for    |
|  |              |   |             |                       |           |                                |                     | Partially           |
|  |              |   |             |                       |           |                                |                     | Distant<br>Stations |
|  |              | -                                       |             |                       |           |                                |                     |                     |
|  |              |   |             |                       |           |                                |                     |                     |
|  |              |   |             |                       |           |                                |                     |                     |
|  |              |   |             |                       |           |                                |                     |                     |
| Total DSFa                                     | <u> </u>     |   | 0.00        | Total DSEs            |           |                                | 0.00                |                     |
| Total DSEs<br>Gross Receipts First Gr          | oup.         | ¢                                       | 0.00        | Gross Receipts Seco   | and Croup | •                              | 0.00                |                     |
| Gioss Receipts Filst Gi                        | oup          | \$                                      | 0.00        | Gross Receipts Seco   | па Стоир  | \$                             | 0.00                |                     |
| Base Rate Fee First Gr                         | oup          | \$                                      | 0.00        | Base Rate Fee Seco    | nd Group  | \$                             | 0.00                |                     |
|  | ΓY-FIRST     | SUBSCRIBER GRO                          |             | 11                    |           | SUBSCRIBER GROU                |                     |                     |
| COMMUNITY/ AREA                                |              |   | 0           | COMMUNITY/ AREA       |           |                                | 0                   |                     |
| CALL SIGN                                      | DSE          | CALL SIGN                               | DSE         | CALL SIGN             | DSE       | CALL SIGN                      | DSE                 |                     |
|  |              |   |             |                       |           |                                |                     |                     |
|  |              | -                                       |             |                       |           |                                |                     |                     |
|  |              |   |             |                       |           |                                |                     |                     |
|  |              |   |             |                       |           |                                |                     |                     |
|  |              | - 1111111111111111111111111111111111111 |             |                       |           |                                |                     |                     |
|  |              |   |             |                       |           |                                |                     |                     |
|  |              |   |             |                       |           |                                |                     |                     |
|  |              |   |             |                       |           |                                |                     |                     |
|  |              |   |             |                       |           |                                |                     |                     |
|  |              |   |             |                       |           |                                |                     |                     |
| 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 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 | LE SYSTEM:                        |             |                      |           | S                              | YSTEM ID#<br>007711 | Name                |
|--|-----------|-----------------------------------|-------------|----------------------|-----------|--------------------------------|---------------------|---------------------|
| FIF1   |           | COMPUTATION OF<br>SUBSCRIBER GROU | JP          |                      | TY-FOURTH | RIBER GROUP<br>SUBSCRIBER GROU |                     | 9                   |
| COMMUNITY/ AREA                                  |           |                                   | 0           | COMMUNITY/ AREA      | Α         |                                | 0                   | Computation         |
| CALL SIGN  | DSE       | CALL SIGN                         | DSE         | CALL SIGN            | DSE       | CALL SIGN                      | DSE                 | of                  |
|  |           |                                   |             |                      |           |                                |                     | Base Rate Fed       |
|  |           |                                   |             |                      |           |                                |                     | Syndicated          |
|  |           |                                   |             |                      |           |                                |                     | Exclusivity         |
|  |           |                                   |             |                      |           |                                |                     | Surcharge<br>for    |
|  |           |                                   |             |                      |           |                                |                     | Partially           |
|  |           |                                   |             |                      |           |                                |                     | Distant<br>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   | ond Group | \$                             | 0.00                |                     |
|  | TY-FIFTH  | SUBSCRIBER GROU                   |             | 11                   |           | SUBSCRIBER GROU                |                     |                     |
| COMMUNITY/ AREA                                  |           |                                   | 0           | COMMUNITY/ AREA      | Α         |                                | 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                |                     |
| <b>Base Rate Fee</b> Third G                     | roup      | \$                                | 0.00        | Base Rate Fee Four   | th Group  | \$                             | 0.00                |                     |
| Base Rate Fee: Add th<br>Enter here and in block |           |                                   | riber group | as shown in the boxe | s above.  | \$                             |                     |                     |

| LEGAL NAME OF OWNE CABLE ONE, INC.               | R OF CABI | LE SYSTEM:                     |             |                      |            | S                              | YSTEM ID#<br>007711 | Name              |
|--|-----------|--------------------------------|-------------|----------------------|------------|--------------------------------|---------------------|-------------------|
| FIFTY-S  |           | COMPUTATION OF SUBSCRIBER GROU | JP          | H                    | TY-EIGHTH  | RIBER GROUP<br>SUBSCRIBER GROU |                     | 9                 |
| COMMUNITY/ AREA                                  |           |                                | 0           | COMMUNITY/ ARE       | 4          |                                | 0                   | Computation       |
| CALL SIGN  | DSE       | CALL SIGN                      | DSE         | CALL SIGN            | DSE        | CALL SIGN                      | DSE                 | of                |
|  |           |                                |             |                      |            |                                |                     | Base Rate Fee     |
|  |           |                                |             |                      |            |                                |                     | and<br>Syndicated |
|  |           |                                |             |                      |            |                                |                     | Exclusivity       |
|  |           | -                              |             |                      |            |                                |                     | Surcharge<br>for  |
|  |           | -                              |             |                      |            |                                |                     | Partially         |
|  |           |                                |             |                      |            |                                |                     | Distant           |
|  |           |                                |             |                      |            |                                |                     | Stations          |
|  |           |                                |             |                      |            |                                |                     |                   |
|  |           | -                              |             |                      |            |                                |                     |                   |
|  |           |                                |             |                      |            |                                |                     |                   |
|  |           |                                |             |                      |            |                                |                     |                   |
| Total DSEs                                       |           |                                | 0.00        | Total DSEs           |            |                                | 0.00                |                   |
| Gross Receipts First G                           | roup      | \$                             | 0.00        | Gross Receipts Sec   | ond Group  | \$                             | 0.00                |                   |
| <b>Base Rate Fee</b> First Gr                    | roup      | \$                             | 0.00        | Base Rate Fee Seco   | ond Group  | \$                             | 0.00                |                   |
|  | ΓΥ-NINTH  | SUBSCRIBER GRO                 |             |                      |            | SUBSCRIBER GROU                |                     |                   |
| COMMUNITY/ AREA                                  |           |                                | 0           | COMMUNITY/ ARE       | Α          |                                | 0                   |                   |
| CALL SIGN  | DSE       | CALL SIGN                      | DSE         | CALL SIGN            | DSE        | CALL SIGN                      | DSE                 |                   |
|  |           |                                |             |                      |            |                                |                     |                   |
|  |           | -                              |             |                      |            |                                |                     |                   |
|  |           | -                              |             |                      |            |                                |                     |                   |
|  |           |                                |             |                      |            |                                |                     |                   |
|  |           | -                              |             |                      |            |                                |                     |                   |
|  |           |                                |             |                      |            |                                |                     |                   |
|  |           | -                              |             |                      |            |                                |                     |                   |
|  |           |                                |             |                      |            |                                |                     |                   |
|  |           |                                |             |                      |            |                                |                     |                   |
|  |           |                                |             |                      |            |                                |                     |                   |
| Tatal DCCa                                       |           |                                | 0.00        | Total DCCs           |            |                                | 0.00                |                   |
| Total DSEs                                       | <b>.</b>  | •                              | 0.00        | Total DSEs           | oth Consum | •                              | 0.00                |                   |
| Gross Receipts Third G                           | лоир      | \$                             | 0.00        | Gross Receipts Foul  | ш отоир    | ψ                              | 0.00                |                   |
| Base Rate Fee Third G                            | iroup     | \$                             | 0.00        | Base Rate Fee Four   | th Group   | \$                             | 0.00                |                   |
| Base Rate Fee: Add th<br>Enter here and in block |           |                                | riber group | as shown in the boxe | s above.   | \$                             |                     |                   |

| LEGAL NAME OF OWNE CABLE ONE, INC.                      | R OF CABL | LE SYSTEM:                     |             |                       |  | S                              | YSTEM ID#<br>007711 | Name                |
|---|-----------|--------------------------------|-------------|-----------------------|--|--------------------------------|---------------------|---------------------|
|   |           | COMPUTATION OF SUBSCRIBER GROU |             | ATE FEES FOR EAC      |  | RIBER GROUP<br>SUBSCRIBER GROU | JP                  | 0                   |
| COMMUNITY/ AREA   |           |                                | 0           | COMMUNITY/ AREA       |  |                                | 0                   | 9<br>Computation    |
| CALL SIGN   | DSE       | CALL SIGN                      | DSE         | CALL SIGN             | DSE  | CALL SIGN                      | DSE                 | of                  |
|   |           |                                |             |                       |  | .                              |                     | Base Rate Fe        |
|   |           |                                |             |                       |  |                                |                     | Syndicated          |
|   |           |                                |             |                       |  |                                |                     | Exclusivity         |
|   |           |                                |             |                       |  |                                |                     | Surcharge<br>for    |
|   |           |                                |             |                       |  |                                |                     | Partially           |
|   |           | -                              |             |                       |  |                                |                     | Distant<br>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    | ond Group                                    | \$                             | 0.00                |                     |
|   | TY-THIRD  | SUBSCRIBER GRO                 |             | 11                    |  | SUBSCRIBER GROU                |                     |                     |
| COMMUNITY/ AREA   |           |                                | 0           | COMMUNITY/ AREA       | <b>,</b> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                | 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                |                     |
| <b>Base Rate Fee</b> Third G                            | roup      | \$                             | 0.00        | Base Rate Fee Four    | th Group                                     | \$                             | 0.00                |                     |
| <b>Base Rate Fee:</b> Add th<br>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#<br>007711 | Name             |
|--|-----------|--------------------------------|-------------|-----------------------|------------|----------------------------------|---------------------|------------------|
|  |           | COMPUTATION OF SUBSCRIBER GROU | JP          |                       | IXTY-SIXTH | RIBER GROUP<br>I SUBSCRIBER GROU |                     | 9                |
| COMMUNITY/ AREA                                |           |                                | 0           | COMMUNITY/ AREA       | <b>\</b>   |                                  | 0                   | Computation      |
| CALL SIGN                                      | DSE       | CALL SIGN                      | DSE         | CALL SIGN             | DSE        | CALL SIGN                        | DSE                 | of               |
|  |           | -                              |             |                       |            | .                                |                     | Base Rate Fe     |
|  |           |                                |             |                       |            |                                  |                     | Syndicated       |
|  |           |                                |             |                       |            |                                  |                     | Exclusivity      |
|  |           | -                              |             |                       |            |                                  |                     | Surcharge<br>for |
|  |           |                                |             |                       |            |                                  |                     | Partially        |
|  |           | -                              |             |                       |            |                                  |                     | Distant          |
|  |           | -                              |             |                       |            |                                  |                     | Stations         |
|  |           | -                              |             |                       |            |                                  |                     |                  |
|  |           |                                |             |                       |            |                                  |                     |                  |
|  |           |                                |             |                       |            |                                  |                     |                  |
|  |           |                                |             |                       |            |                                  |                     |                  |
| Total DSEs                                     |           | •                              | 0.00        | Total DSEs            | ·          |                                  | 0.00                |                  |
| Gross Receipts First Gr                        | oup       | \$                             | 0.00        | Gross Receipts Seco   | and Group  | \$                               | 0.00                |                  |
|  |           |                                |             |                       |            |                                  |                     |                  |
| Base Rate Fee First Gr                         | oup       | \$                             | 0.00        | Base Rate Fee Seco    | ond Group  | \$                               | 0.00                |                  |
|  | SEVENTH   | SUBSCRIBER GRO                 |             | 11                    |            | SUBSCRIBER GROU                  |                     |                  |
| COMMUNITY/ AREA                                |           |                                | 0           | COMMUNITY/ AREA       | <b></b>    |                                  | 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 the Enter here and in block |           |                                | riber group | as shown in the boxes | s above.   | \$                               |                     |                  |

| CABLE ONE, INC.                                       | R OF CABL | LE SYSTEM:                       |             |                       |           | S                                | YSTEM ID#<br>007711 | Name             |
|---|-----------|----------------------------------|-------------|-----------------------|-----------|----------------------------------|---------------------|------------------|
| SIXT  |           | COMPUTATION OF<br>SUBSCRIBER GRO | JP          |                       | EVENTIETH | RIBER GROUP<br>I 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     |
|   |           |                                  |             |                       |           |                                  |                     | Syndicated       |
|   |           |                                  |             |                       |           |                                  |                     | Exclusivity      |
|   |           | -                                |             |                       |           |                                  |                     | Surcharge<br>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                                |           | \$                               | 0.00        | Base Rate Fee Seco    |           | \$                               | 0.00                |                  |
|   | ΓY-FIRST  | SUBSCRIBER GRO                   |             | 11                    |           | SUBSCRIBER GROU                  |                     |                  |
| COMMUNITY/ AREA                                       |           |                                  | 0           | COMMUNITY/ AREA       | <b>4</b>  |                                  | 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                |                  |
| <b>Base Rate Fee:</b> 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 | LE SYSTEM:                     |             |                       |            | S                                | YSTEM ID#<br>007711 | Name             |
|--|-----------|--------------------------------|-------------|-----------------------|------------|----------------------------------|---------------------|------------------|
| SEVEN  |           | COMPUTATION OF SUBSCRIBER GROU | JP          |                       | TY-FOURTH  | RIBER GROUP<br>I SUBSCRIBER GROU |                     | 9                |
| COMMUNITY/ AREA                                |           |                                | 0           | COMMUNITY/ AREA       | <b>\</b>   |                                  | 0                   | Computation      |
| CALL SIGN                                      | DSE       | CALL SIGN                      | DSE         | CALL SIGN             | DSE        | CALL SIGN                        | DSE                 | of               |
|  |           |                                |             |                       |            |                                  |                     | Base Rate Fed    |
|  |           |                                |             |                       |            |                                  |                     | Syndicated       |
|  |           |                                |             |                       |            |                                  |                     | Exclusivity      |
|  |           |                                |             |                       |            |                                  |                     | Surcharge<br>for |
|  |           |                                |             |                       |            |                                  |                     | Partially        |
|  |           |                                |             |                       |            |                                  |                     | Distant          |
|  |           |                                |             |                       |            |                                  |                     | Stations         |
|  |           |                                |             |                       |            |                                  |                     |                  |
|  |           |                                |             |                       |            |                                  |                     |                  |
|  |           |                                |             |                       |            |                                  |                     |                  |
|  |           |                                |             |                       |            |                                  |                     |                  |
| Total DSEs                                     |           |                                | 0.00        | Total DSEs            | •          |                                  | 0.00                |                  |
| Gross Receipts First Gr                        | oup       | \$                             | 0.00        | Gross Receipts Seco   | and Group  | \$                               | 0.00                |                  |
| <b>Base Rate Fee</b> First Gr                  | oup       | \$                             | 0.00        | Base Rate Fee Seco    | ond Group  | \$                               | 0.00                |                  |
| SEVEN.   | TY-FIFTH  | SUBSCRIBER GROU                | IP          | SEVE                  | ENTY-SIXTH | SUBSCRIBER GROU                  | IP.                 |                  |
| COMMUNITY/ AREA                                |           | CODOCKIDEN CINCO               | 0           | COMMUNITY/ AREA       |            | - GOBOCKIBER GROC                | 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                |                  |
| <b>Base Rate Fee</b> 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.   | \$                               |                     |                  |

| CABLE ONE, INC.                                | R OF CABL | E SYSTEM:                         |             |                       |           | S                                | YSTEM ID#<br>007711 | Name                     |
|--|-----------|-----------------------------------|-------------|-----------------------|-----------|----------------------------------|---------------------|--------------------------|
|  |           | COMPUTATION OF<br>SUBSCRIBER GROU |             | ATE FEES FOR EAC      |           | RIBER GROUP<br>I SUBSCRIBER GROU | JP                  | 0                        |
| COMMUNITY/ AREA                                |           |                                   | 0           | COMMUNITY/ AREA       | Α         |                                  | 0                   | <b>9</b> Computation     |
| CALL SIGN                                      | DSE       | CALL SIGN                         | DSE         | CALL SIGN             | DSE       | CALL SIGN                        | DSE                 | of                       |
|  |           |                                   |             |                       |           | .                                |                     | Base Rate Fee            |
|  |           |                                   |             |                       |           |                                  |                     | Syndicated               |
|  |           |                                   |             |                       |           |                                  |                     | Exclusivity<br>Surcharge |
|  |           |                                   |             |                       |           |                                  |                     | for                      |
|  |           |                                   |             |                       |           |                                  |                     | Partially<br>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                |                          |
| SEVENT   | Y-NINTH   | SUBSCRIBER GROU                   |             | 11                    |           | SUBSCRIBER GROU                  | JP                  |                          |
| COMMUNITY/ AREA                                |           |                                   | 0           | COMMUNITY/ AREA       |           |                                  |                     |                          |
| CALL SIGN                                      | DSE       | CALL SIGN                         | DSE         | CALL SIGN             | DSE       | CALL SIGN                        | DSE                 |                          |
|  |           |                                   |             |                       |           |                                  |                     |                          |
|  |           | -                                 |             |                       |           |                                  |                     |                          |
|  |           |                                   |             |                       |           |                                  |                     |                          |
|  |           |                                   |             |                       |           |                                  |                     |                          |
|  |           |                                   |             |                       |           |                                  |                     |                          |
|  |           |                                   |             |                       |           |                                  |                     |                          |
|  |           |                                   |             |                       |           |                                  |                     |                          |
|  |           |                                   |             |                       |           |                                  |                     |                          |
|  |           |                                   |             |                       |           |                                  |                     |                          |
|  |           |                                   |             |                       |           |                                  |                     |                          |
| Total DSEs                                     |           |                                   | 0.00        | Total DSEs            |           |                                  | 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 OWNER CABLE ONE, INC.               | R OF CABL | E SYSTEM:                      |             |                       |           | S                              | YSTEM ID#<br>007711 | Name                |
|---|-----------|--------------------------------|-------------|-----------------------|-----------|--------------------------------|---------------------|---------------------|
|   |           | COMPUTATION OF SUBSCRIBER GROU |             | ATE FEES FOR EAC      |           | RIBER GROUP<br>SUBSCRIBER GROU | JP                  |                     |
| COMMUNITY/ AREA                                   |           |                                | 0           | COMMUNITY/ AREA       | 4         |                                | 0                   | 9<br>Computation    |
| CALL SIGN   | DSE       | CALL SIGN                      | DSE         | CALL SIGN             | DSE       | CALL SIGN                      | DSE                 | of                  |
|   |           |                                |             |                       |           |                                |                     | Base Rate Fe        |
|   |           |                                |             |                       |           |                                |                     | Syndicated          |
|   |           |                                |             |                       |           |                                |                     | Exclusivity         |
|   |           |                                |             |                       |           |                                |                     | Surcharge<br>for    |
|   |           |                                |             |                       |           |                                |                     | Partially           |
|   |           |                                |             |                       |           |                                |                     | Distant<br>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    | ond Group | \$                             | 0.00                |                     |
|   | Y-THIRD   | SUBSCRIBER GROU                |             | 11                    |           | SUBSCRIBER GROU                |                     |                     |
| 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 the<br>Enter here and in block |           |                                | riber group | as shown in the boxes | s above.  | \$                             |                     |                     |

|                                       |                  |        |                                  |           | •               | YSTEM ID#<br>007711 |
|---------------------------------------|------------------|--------|----------------------------------|-----------|-----------------|---------------------|
|                                       |                  |        | ATE FEES FOR EACH                |           |                 |                     |
| EIGHTY-FIFT                           | H SUBSCRIBER GRO | 0<br>0 | EIGH<br>COMMUNITY/ AREA          | ITY-SIXTH | SUBSCRIBER GROU | JP <b>0</b>         |
| CALL SIGN DSE                         | CALL SIGN        | DSE    | CALL SIGN                        | DSE       | CALL SIGN       | DSE                 |
| CALL SIGN DSL                         | CALL SIGN        | DOL    | CALL SIGIN                       | DOL       | CALL SIGN       | DOL                 |
|                                       |                  |        |                                  |           |                 |                     |
|                                       |                  |        |                                  |           | -               |                     |
|                                       |                  |        |                                  |           |                 |                     |
|                                       |                  |        |                                  |           | -               |                     |
|                                       |                  |        |                                  |           |                 |                     |
|                                       |                  |        |                                  |           |                 |                     |
|                                       |                  |        |                                  |           |                 |                     |
|                                       |                  |        |                                  |           |                 |                     |
|                                       |                  |        |                                  |           |                 |                     |
|                                       |                  |        |                                  |           |                 |                     |
|                                       |                  |        |                                  |           |                 |                     |
| otal DSEs                             |                  | 0.00   | Total DSEs                       | !         |                 | 0.00                |
| Gross Receipts First Group            |                  |        |                                  | d Group   | \$              | 0.00                |
|                                       |                  |        |                                  |           |                 |                     |
| ase Rate Fee First Group              | \$               | 0.00   | Base Rate Fee Second             |           | \$              | 0.00                |
|                                       | H SUBSCRIBER GRO |        | li                               | Y-EIGHTH  | SUBSCRIBER GROU | _                   |
| COMMUNITY/ AREA                       |                  | 0      | COMMUNITY/ AREA 0                |           |                 |                     |
| CALL SIGN DSE                         | CALL SIGN        | DSE    | CALL SIGN                        | DSE       | CALL SIGN       | DSE                 |
|                                       |                  |        |                                  |           |                 | DSE                 |
|                                       | -                |        |                                  |           |                 | DSE                 |
|                                       |                  |        |                                  |           |                 | DSE                 |
|                                       |                  |        |                                  |           |                 | DSE                 |
|                                       |                  |        |                                  |           |                 | Doe                 |
|                                       |                  |        |                                  |           |                 | Doe                 |
|                                       |                  |        |                                  |           |                 | Doe                 |
|                                       |                  |        |                                  |           |                 | Doe                 |
|                                       |                  |        |                                  |           |                 | Doe                 |
|                                       |                  |        |                                  |           |                 |                     |
|                                       |                  |        |                                  |           |                 | DOE                 |
|                                       |                  |        |                                  |           |                 |                     |
|                                       |                  |        |                                  |           |                 |                     |
|                                       |                  | 0.00   | Total DSEs                       |           |                 | 0.00                |
| Fotal DSEs Gross Receipts Third Group | \$               | 0.00   | Total DSEs Gross Receipts Fourth | Group     | \$              |                     |

| CABLE ONE, INC.                                       | R OF CABL                               | E SYSTEM:                      |             |                       |   | S                              | YSTEM ID#<br>007711 | Name                |
|---|---|--------------------------------|-------------|-----------------------|---|--------------------------------|---------------------|---------------------|
|   |   | COMPUTATION OF SUBSCRIBER GROU |             | ATE FEES FOR EAC      |   | RIBER GROUP<br>SUBSCRIBER GROU | JP                  |                     |
| COMMUNITY/ AREA                                       |   |                                | 0           | COMMUNITY/ AREA       | <b></b>                                 |                                | 0                   | 9<br>Computation    |
| CALL SIGN   | DSE                                     | CALL SIGN                      | DSE         | CALL SIGN             | DSE                                     | CALL SIGN                      | DSE                 | of                  |
|   |   |                                |             |                       |   |                                |                     | Base Rate Fe        |
|   |   |                                |             |                       |   |                                |                     | Syndicated          |
|   |   | -                              |             |                       |   |                                |                     | Exclusivity         |
|   |   |                                |             |                       |   |                                |                     | Surcharge<br>for    |
|   |   |                                |             |                       |   |                                |                     | Partially           |
|   |   | -                              |             |                       |   |                                |                     | Distant<br>Stations |
|   |   |                                |             |                       |   |                                |                     | Otations            |
|   |   |                                |             |                       |   |                                |                     |                     |
|   |   |                                |             |                       |   |                                |                     |                     |
|   |   |                                |             |                       |   |                                |                     |                     |
|   |   |                                |             |                       |   |                                |                     |                     |
| Total DSEs  | 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                |                     |
|   | ΓY-FIRST                                | SUBSCRIBER GROU                |             | ii                    |   | SUBSCRIBER GROU                |                     |                     |
| 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                                | roun                                    | <b>\$</b>                      | 0.00        | Gross Receipts Four   | th Group                                | •                              | 0.00                |                     |
| C. Joo T. Goodpie Tilliu G                            | . <b>5</b> 4p                           | · ·                            | 3.00        | S. See Hoodipis i oui | C.oup                                   | <del>*</del>                   |                     |                     |
| Base Rate Fee Third G                                 | roup                                    | \$                             | 0.00        | Base Rate Fee Four    | th Group                                | \$                             | 0.00                |                     |
| <b>Base Rate Fee:</b> Add the Enter here and in block |   |                                | riber group | as shown in the boxes | s above.                                | \$                             |                     |                     |

| LEGAL NAME OF OWNE<br>CABLE ONE, INC.             | R OF CABL | E SYSTEM:                         |             |                       |           | S                              | YSTEM ID#<br>007711 | Name             |
|---|-----------|-----------------------------------|-------------|-----------------------|-----------|--------------------------------|---------------------|------------------|
| NINET   |           | COMPUTATION OF<br>SUBSCRIBER GROU | JP          |                       | TY-FOURTH | RIBER GROUP<br>SUBSCRIBER GROU |                     | 9                |
| COMMUNITY/ AREA                                   |           |                                   | 0           | COMMUNITY/ AREA       | <b>\</b>  |                                | 0                   | Computation      |
| CALL SIGN   | DSE       | CALL SIGN                         | DSE         | CALL SIGN             | DSE       | CALL SIGN                      | DSE                 | of               |
|   |           | -                                 |             |                       |           |                                |                     | Base Rate Fed    |
|   |           | -                                 |             |                       |           |                                |                     | Syndicated       |
|   |           |                                   |             |                       |           |                                |                     | Exclusivity      |
|   |           | -                                 |             |                       |           |                                |                     | Surcharge<br>for |
|   |           |                                   |             |                       |           |                                |                     | Partially        |
|   |           | -                                 |             |                       |           |                                |                     | Distant          |
|   |           | -                                 |             |                       |           |                                |                     | Stations         |
|   |           | -                                 |             |                       |           |                                |                     |                  |
|   |           |                                   |             |                       |           |                                |                     |                  |
|   |           |                                   |             |                       |           |                                |                     |                  |
|   |           |                                   |             |                       |           |                                |                     |                  |
| Total DSEs  |           | •                                 | 0.00        | Total DSEs            | ·         |                                | 0.00                |                  |
| Gross Receipts First Gr                           |           |                                   |             | Gross Receipts Seco   | and Group | \$                             | 0.00                |                  |
|   |           |                                   |             |                       |           |                                |                     |                  |
| Base Rate Fee First Gr                            | oup       | \$                                | 0.00        | Base Rate Fee Seco    | ond Group | \$                             | 0.00                |                  |
|   | TY-FIFTH  | SUBSCRIBER GROU                   |             | 11                    |           | SUBSCRIBER GROU                |                     |                  |
| COMMUNITY/ AREA                                   |           |                                   | 0           | COMMUNITY/ AREA       | <b></b>   |                                | 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 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<br>Enter here and in block |           |                                   | riber group | as shown in the boxes | s above.  | \$                             |                     |                  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID# 007711 |           |                |             |                       |           |                 |      |                          |
|--|-----------|----------------|-------------|-----------------------|-----------|-----------------|------|--------------------------|
| В  | LOCK A: ( | COMPUTATION OF | BASE RA     | TE FEES FOR EAC       | H SUBSCF  | RIBER GROUP     |      |                          |
|  | SEVENTH   | SUBSCRIBER GRO |             | ii ee                 |           | 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 Fee            |
|  |           |                |             |                       |           |                 |      | and                      |
|  |           |                |             |                       |           |                 |      | Syndicated               |
|  |           |                |             |                       |           |                 |      | Exclusivity<br>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  | Froup     | \$             | 0.00        | Base Rate Fee Seco    | ond Group | \$              | 0.00 |                          |
| NINE   | TY-NINTH  | SUBSCRIBER GRO | JP          | ONE H                 | UNDREDTH  | SUBSCRIBER GROU | IP   |                          |
| COMMUNITY/ AREA  |           |                | 0           | COMMUNITY/ AREA       |           |                 |      |                          |
| 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   | 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 to Enter here and in bloc                             |           |                | riber group | as shown in the boxes | s above.  | \$              |      |                          |

| CABLE ONE, INC.                                | R OF CABI | E SYSTEM:       |             |                       |           | S               | YSTEM ID#<br>007711 | Name             |
|--|-----------|-----------------|-------------|-----------------------|-----------|-----------------|---------------------|------------------|
| BL   | OCK A: (  | COMPUTATION OF  | BASE RA     | ATE FEES FOR EAC      | H SUBSCF  | RIBER GROUP     |                     |                  |
|  | ED FIRST  | SUBSCRIBER GROU |             | 1                     |           | SUBSCRIBER GROU |                     | 9                |
| COMMUNITY/ AREA                                |           |                 | 0           | COMMUNITY/ AREA       | <b>\</b>  |                 | 0                   | Computation      |
| CALL SIGN                                      | DSE       | CALL SIGN       | DSE         | CALL SIGN             | DSE       | CALL SIGN       | DSE                 | of               |
|  |           |                 |             |                       |           |                 |                     | Base Rate Fee    |
|  |           |                 |             |                       |           |                 |                     | and              |
|  | <u> </u>  | -               |             |                       |           | <br>            |                     | Syndicated       |
|  |           | -               |             |                       |           |                 |                     | Exclusivity      |
|  | <u> </u>  | -               |             |                       |           |                 |                     | Surcharge<br>for |
|  |           |                 |             |                       |           |                 |                     | Partially        |
|  |           | -               |             |                       |           |                 |                     | Distant          |
|  |           |                 |             |                       |           |                 |                     | Stations         |
|  |           |                 |             |                       |           |                 |                     |                  |
|  |           |                 |             |                       |           |                 |                     |                  |
|  |           | -               |             |                       |           |                 |                     |                  |
|  |           |                 |             |                       |           |                 |                     |                  |
|  |           |                 |             |                       |           |                 |                     |                  |
| Total DSEs                                     | <u> </u>  | Ч               | 0.00        | Total DSEs            |           | !!              | 0.00                |                  |
| Gross Receipts First Gr                        | oup       | \$              | 0.00        | Gross Receipts Seco   | and Group | \$              | 0.00                |                  |
|  |           |                 |             |                       |           |                 |                     |                  |
| Base Rate Fee First Gr                         | oup       | \$              | 0.00        | Base Rate Fee Seco    |           | \$              | 0.00                |                  |
| ONE HUNDRE                                     | D THIRD   | SUBSCRIBER GROU |             | 11                    |           | SUBSCRIBER GROU | JP                  |                  |
| COMMUNITY/ AREA                                |           |                 | 0           | COMMUNITY/ AREA       | <b>\</b>  |                 | 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 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 CABI | LE SYSTEM:      |             |                       |            | S               | YSTEM ID#<br>007711 | Name                     |
|--|-----------|-----------------|-------------|-----------------------|------------|-----------------|---------------------|--------------------------|
|  |           |                 |             | ATE FEES FOR EAC      |            |                 |                     |                          |
|  | ED FIFTH  | SUBSCRIBER GROU |             | t e                   |            | SUBSCRIBER GROU |                     | 9                        |
| COMMUNITY/ AREA                                  |           |                 | 0           | COMMUNITY/ AREA       | Α          |                 | 0                   | Computation              |
| CALL SIGN  | DSE       | CALL SIGN       | DSE         | CALL SIGN             | DSE        | CALL SIGN       | DSE                 | of                       |
|  |           |                 |             |                       |            |                 |                     | Base Rate Fee            |
|  |           |                 |             |                       |            |                 |                     | and                      |
|  |           |                 |             |                       |            |                 |                     | Syndicated               |
|  |           |                 |             |                       |            | H               |                     | Exclusivity<br>Surcharge |
|  |           | -               |             |                       |            |                 |                     | for                      |
|  |           |                 |             |                       |            |                 |                     | Partially                |
|  |           | -               |             |                       |            |                 |                     | Distant                  |
|  |           |                 |             |                       |            |                 |                     | Stations                 |
|  |           |                 |             |                       |            |                 |                     |                          |
|  |           |                 |             |                       |            |                 |                     |                          |
|  |           |                 |             |                       |            |                 |                     |                          |
|  |           |                 |             |                       |            |                 |                     |                          |
|  |           |                 | <u></u>     |                       |            |                 |                     |                          |
| 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 HUNDRED S                                    | SEVENTH   | SUBSCRIBER GROU | JP          | ONE HUNDR             | RED EIGHTH | SUBSCRIBER GROU | JP                  |                          |
| COMMUNITY/ AREA                                  |           |                 | 0           | COMMUNITY/ AREA       | A          |                 | 0                   |                          |
| CALL SIGN  | DSE       | CALL SIGN       | DSE         | CALL SIGN             | DSE        | CALL SIGN       | DSE                 |                          |
|  |           | -               |             |                       |            |                 |                     |                          |
|  |           |                 |             |                       |            |                 |                     |                          |
|  |           |                 |             |                       |            | u —             |                     |                          |
|  |           |                 |             |                       |            |                 |                     |                          |
|  |           |                 |             |                       |            |                 |                     |                          |
|  |           |                 |             |                       |            |                 |                     |                          |
|  |           |                 |             |                       |            |                 |                     |                          |
|  |           |                 |             |                       |            |                 |                     |                          |
|  |           |                 |             |                       |            |                 |                     |                          |
|  |           | -               |             |                       |            |                 |                     |                          |
|  |           |                 |             |                       |            |                 |                     |                          |
|  |           |                 |             |                       |            |                 |                     |                          |
| Total DSEs                                       |           |                 | 0.00        | Total DSEs            |            |                 | 0.00                |                          |
| Gross Receipts Third G                           | roup      | \$              | 0.00        | Gross Receipts Four   | th Group   | \$              | 0.00                |                          |
| <b>Base Rate Fee</b> Third G                     | roup      | \$              | 0.00        | Base Rate Fee Four    | th Group   | \$              | 0.00                |                          |
| Base Rate Fee: Add th<br>Enter here and in block |           |                 | riber group | as shown in the boxes | s above.   | \$              |                     |                          |

| CABLE ONE, INC.                                | R OF CABL | E SYSTEM:       |             |                       |           | S               | YSTEM ID#<br>007711 | Name             |
|--|-----------|-----------------|-------------|-----------------------|-----------|-----------------|---------------------|------------------|
| BL   | OCK A: 0  | COMPUTATION OF  | BASE RA     | ATE FEES FOR EAC      | H SUBSCF  | RIBER GROUP     |                     |                  |
|  | D NINTH   | SUBSCRIBER GROU |             |                       |           | SUBSCRIBER GROU |                     | 9                |
| COMMUNITY/ AREA                                |           |                 | 0           | COMMUNITY/ AREA       | <b>\</b>  |                 | 0                   |                  |
| CALL SIGN                                      | DSE       | CALL SIGN       | DSE         | CALL SIGN             | DSE       | CALL SIGN       | DSE                 | Computation of   |
|  |           |                 |             |                       |           |                 |                     | Base Rate Fee    |
|  |           |                 |             |                       |           |                 |                     | and              |
|  |           |                 |             |                       |           |                 |                     | Syndicated       |
|  |           |                 |             |                       |           |                 |                     | Exclusivity      |
|  | <b></b>   |                 |             |                       |           |                 |                     | Surcharge<br>for |
|  |           | -               |             |                       |           |                 |                     | Partially        |
|  |           |                 |             |                       |           |                 |                     | Distant          |
|  |           | -               |             |                       |           | <br>            |                     | 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    |           | \$              | 0.00                |                  |
|  | EVENTH    | SUBSCRIBER GROU |             | 11                    |           | SUBSCRIBER GROU | JP                  |                  |
| COMMUNITY/ AREA                                |           |                 | 0           | COMMUNITY/ AREA       |           |                 | 0                   |                  |
| CALL SIGN                                      | DSE       | CALL SIGN       | DSE         | CALL SIGN             | DSE       | CALL SIGN       | DSE                 |                  |
|  |           | -               |             |                       |           |                 |                     |                  |
|  |           |                 |             |                       |           |                 |                     |                  |
|  |           | -               |             |                       |           |                 |                     |                  |
|  |           |                 |             |                       |           |                 |                     |                  |
|  |           | -               |             |                       |           | <br>            |                     |                  |
|  |           |                 |             |                       |           |                 |                     |                  |
|  |           |                 |             |                       |           |                 |                     |                  |
|  | <b></b>   |                 |             |                       |           | <u> </u>        |                     |                  |
|  |           |                 |             |                       |           |                 |                     |                  |
|  |           |                 |             |                       |           |                 |                     |                  |
|  |           |                 |             |                       |           |                 |                     |                  |
|  |           |                 |             |                       |           |                 |                     |                  |
| 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 the Enter here and in block |           |                 | riber group | as shown in the boxes | s above.  | \$              |                     |                  |

| LEGAL NAME OF OWNER CABLE ONE, INC.            | R OF CABL | E SYSTEM:       |                 |                       |           | S               | YSTEM ID#<br>007711 | Name             |
|--|-----------|-----------------|-----------------|-----------------------|-----------|-----------------|---------------------|------------------|
|  |           |                 |                 | TE FEES FOR EAC       |           |                 |                     |                  |
| ONE HUNDRED THIR COMMUNITY/ AREA               | RTEENTH   | SUBSCRIBER GROU | <sup>JP</sup> 0 | ONE HUNDRED FO        |           | SUBSCRIBER GROU | JP <b>0</b>         | 9                |
| COMMONT IT AREA                                |           |                 |                 | CONNICION 17 AREA     |           |                 |                     | Computation      |
| CALL SIGN                                      | DSE       | CALL SIGN       | DSE             | CALL SIGN             | DSE       | CALL SIGN       | DSE                 | of               |
|  |           | -               |                 |                       |           |                 |                     | Base Rate Fee    |
|  |           | -               |                 |                       |           |                 |                     | Syndicated       |
|  |           |                 |                 |                       |           |                 |                     | Exclusivity      |
|  |           | -               |                 |                       | <u></u>   |                 |                     | Surcharge<br>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 FIF                                | TEENTH    | SUBSCRIBER GROU | JP              | ONE HUNDRED           | SIXTEENTH | 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 G                         | roup      | \$              | 0.00            | Gross Receipts Four   | 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.    | \$              |                     |                  |

| CABLE ONE, INC.                                | R OF CABL                               | E SYSTEM:       |             |                                 |          | S                              | YSTEM ID#<br>007711 | Name                      |
|--|---|-----------------|-------------|---------------------------------|----------|--------------------------------|---------------------|---------------------------|
| BL<br>ONE HUNDRED SEVEN                        |   |                 |             | ATE FEES FOR EACH               |          | RIBER GROUP<br>SUBSCRIBER GROU | JP                  |                           |
| COMMUNITY/ AREA                                | *************************************** |                 | 0           | COMMUNITY/ AREA                 |          |                                | 0                   | 9<br>Computation          |
| CALL SIGN                                      | DSE                                     | CALL SIGN       | DSE         | CALL SIGN                       | DSE      | CALL SIGN                      | DSE                 | of<br>Base Rate Fee       |
|  |   |                 |             |                                 |          |                                |                     | and                       |
|  |   |                 |             |                                 |          |                                |                     | Syndicated<br>Exclusivity |
|  |   |                 |             |                                 |          | -                              |                     | Surcharge<br>for          |
|  |   | -               |             |                                 |          | -                              |                     | Partially                 |
|  |   | -               |             |                                 |          |                                |                     | Distant<br>Stations       |
|  |   |                 |             |                                 |          |                                |                     |                           |
|  |   | -               |             |                                 |          |                                |                     |                           |
|  |   |                 |             |                                 |          |                                |                     |                           |
|  |   |                 |             |                                 |          |                                |                     |                           |
| Total DSEs Gross Receipts First Gr             | oun                                     | <b>c</b>        | 0.00        | Total DSEs  Gross Receipts Seco | nd Group | \$                             | 0.00                |                           |
| Gross Receipts First Gr                        | oup                                     | \$              | 0.00        | Gioss Receipts Seco             | na Group | <del>3</del>                   | 0.00                |                           |
| Base Rate Fee First Gr                         |   | \$              | 0.00        | Base Rate Fee Seco              |          | \$                             | 0.00                |                           |
| ONE HUNDRED NIN COMMUNITY/ AREA                | ITEENTH                                 | SUBSCRIBER GROU | JP <b>0</b> | ONE HUNDRED T                   |          | SUBSCRIBER GROU                | )P<br><b>0</b>      |                           |
|  |   |                 |             |                                 |          |                                |                     |                           |
| 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 Fourt            | h 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 CABI | E SYSTEM:        |             |                      |           | S                | YSTEM ID#<br>007711 | Name             |
|--|-----------|------------------|-------------|----------------------|-----------|------------------|---------------------|------------------|
| BL   | OCK A: (  | COMPUTATION OF   | BASE RA     | ATE FEES FOR EAC     | H SUBSCF  | RIBER GROUP      |                     |                  |
| ONE HUNDRED TWEN                               | ITY-FIRST | SUBSCRIBER GROU  |             | h                    |           | SUBSCRIBER GROUP |                     | 9                |
| COMMUNITY/ AREA                                |           |                  | 0           | COMMUNITY/ AREA      | 4         |                  | 0                   | _                |
| CALL SIGN                                      | DSE       | CALL SIGN        | DSE         | CALL SIGN            | DSE       | CALL SIGN        | DSE                 | Computation of   |
| 3.12.3.3.1                                     |           |                  |             |                      |           |                  |                     | Base Rate Fee    |
|  |           |                  |             |                      |           |                  |                     | and              |
|  |           |                  |             |                      |           |                  |                     | Syndicated       |
|  |           | -                |             |                      |           |                  |                     | Exclusivity      |
|  | <u> </u>  | -                |             |                      |           |                  |                     | Surcharge<br>for |
|  |           |                  |             |                      |           |                  |                     | Partially        |
|  |           | -                |             |                      |           |                  |                     | Distant          |
|  |           |                  |             |                      |           |                  |                     | Stations         |
|  | <u> </u>  |                  |             |                      |           |                  |                     |                  |
|  | <u> </u>  |                  |             |                      |           |                  |                     |                  |
|  |           |                  |             |                      |           |                  |                     |                  |
|  | <b></b>   |                  |             |                      |           |                  |                     |                  |
|  | <b>†</b>  |                  |             |                      |           |                  |                     |                  |
| 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 HUNDRED TWEN                               | TY-THIRD  | SUBSCRIBER GROUP | 1           | TI .                 |           | SUBSCRIBER GROUP |                     |                  |
| COMMUNITY/ AREA                                |           |                  | 0           | COMMUNITY/ AREA      | 4         |                  | 0                   |                  |
| CALL SIGN                                      | DSE       | CALL SIGN        | DSE         | CALL SIGN            | DSE       | CALL SIGN        | DSE                 |                  |
|  | <u> </u>  |                  |             |                      |           |                  |                     |                  |
|  |           | -                |             |                      |           |                  |                     |                  |
|  | <b></b>   |                  |             |                      |           |                  |                     |                  |
|  |           |                  |             |                      |           | n=               |                     |                  |
|  |           |                  |             |                      |           |                  |                     |                  |
|  |           |                  |             |                      |           |                  |                     |                  |
|  | <u> </u>  |                  |             |                      |           |                  |                     |                  |
|  | <b></b>   |                  |             |                      |           |                  |                     |                  |
|  |           |                  |             |                      |           |                  |                     |                  |
|  |           | -                |             |                      |           |                  |                     |                  |
|  |           |                  |             |                      |           |                  |                     |                  |
|  |           |                  |             |                      |           |                  |                     |                  |
|  |           |                  |             |                      |           |                  |                     |                  |
| 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 the Enter here and in block |           |                  | riber group | as shown in the boxe | s above.  | \$               |                     |                  |

| CABLE ONE, INC.                                | R OF CABL | E SYSTEM:        |             |                       |           | S                | YSTEM ID#<br>007711 | Name             |
|--|-----------|------------------|-------------|-----------------------|-----------|------------------|---------------------|------------------|
|  |           |                  |             | ATE FEES FOR EAC      |           |                  |                     |                  |
| ONE HUNDRED TWEN                               | ITY-FIFTH | SUBSCRIBER GROUP | 0           | ONE HUNDRED TW        |           | SUBSCRIBER GROUP | 0                   | 9                |
| OOMMONT IT AREA                                |           |                  |             | COMMONT IT AREA       |           |                  |                     | Computation      |
| CALL SIGN                                      | DSE       | CALL SIGN        | DSE         | CALL SIGN             | DSE       | CALL SIGN        | DSE                 | of               |
|  |           | -                |             |                       |           |                  |                     | Base Rate Fee    |
|  | •         |                  |             |                       |           |                  |                     | Syndicated       |
|  |           |                  |             |                       |           |                  |                     | Exclusivity      |
|  |           | -                |             |                       |           |                  |                     | Surcharge        |
|  |           |                  |             |                       |           |                  |                     | for<br>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                |                  |
| NE HUNDRED TWENTY-                             | SEVENTH   | SUBSCRIBER GROUP |             |                       |           | 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 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.  | \$               |                     |                  |

| CABLE ONE, INC.                                | R OF CABL | LE SYSTEM:       |             |                       |             | S                | YSTEM ID#<br>007711 | Name              |
|--|-----------|------------------|-------------|-----------------------|-------------|------------------|---------------------|-------------------|
| BL<br>ONE HUNDRED TWEN<br>COMMUNITY/ AREA      |           |                  |             | ONE HUNDRE            | D THIRTIETH | RIBER GROUP      | 0                   | 9                 |
|  |           |                  | U           |                       |             |                  | U                   | Computation       |
| CALL SIGN                                      | DSE       | CALL SIGN        | DSE         | CALL SIGN             | DSE         | CALL SIGN        | DSE                 | of                |
|  |           |                  |             |                       |             |                  |                     | Base Rate Fee and |
|  | •         |                  |             |                       |             |                  |                     | Syndicated        |
|  |           |                  |             |                       |             |                  |                     | Exclusivity       |
|  |           |                  |             |                       |             |                  |                     | Surcharge         |
|  |           |                  |             |                       |             |                  |                     | for<br>Partially  |
|  |           |                  |             |                       |             |                  |                     | Distant           |
|  |           |                  |             |                       |             |                  |                     | Stations          |
|  |           |                  |             |                       |             |                  |                     |                   |
|  |           |                  |             |                       |             | <u> </u>         |                     |                   |
|  |           | -                |             |                       |             |                  |                     |                   |
|  | •         |                  |             |                       |             |                  |                     |                   |
| T  |           |                  | 0.00        |                       |             |                  | 0.00                |                   |
| 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 HUNDRED THIR                               | TY-FIRST  | SUBSCRIBER GROUP | ı           | 11                    |             | 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 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 OWN      |             | LE SYSTEM:       |              |                      |              | S                | YSTEM ID#<br>007711 | Name                      |
|------------------------|-------------|------------------|--------------|----------------------|--------------|------------------|---------------------|---------------------------|
|                        | BLOCK A: (  | COMPUTATION OF   | BASE RA      | TE FEES FOR EAC      | CH SUBSCF    | RIBER GROUP      |                     |                           |
| ONE HUNDRED TH         | IRTY-THIRD  | SUBSCRIBER GROUP | •            | ONE HUNDRED THI      | RTY-FOURTH   | SUBSCRIBER GROUP | 1                   | 0                         |
| COMMUNITY/ AREA        |             |                  | 0            | COMMUNITY/ ARE       |              |                  | 0                   | 9<br>Computation          |
| CALL SIGN              | DSE         | CALL SIGN        | DSE          | CALL SIGN            | DSE          | CALL SIGN        | DSE                 | of                        |
|                        |             |                  |              |                      |              |                  |                     | Base Rate Fee             |
|                        |             |                  |              |                      |              |                  |                     | and                       |
|                        |             |                  |              |                      |              |                  |                     | Syndicated<br>Exclusivity |
|                        |             |                  |              |                      |              |                  |                     | Surcharge                 |
|                        |             | +                | ···          |                      |              |                  |                     | for                       |
|                        |             | -                |              |                      |              |                  |                     | Partially                 |
|                        |             |                  |              |                      |              |                  |                     | Distant                   |
|                        |             |                  |              |                      |              |                  |                     | Stations                  |
|                        |             |                  |              |                      |              |                  |                     |                           |
|                        |             |                  |              |                      |              |                  |                     |                           |
|                        |             |                  |              |                      |              |                  |                     |                           |
|                        |             |                  |              |                      |              |                  |                     |                           |
|                        |             |                  |              |                      |              |                  |                     |                           |
| Total DSEs             | <u>.</u>    |                  | 0.00         | Total DSEs           | 1            | <del></del>      | 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 TH         | IIRTY-FIFTH | SUBSCRIBER GROUP | )            | ONE HUNDRED 1        | THIRTY-SIXTH | SUBSCRIBER GROUP | 1                   |                           |
| 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 t   |             |                  | criber group | as shown in the boxe | es above.    | \$               |                     |                           |

| CABLE ONE, INC                               |           | LE SYSTEM:       |             |                       |             | S                | YSTEM ID#<br>007711 | Name                      |
|--|-----------|------------------|-------------|-----------------------|-------------|------------------|---------------------|---------------------------|
|  |           |                  |             | TE FEES FOR EAC       | H SUBSCF    | RIBER GROUP      |                     |                           |
| ONE HUNDRED THIRTY                           | /-SEVENTH | SUBSCRIBER GROUP | )           | ONE HUNDRED TH        | IRTY-EIGHTH | SUBSCRIBER GROUP |                     | 0                         |
| COMMUNITY/ AREA                              |           |                  | 0           | COMMUNITY/ AREA       |             |                  | 0                   | <b>9</b> Computation      |
| CALL SIGN                                    | DSE       | CALL SIGN        | DSE         | CALL SIGN             | DSE         | CALL SIGN        | DSE                 | of                        |
|  |           |                  |             |                       |             |                  |                     | Base Rate Fee             |
|  |           |                  |             |                       |             | -                |                     | and                       |
|  |           |                  |             |                       |             |                  |                     | Syndicated<br>Exclusivity |
|  |           |                  |             |                       |             |                  |                     | Surcharge                 |
|  |           | +                |             |                       |             |                  |                     | for                       |
|  |           |                  |             |                       |             |                  |                     | Partially                 |
|  |           | -                |             |                       |             |                  |                     | Distant                   |
|  |           | <b> </b>         |             |                       |             |                  |                     | 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                        | Group     | \$               | 0.00        | Base Rate Fee Seco    | ond Group   | \$               | 0.00                |                           |
|  | RTY-NINTH | SUBSCRIBER GROUP | 1           | ii e                  |             | 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                         | 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 to Enter here and in bloc |           |                  | riber group | as shown in the boxes | s above.    | \$               |                     |                           |

| LEGAL NAME OF OWNE CABLE ONE, INC.               | R OF CABL | E SYSTEM:        |             |                      |           | S                  | YSTEM ID#<br>007711 | Name             |
|--|-----------|------------------|-------------|----------------------|-----------|--------------------|---------------------|------------------|
| BL   | OCK A: (  | COMPUTATION OF   | BASE RA     | ATE FEES FOR EAC     | H SUBSCF  | RIBER GROUP        |                     |                  |
|  | RTY-FIRST | SUBSCRIBER GROUP |             |                      |           | SUBSCRIBER GROUP   |                     | 9                |
| COMMUNITY/ AREA                                  |           |                  | 0           | COMMUNITY/ AREA      | 4         |                    | 0                   | _                |
| CALL SIGN  | DSE       | CALL SIGN        | DSE         | CALL SIGN            | DSE       | CALL SIGN          | DSE                 | Computation of   |
| 3  |           |                  |             |                      |           |                    |                     | Base Rate Fee    |
|  |           |                  |             |                      |           |                    |                     | and              |
|  |           | -                |             |                      |           | <br>               |                     | Syndicated       |
|  |           | -                |             |                      |           |                    |                     | Exclusivity      |
|  | <b>.</b>  | -                |             |                      |           |                    |                     | Surcharge<br>for |
|  |           |                  |             |                      |           |                    |                     | Partially        |
|  |           | -                |             |                      |           |                    |                     | Distant          |
|  |           |                  |             |                      |           |                    |                     | Stations         |
|  |           |                  |             |                      |           |                    |                     |                  |
|  |           |                  |             |                      |           |                    |                     |                  |
|  |           |                  |             |                      |           |                    |                     |                  |
|  |           |                  |             |                      |           |                    |                     |                  |
|  |           |                  |             |                      |           |                    |                     |                  |
| Total DSEs                                       | -         |                  | 0.00        | Total DSEs           |           | <del>! !</del>     | 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 HUNDRED FOR                                  | TY-THIRD  | SUBSCRIBER GROUP | 1           |                      |           | I SUBSCRIBER GROUP |                     |                  |
| COMMUNITY/ AREA                                  |           |                  | 0           | COMMUNITY/ AREA      | 4         |                    | 0                   |                  |
| CALL SIGN  | DSE       | CALL SIGN        | DSE         | CALL SIGN            | DSE       | CALL SIGN          | DSE                 |                  |
|  | <u> </u>  |                  |             |                      |           |                    |                     |                  |
|  |           |                  |             |                      |           |                    |                     |                  |
|  | <b></b>   |                  |             |                      |           |                    |                     |                  |
|  |           |                  |             |                      |           | n=                 |                     |                  |
|  |           |                  |             |                      |           |                    |                     |                  |
|  |           |                  |             |                      |           |                    |                     |                  |
|  |           |                  |             |                      |           |                    |                     |                  |
|  |           |                  |             |                      |           |                    |                     |                  |
|  |           |                  |             |                      |           |                    |                     |                  |
|  |           | -                |             |                      |           |                    |                     |                  |
|  |           |                  |             |                      |           |                    |                     |                  |
|  |           |                  |             |                      |           |                    |                     |                  |
|  |           |                  |             |                      |           |                    |                     |                  |
| 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<br>Enter here and in block |           |                  | riber group | as shown in the boxe | s above.  | \$                 |                     |                  |

| CABLE ONE, INC.                                | R OF CABL | LE SYSTEM:       |             |                         |           | SY               | STEM ID#<br>007711 | Name              |
|--|-----------|------------------|-------------|-------------------------|-----------|------------------|--------------------|-------------------|
|  |           |                  |             | TE FEES FOR EACH        | SUBSCR    | IBER GROUP       |                    |                   |
|  | TY-FIFTH  | SUBSCRIBER GROUP |             |                         | 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<br>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                        | oup       | \$               | 0.00        | Base Rate Fee Second    | d Group   | \$               | 0.00               |                   |
| ONE HUNDRED FORTY-                             | SEVENTH   | SUBSCRIBER GROUP |             | ii                      | 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                        | 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.    | \$               |                    |                   |

| CABLE ONE, INC.                                | R OF CABL | E SYSTEM:       |             |                       |          | S               | YSTEM ID#<br>007711 | Name                     |
|--|-----------|-----------------|-------------|-----------------------|----------|-----------------|---------------------|--------------------------|
| BL   | OCK A: (  | COMPUTATION OF  | BASE RA     | ATE FEES FOR EAC      | H SUBSCR | RIBER GROUP     |                     |                          |
| ONE HUNDRED FORT                               | Y-NINTH   | SUBSCRIBER GROU |             |                       |          | 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            |
|  |           |                 |             |                       |          | <br>            |                     | and                      |
|  |           |                 |             |                       |          |                 |                     | Syndicated               |
|  |           |                 |             |                       |          |                 |                     | Exclusivity<br>Surcharge |
|  |           | -               |             |                       |          |                 |                     | for                      |
|  |           |                 |             |                       |          |                 |                     | Partially                |
|  |           | -               |             |                       |          |                 |                     | Distant                  |
|  |           |                 |             |                       |          |                 |                     | Stations                 |
|  |           |                 |             |                       |          |                 |                     |                          |
|  |           |                 |             |                       |          |                 |                     |                          |
|  |           |                 |             |                       |          |                 |                     |                          |
|  |           |                 |             |                       |          |                 |                     |                          |
|  |           |                 |             |                       |          |                 |                     |                          |
| 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 |             | ii -                  |          | SUBSCRIBER GROU | IP                  |                          |
| 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 Fourt  | h 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.   | \$              |                     |                          |

| CABLE ONE, INC.                                | R OF CABL                               | E SYSTEM:                               |             |                       |           | S                              | YSTEM ID#<br>007711 | Name                     |
|--|---|---|-------------|-----------------------|-----------|--------------------------------|---------------------|--------------------------|
| BL<br>ONE HUNDRED FIFT                         |   |   |             | ATE FEES FOR EAC      |           | RIBER GROUP<br>SUBSCRIBER GROU | JP                  |                          |
| COMMUNITY/ AREA                                |   |   | 0           | COMMUNITY/ AREA       |           |                                | 0                   | 9<br>Computation         |
| CALL SIGN                                      | DSE                                     | CALL SIGN                               | DSE         | CALL SIGN             | DSE       | CALL SIGN                      | DSE                 | Computation of           |
|  |   |   |             |                       |           |                                |                     | Base Rate Fee            |
|  |   |   |             |                       |           |                                |                     | Syndicated               |
|  |   |   |             |                       |           |                                |                     | Exclusivity<br>Surcharge |
|  |   |   |             |                       |           |                                |                     | for<br>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 HUNDRED FIF                                | ΓY-FIFTH                                | SUBSCRIBER GROU                         |             | TI .                  |           | SUBSCRIBER GROU                | JP                  |                          |
| COMMUNITY/ AREA                                | *************************************** |   | 0           | COMMUNITY/ AREA       | A         |                                | 0                   |                          |
| CALL SIGN                                      | DSE                                     | CALL SIGN                               | DSE         | CALL SIGN             | DSE       | CALL SIGN                      | DSE                 |                          |
|  |   |   |             |                       |           |                                |                     |                          |
|  |   |   |             |                       |           |                                |                     |                          |
|  |   | -                                       |             |                       |           |                                |                     |                          |
|  |   | - 1111111111111111111111111111111111111 |             |                       |           |                                |                     |                          |
|  |   |   |             |                       |           |                                |                     |                          |
|  |   |   |             |                       |           | u —                            |                     |                          |
|  |   | - 1111111111111111111111111111111111111 |             |                       |           |                                |                     |                          |
|  |   |   |             |                       |           |                                |                     |                          |
|  |   |   |             |                       |           |                                |                     |                          |
| 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 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#<br>007711 | Name                     |
|--|-----------|------------------|-------------|----------------------|-----------|--------------------|---------------------|--------------------------|
| BL   | OCK A: 0  | COMPUTATION OF   | BASE RA     | ATE FEES FOR EAC     | H SUBSCF  | RIBER GROUP        |                     |                          |
| ONE HUNDRED FIFTY                                | SEVENTH   | SUBSCRIBER GROUP |             |                      |           | I SUBSCRIBER GROUP |                     | 9                        |
| COMMUNITY/ AREA                                  |           |                  | 0           | COMMUNITY/ AREA      | Α         |                    | 0                   | Computation              |
| CALL SIGN  | DSE       | CALL SIGN        | DSE         | CALL SIGN            | DSE       | CALL SIGN          | DSE                 | of                       |
|  |           |                  |             |                      |           |                    |                     | Base Rate Fee            |
|  | <u> </u>  | -                |             |                      |           | <br>               |                     | and                      |
|  |           |                  |             |                      |           |                    |                     | Syndicated               |
|  |           |                  |             |                      |           | H                  |                     | Exclusivity<br>Surcharge |
|  |           | -                |             |                      |           |                    |                     | for                      |
|  |           |                  |             |                      |           |                    |                     | Partially                |
|  |           |                  |             |                      |           |                    |                     | Distant                  |
|  |           |                  |             |                      |           |                    |                     | Stations                 |
|  |           |                  |             |                      |           |                    |                     |                          |
|  |           |                  |             |                      |           |                    |                     |                          |
|  |           |                  |             |                      |           |                    |                     |                          |
|  |           |                  |             |                      |           |                    |                     |                          |
|  |           |                  | <u> </u>    |                      |           | 1                  |                     |                          |
| Total DSEs                                       |           |                  | 0.00        | Total DSEs           |           |                    | 0.00                |                          |
| Gross Receipts First Gr                          | oup       | \$               | 0.00        | Gross Receipts Seco  | ond Group | \$                 | 0.00                |                          |
| <b>Base Rate Fee</b> First Gr                    | oup       | \$               | 0.00        | Base Rate Fee Seco   | ond Group | \$                 | 0.00                |                          |
| ONE HUNDRED FIF                                  | TY-NINTH  | SUBSCRIBER GROUP | )           | #                    |           | I SUBSCRIBER GROUP |                     |                          |
| COMMUNITY/ AREA                                  |           |                  | 0           | COMMUNITY/ AREA      | 4         |                    | 0                   |                          |
| CALL SIGN  | DSE       | CALL SIGN        | DSE         | CALL SIGN            | DSE       | CALL SIGN          | DSE                 |                          |
|  |           | -                |             |                      |           |                    |                     |                          |
|  |           |                  |             |                      |           |                    |                     |                          |
|  |           |                  |             |                      |           | u —                |                     |                          |
|  |           |                  |             |                      |           |                    |                     |                          |
|  |           |                  |             |                      |           |                    |                     |                          |
|  |           |                  |             |                      |           |                    |                     |                          |
|  | <b>+</b>  |                  |             |                      |           |                    |                     |                          |
|  |           |                  |             |                      |           |                    |                     |                          |
|  | <u> </u>  |                  |             |                      |           |                    |                     |                          |
|  | <u> </u>  |                  |             |                      |           |                    |                     |                          |
|  |           |                  |             |                      |           |                    |                     |                          |
|  |           |                  |             |                      |           |                    |                     |                          |
| Total DSEs                                       |           |                  | 0.00        | Total DSEs           |           |                    | 0.00                |                          |
| Gross Receipts Third G                           | roup      | \$               | 0.00        | Gross Receipts Four  | th Group  | \$                 | 0.00                |                          |
| <b>Base Rate Fee</b> Third G                     | roup      | \$               | 0.00        | Base Rate Fee Four   | th Group  | \$                 | 0.00                |                          |
| Base Rate Fee: Add th<br>Enter here and in block |           |                  | riber group | as shown in the boxe | s above.  | \$                 |                     |                          |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007711 |       |                |               |                      |           |                  |      | Name                      |
|---|-------|----------------|---------------|----------------------|-----------|------------------|------|---------------------------|
| В   |       |                |               | TE FEES FOR EAC      |           |                  |      |                           |
|   | FIRST | SUBSCRIBER GRO |               |                      |           | SUBSCRIBER GRO   |      | 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<br>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 |                           |
| <b>Base Rate Fee</b> First 0  | 2roup | ¢              | 0.00          | Base Rate Fee Sec    | and Group | ¢                | 0.00 |                           |
| Dase Nate I ee I list C   |       | \$             |               | Dase Nate 1 ee 3ect  |           | <b>a</b>         |      |                           |
|   | THIRD | SUBSCRIBER GRO |               |                      |           | I SUBSCRIBER GRO | _    |                           |
| COMMUNITY/ AREA   |       |                | 0             | COMMUNITY/ ARE       | Α         |                  | 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 Four  | rth Group | •                | 0.00 |                           |
| Gross Necelpis Hilla  | Gιυαμ | \$             | 0.00          | Gross Receipts Foul  | iai Gioup | \$               | 0.00 |                           |
| Base Rate Fee Third   | Group | \$             | 0.00          | Base Rate Fee Four   | rth Group | \$               | 0.00 |                           |
|   |       |                |               | Ш                    |           |                  |      |                           |
| <b>Base Rate Fee:</b> Add t<br>Enter here and in bloo                     |       |                | scriber group | as shown in the boxe | s above.  | \$               | 0.00 |                           |

| CABLE ONE, INC.                  | ·<br>   |                      |   |                                       |                          |                   | 007711                                  | Name            |  |
|----------------------------------|---------|----------------------|---|---------------------------------------|--------------------------|-------------------|---|-----------------|--|
| В                                |         |                      |   | TE FEES FOR EAC                       |                          |                   | LID                                     |                 |  |
| COMMUNITY/ AREA                  | FIFIH   | SUBSCRIBER GRO       | <u> <b>0</b></u>                          | COMMUNITY/ ARE                        |                          | SUBSCRIBER GRO    | <b>0</b>                                | 9               |  |
| ZOMMONT 17 7 NCL7                |         |                      |   | OCIVINION 1774KE                      |                          |                   |   | Computa         |  |
| CALL SIGN                        | DSE     | CALL SIGN            | DSE                                       | CALL SIGN                             | DSE                      | CALL SIGN         | DSE                                     | of              |  |
|                                  |         |                      |   |                                       |                          |                   |   | Base Rate       |  |
|                                  |         |                      |   |                                       |                          |                   |   | and<br>Syndicat |  |
|                                  |         |                      |   |                                       |                          |                   |   | Exclusiv        |  |
|                                  |         |                      |   |                                       |                          |                   |   | Surcharg        |  |
|                                  |         |                      |   |                                       |                          |                   |   | for             |  |
|                                  |         |                      |   |                                       |                          |                   |   | Partially       |  |
|                                  |         |                      |   |                                       |                          |                   |   | Distant         |  |
|                                  |         |                      |   |                                       |                          |                   |   | Stations        |  |
|                                  |         |                      |   |                                       |                          |                   |   |                 |  |
|                                  |         |                      |   |                                       |                          |                   |   |                 |  |
|                                  |         |                      |   |                                       |                          |                   |   |                 |  |
|                                  |         |                      |   |                                       |                          |                   |   |                 |  |
|                                  |         |                      |   |                                       |                          |                   |   |                 |  |
| Total DSEs                       |         |                      | 0.00                                      | Total DSEs                            |                          |                   | 0.00                                    |                 |  |
| Gross Receipts First G           | Group   | \$                   | 0.00                                      | Gross Receipts Sec                    | ond Group                | \$                | 0.00                                    |                 |  |
|                                  |         |                      |   |                                       |                          |                   |   |                 |  |
|                                  |         |                      |   |                                       |                          |                   |   |                 |  |
| Base Rate Fee First G            | iroup   | \$                   | 0.00                                      | Base Rate Fee Sec                     | ond Group                | \$                | 0.00                                    |                 |  |
|                                  |         | \$<br>SUBSCRIBER GRO | -   | Base Rate Fee Sec                     |                          | \$ SUBSCRIBER GRO |   |                 |  |
|                                  |         |                      | -   | Base Rate Fee Sec                     | EIGHTH                   | SUBSCRIBER GRO    |   |                 |  |
|                                  |         |                      | OUP                                       |                                       | EIGHTH                   | SUBSCRIBER GRO    |   |                 |  |
| COMMUNITY/ AREA                  | SEVENTH | SUBSCRIBER GRO       | OUP 0                                     | COMMUNITY/ ARE                        | EIGHTH<br>A              |                   | UP <b>0</b>                             |                 |  |
| COMMUNITY/ AREA                  | SEVENTH | SUBSCRIBER GRO       | OUP 0                                     | COMMUNITY/ ARE                        | EIGHTH<br>A              |                   | UP <b>0</b>                             |                 |  |
| COMMUNITY/ AREA                  | SEVENTH | SUBSCRIBER GRO       | OUP 0                                     | COMMUNITY/ ARE                        | EIGHTH<br>A              |                   | UP <b>0</b>                             |                 |  |
| COMMUNITY/ AREA                  | SEVENTH | SUBSCRIBER GRO       | OUP 0                                     | COMMUNITY/ ARE                        | EIGHTH<br>A              |                   | UP <b>0</b>                             |                 |  |
| COMMUNITY/ AREA                  | SEVENTH | SUBSCRIBER GRO       | OUP 0                                     | COMMUNITY/ ARE                        | EIGHTH<br>A              |                   | UP <b>0</b>                             |                 |  |
| COMMUNITY/ AREA                  | SEVENTH | SUBSCRIBER GRO       | OUP 0                                     | COMMUNITY/ ARE                        | EIGHTH<br>A              |                   | UP <b>0</b>                             |                 |  |
| COMMUNITY/ AREA                  | SEVENTH | SUBSCRIBER GRO       | OUP 0                                     | COMMUNITY/ ARE                        | EIGHTH<br>A              |                   | UP <b>0</b>                             |                 |  |
| COMMUNITY/ AREA                  | SEVENTH | SUBSCRIBER GRO       | OUP 0                                     | COMMUNITY/ ARE                        | EIGHTH<br>A              |                   | UP <b>0</b>                             |                 |  |
| COMMUNITY/ AREA                  | SEVENTH | SUBSCRIBER GRO       | OUP 0                                     | COMMUNITY/ ARE                        | EIGHTH<br>A              |                   | UP <b>0</b>                             |                 |  |
| COMMUNITY/ AREA                  | SEVENTH | SUBSCRIBER GRO       | OUP 0                                     | COMMUNITY/ ARE                        | EIGHTH<br>A              |                   | UP <b>0</b>                             |                 |  |
| COMMUNITY/ AREA                  | SEVENTH | SUBSCRIBER GRO       | OUP 0                                     | COMMUNITY/ ARE                        | EIGHTH<br>A              |                   | UP <b>0</b>                             |                 |  |
| COMMUNITY/ AREA                  | SEVENTH | SUBSCRIBER GRO       | OUP 0                                     | COMMUNITY/ ARE                        | EIGHTH<br>A              |                   | UP <b>0</b>                             |                 |  |
| CALL SIGN                        | SEVENTH | SUBSCRIBER GRO       | DUP 0                                     | COMMUNITY/ ARE                        | EIGHTH<br>A              |                   | DSE                                     |                 |  |
| CALL SIGN                        | SEVENTH | SUBSCRIBER GRO       | DUP  DSE  0  0  0  0  0  0  0  0  0 0 0 0 | COMMUNITY/ ARE                        | EIGHTH<br>A              |                   | DSE |                 |  |
| CALL SIGN  CALL SIGN  Total DSEs | DSE     | SUBSCRIBER GRO       | DUP 0                                     | COMMUNITY/ ARE                        | DSE DSE                  |                   | DSE                                     |                 |  |
| COMMUNITY/ AREA                  | SEVENTH | CALL SIGN            | DUP  DSE  0  0  0  0  0  0  0  0  0 0 0 0 | COMMUNITY/ ARE  CALL SIGN  Total DSEs | EIGHTH A  DSE  rth Group | CALL SIGN         | DSE |                 |  |

|                |                   | DED 000::-                 | 0110000 | TE EEEO EOO                      | D.4.0= = : | OMBUTATION                     | 0014:          |                                    |
|----------------|-------------------|----------------------------|---------|----------------------------------|------------|--------------------------------|----------------|------------------------------------|
|                | IP I              | IBER GROUP SUBSCRIBER GROU |         | TE FEES FOR EACH                 |            | COMPUTATION OF SUBSCRIBER GROU |                | BL                                 |
| 9              | 0                 |                            |         | COMMUNITY/ AREA                  | 0          |                                |                | COMMUNITY/ AREA                    |
| Computa of     | DSE               | CALL SIGN                  | DSE     | CALL SIGN                        | DSE        | CALL SIGN                      | DSE            | CALL SIGN                          |
| Base Rate      | BOL               | G/ LEE G/G/T               | BOL     | O/ILL SIGIT                      | 562        | ONEE SIGHT                     | DOL            | OALL GIGIT                         |
| and            |                   |                            |         |                                  |            |                                |                |                                    |
| Syndica        |                   |                            |         |                                  |            |                                |                |                                    |
| Exclusiv       |                   |                            |         |                                  |            |                                |                |                                    |
| Surchar<br>for |                   |                            |         |                                  |            |                                |                |                                    |
| Partial        |                   |                            |         |                                  |            |                                | •              |                                    |
| Distan         |                   |                            |         |                                  |            |                                |                |                                    |
| Station        |                   |                            |         |                                  |            |                                |                |                                    |
|                |                   |                            |         |                                  |            |                                |                |                                    |
|                |                   |                            |         |                                  |            | -                              |                |                                    |
|                |                   |                            |         |                                  |            |                                |                |                                    |
|                |                   |                            |         |                                  |            |                                |                |                                    |
|                |                   |                            |         |                                  |            |                                |                |                                    |
|                | 0.00              | •                          | •       | Total DSEs                       | 0.00       |                                | •              | otal DSEs                          |
|                | 0.00              | \$                         | 1 Group | Gross Receipts Second            | 0.00       | \$                             | oun            | Gross Receipts First Gro           |
|                | 0.00              | <b>3</b>                   | Gloup   | Gross Neceipts Secon             | 0.00       | <del>-</del>                   | Jup            | 1035 Neceipis i list Git           |
|                | 0.00              | \$                         | d Group | Base Rate Fee Second             | 0.00       | \$                             | oup            | ase Rate Fee First Gro             |
|                | P                 | SUBSCRIBER GROU            | TWELVTH | -                                | JP         | SUBSCRIBER GROU                | EVENTH         | EL                                 |
|                | COMMUNITY/ AREA 0 |                            |         | 0                                |            |                                | OMMUNITY/ AREA |                                    |
|                | DSE               | CALL SIGN                  | DSE     | CALL SIGN                        | DSE        | CALL SIGN                      | DSE            | CALL SIGN                          |
|                |                   |                            |         |                                  |            |                                | •              |                                    |
|                |                   |                            |         |                                  |            |                                |                |                                    |
|                |                   |                            |         |                                  |            |                                |                |                                    |
|                |                   |                            |         |                                  |            |                                |                |                                    |
|                |                   |                            |         |                                  |            |                                |                |                                    |
|                |                   |                            |         |                                  |            |                                |                |                                    |
|                |                   |                            |         |                                  |            |                                |                |                                    |
|                |                   |                            |         |                                  |            |                                |                |                                    |
|                |                   |                            |         |                                  |            |                                |                |                                    |
|                |                   |                            |         |                                  |            |                                | •              |                                    |
|                |                   |                            |         |                                  |            |                                |                |                                    |
|                |                   |                            |         |                                  |            |                                |                |                                    |
|                |                   |                            |         |                                  |            |                                |                |                                    |
|                | 0.00              |                            |         | Takal DOC-                       | 0 00       |                                |                | ALDOE-                             |
|                | 0.00              |                            |         | Total DSEs                       | 0.00       |                                |                |                                    |
|                | 0.00              | \$                         | Group   | Total DSEs Gross Receipts Fourth | 0.00       | \$                             | roup           | otal DSEs<br>ross Receipts Third G |

|               |                   | DED 02                     | 01155   |                                     | <b>D.</b> |                                | 0011           |                                    |
|---------------|-------------------|----------------------------|---------|-------------------------------------|-----------|--------------------------------|----------------|------------------------------------|
|               | JP                | IBER GROUP SUBSCRIBER GROU |         | TE FEES FOR EACH                    |           | COMPUTATION OF SUBSCRIBER GROU |                |                                    |
| 9             | 0                 |                            |         | COMMUNITY/ AREA                     | 0         |                                |                | COMMUNITY/ AREA                    |
| Compute       | DSE               | CALL SIGN                  | DSE     | CALL SIGN                           | DSE       | CALL SIGN                      | DSE            | CALL SIGN                          |
| Base Rat      | DOL               | CALL GIGIT                 | DOL     | OALL GIGIN                          | DOL       | ONLE GIGIT                     | DOL            | OALL GIGIT                         |
| and           |                   |                            |         |                                     |           |                                |                |                                    |
| Syndica       |                   |                            |         |                                     |           |                                |                |                                    |
| Exclusi       |                   |                            |         |                                     |           |                                |                |                                    |
| Surcha<br>for |                   |                            |         |                                     |           |                                |                |                                    |
| Partial       |                   |                            |         |                                     |           |                                | •              |                                    |
| Distar        |                   |                            |         |                                     |           |                                | •              |                                    |
| Station       |                   |                            |         |                                     |           |                                |                |                                    |
|               |                   |                            |         |                                     |           |                                | •              |                                    |
|               |                   |                            |         |                                     |           |                                |                |                                    |
|               |                   |                            |         |                                     |           |                                |                |                                    |
|               |                   |                            |         |                                     |           |                                |                |                                    |
|               |                   |                            |         |                                     |           |                                |                |                                    |
|               | 0.00              |                            |         | Total DSEs                          | 0.00      |                                |                | otal DSEs                          |
|               | 0.00              |                            |         |                                     | 0.00      | \$                             | oun            | ross Receipts First Gr             |
|               |                   | <u>*</u>                   | и Отопр | Oroso resolpto cosoni               |           | Г                              | очр            | roco recoupto r mot on             |
|               | 0.00              | \$                         | d Group | Base Rate Fee Second                | 0.00      | \$                             | oup            | ase Rate Fee First Gro             |
|               | <u> </u>          | SUBSCRIBER GROU            | XTEENTH | SI                                  | JP        | SUBSCRIBER GROU                | TEENTH         | FIF                                |
|               | COMMUNITY/ AREA 0 |                            |         | 0                                   |           |                                | OMMUNITY/ AREA |                                    |
|               | DSE               | CALL SIGN                  | DSE     | CALL SIGN                           | DSE       | CALL SIGN                      | DSE            | CALL SIGN                          |
|               |                   |                            |         |                                     |           |                                | •              |                                    |
|               |                   |                            |         |                                     |           |                                |                |                                    |
|               |                   |                            |         |                                     |           |                                |                |                                    |
|               |                   |                            |         |                                     |           |                                |                |                                    |
|               |                   |                            |         |                                     |           |                                |                |                                    |
|               |                   |                            |         |                                     |           |                                |                |                                    |
|               |                   |                            |         |                                     |           |                                |                |                                    |
|               |                   |                            |         |                                     |           |                                |                |                                    |
|               |                   |                            |         |                                     |           |                                |                |                                    |
|               |                   |                            |         |                                     |           |                                |                |                                    |
|               |                   |                            |         |                                     |           |                                |                |                                    |
|               |                   |                            |         |                                     |           |                                | <b>†</b>       |                                    |
|               |                   |                            |         |                                     |           |                                |                |                                    |
|               | 0.00              |                            |         | Total DSEs                          | 0.00      |                                |                | otal DSEs                          |
|               | 0.00              |                            | Group   |                                     | 0.00      |                                | roup           |                                    |
|               | 0.00              | \$                         | Group   | Total DSEs<br>Gross Receipts Fourth | 0.00      | \$                             | roup           | otal DSEs<br>ross Receipts Third G |

| <del>                                     </del> | 007711 | Sì              |          |                       | •    | E SYSTEM:      | R OF CABL | LEGAL NAME OF OWNER  CABLE ONE, INC. |
|--|--------|-----------------|----------|-----------------------|------|----------------|-----------|--------------------------------------|
|  |        |                 |          | TE FEES FOR EACH      |      |                |           |                                      |
| 9  |        | SUBSCRIBER GROU | HTEENTH  |                       |      | SUBSCRIBER GRO | NTEENTH   |                                      |
| 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<br>Exclusivit                          |        |                 |          |                       |      |                |           |                                      |
| Surcharge  |        |                 |          |                       |      | _              |           |                                      |
| for  |        |                 |          |                       |      | -              | •         |                                      |
| Partially  |        |                 |          |                       |      | -              |           |                                      |
| Distant  |        | <br> -          |          |                       |      |                |           |                                      |
| Stations   |        | -               |          |                       |      | -              |           |                                      |
|  |        |                 |          |                       |      |                |           |                                      |
|  |        |                 |          |                       |      |                |           |                                      |
|  |        |                 |          |                       |      | -              |           |                                      |
| ]  |        |                 |          |                       |      |                |           |                                      |
| _  |        |                 |          |                       |      |                |           |                                      |
|  | 0.00   |                 |          | Total DSEs            | 0.00 |                |           | Total DSEs                           |
|  | 0.00   | \$              | d Group  | Gross Receipts Secor  | 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 | VENTIETH | ii                    | UP   | SUBSCRIBER GRO | NTEENTH   | NIN                                  |
|  | 0      |                 |          | COMMUNITY/ AREA       | 0    |                |           | COMMUNITY/ AREA                      |
|  | DSE    | CALL SIGN       | DSE      | CALL SIGN             | DSE  | CALL SIGN      | DSE       | CALL SIGN                            |
|  |        | <br>            |          |                       |      | =              |           |                                      |
|  |        |                 |          |                       |      | _              |           |                                      |
|  |        |                 |          |                       |      | -              |           |                                      |
|  |        |                 | <b>.</b> |                       |      |                |           |                                      |
| 111  |        |                 |          |                       |      | -              |           |                                      |
|  |        |                 |          |                       |      |                |           |                                      |
|  |        |                 | ļ        |                       |      |                |           |                                      |
|  |        |                 | <b>_</b> |                       |      | -              |           |                                      |
|  |        |                 | <b> </b> |                       |      | -              |           |                                      |
|  |        | -               | <b></b>  |                       |      |                |           |                                      |
|  |        | -               |          |                       |      |                |           |                                      |
|  |        |                 |          |                       |      |                |           |                                      |
| ···)   |        |                 |          |                       |      |                |           |                                      |
|  |        |                 |          | Total DSEs            | 0.00 |                |           | Total DSEs                           |
|  | 0.00   |                 |          | lil.                  |      |                |           |                                      |
| _  | _      | <b>s</b>        | Group    | Gross Receipts Fourth | 0.00 | \$             | iroup     | Gross Receipts Third G               |
| _  | 0.00   | \$              | Group    | Gross Receipts Fourth | 0.00 | \$             | Group     | Gross Receipts Third G               |

| EGAL NAME OF OWNER OF CABLE ONE, INC. | CABLE SYSTEM:  |           |                               |            | 3              | 007711      | Name                 |
|---------------------------------------|----------------|-----------|-------------------------------|------------|----------------|-------------|----------------------|
|                                       |                |           | TE FEES FOR EA                |            |                |             |                      |
| TWENTY-FII                            | RST SUBSCRIBER | R GROUP 0 | TWEN                          |            | SUBSCRIBER GRO | UP <b>0</b> | 9                    |
|                                       |                |           |                               |            |                |             | Computat             |
| CALL SIGN DS                          | E CALL SIGN    | DSE       | CALL SIGN                     | DSE        | CALL SIGN      | DSE         | of                   |
|                                       |                |           |                               |            |                |             | Base Rate and        |
|                                       |                |           |                               |            |                |             | Syndicate            |
|                                       |                |           |                               |            |                |             | Exclusivi            |
|                                       | -              |           |                               |            |                |             | Surcharg             |
|                                       |                |           |                               |            |                |             | for                  |
|                                       |                |           |                               |            |                |             | Partially<br>Distant |
|                                       |                |           |                               |            |                |             | Stations             |
|                                       |                |           |                               |            |                |             |                      |
|                                       |                |           |                               |            |                |             |                      |
|                                       |                |           |                               |            |                |             |                      |
|                                       |                |           |                               |            |                |             |                      |
|                                       |                |           |                               |            |                |             |                      |
| Total DSEs                            |                | 0.00      | Total DSEs                    |            |                | 0.00        |                      |
| Gross Receipts First Group            | \$             | 0.00      | Gross Receipts Sec            | cond Group | \$             | 0.00        |                      |
| Base Rate Fee First Group             | \$             | 0.00      | Base Rate Fee Sec             | cond Group | \$             | 0.00        |                      |
| TWENTY-TH                             | IRD SUBSCRIBER | R GROUP   | TWE                           | NTY-FOURTH | SUBSCRIBER GRO | UP          |                      |
| COMMUNITY/ AREA                       |                | 0         | COMMUNITY/ AREA 0             |            |                |             |                      |
| CALL SIGN DS                          | E CALL SIGN    | DSE       | CALL SIGN                     | DSE        | CALL SIGN      | DSE         |                      |
|                                       | _              |           |                               |            |                |             |                      |
|                                       |                |           |                               |            |                |             |                      |
|                                       |                |           |                               |            |                |             |                      |
|                                       |                |           |                               |            |                |             |                      |
|                                       |                |           |                               |            |                |             |                      |
|                                       |                |           |                               |            |                |             |                      |
|                                       |                |           |                               |            |                |             |                      |
|                                       | -              |           |                               |            |                |             |                      |
|                                       |                |           |                               |            |                |             |                      |
|                                       |                |           |                               |            |                |             |                      |
|                                       |                |           |                               |            |                |             |                      |
|                                       |                |           |                               |            |                |             |                      |
|                                       |                |           |                               |            |                | l l         |                      |
| Fotal DSEs                            |                | 0.00_     | Total DSEs                    |            |                | 0.00        |                      |
|                                       | *              | 0.00      |                               | urth Group | \$             | 0.00        |                      |
| Fotal DSEs Gross Receipts Third Group | \$             |           | Total DSEs Gross Receipts Fol | ırth Group | \$             |             |                      |
|                                       | \$             |           |                               |            | \$             |             |                      |

| 9                         |              | SI              |                 |                       |          | E SYSTEM:      | R OF CABL       | LEGAL NAME OF OWNER CABLE ONE, INC. |
|---------------------------|--------------|-----------------|-----------------|-----------------------|----------|----------------|-----------------|-------------------------------------|
| <u> </u>                  |              |                 |                 | TE FEES FOR EACH      |          |                |                 |                                     |
|                           |              | SUBSCRIBER GROU | ITY-SIXTH       |                       |          | SUBSCRIBER GRO | TY-FIFTH        |                                     |
| Computatio                | 0            |                 |                 | COMMUNITY/ AREA       | 0        |                |                 | COMMUNITY/ AREA                     |
|                           | DSE          | CALL SIGN       | DSE             | CALL SIGN             | DSE      | CALL SIGN      | DSE             | CALL SIGN                           |
| Base Rate Fe              |              |                 |                 |                       |          |                |                 |                                     |
| and                       |              |                 |                 |                       |          | -              |                 |                                     |
| Syndicated<br>Exclusivity |              |                 |                 |                       |          |                |                 |                                     |
| Surcharge                 |              |                 |                 |                       |          | -              |                 |                                     |
| for                       |              |                 |                 |                       |          |                |                 |                                     |
| Partially                 |              |                 |                 |                       |          | -              |                 |                                     |
| Distant                   |              |                 |                 |                       |          |                |                 |                                     |
| Stations                  |              |                 |                 |                       |          | -              |                 |                                     |
|                           |              |                 |                 |                       |          |                |                 |                                     |
|                           |              |                 |                 |                       |          | -              | ···             |                                     |
|                           |              |                 |                 |                       |          |                |                 |                                     |
|                           |              |                 |                 |                       |          |                |                 |                                     |
|                           |              |                 |                 |                       |          |                |                 |                                     |
| .00                       | 0.00         |                 |                 | Total DSEs            | 0.00     |                |                 | Total DSEs                          |
| .00                       | 0.00         | \$              | d Group         | Gross Receipts Secon  | 0.00     | \$ 0.00        |                 | Gross Receipts First Gr             |
|                           |              | · ·             | ·               | ·                     |          | ·<br>[         | ·               | ·                                   |
| .00                       | 0.00         | \$              | d Group         | Base Rate Fee Secon   | 0.00     | \$             | oup             | Base Rate Fee First Gr              |
|                           | )UP          | SUBSCRIBER GROU | Y-EIGHTH        | TWENT                 | JP       | SUBSCRIBER GRO | SEVENTH         | TWENTY-S                            |
| 0                         | IITY/ AREA 0 |                 | COMMUNITY/ AREA | 0                     |          |                | COMMUNITY/ AREA |                                     |
| SE                        | DSE          | CALL SIGN       | DSE             | CALL SIGN             | DSE      | CALL SIGN      | DSE             | CALL SIGN                           |
|                           |              | <br>            |                 |                       |          | =              |                 |                                     |
|                           |              |                 |                 |                       |          | _              |                 |                                     |
|                           |              |                 |                 |                       |          | -              |                 |                                     |
|                           |              |                 |                 |                       |          |                |                 |                                     |
|                           |              |                 |                 |                       |          | -              |                 |                                     |
|                           |              |                 |                 |                       |          |                |                 |                                     |
|                           |              |                 |                 |                       |          | -              |                 |                                     |
|                           |              |                 |                 |                       |          | -              |                 |                                     |
|                           |              |                 |                 |                       |          |                | <u>.</u>        |                                     |
|                           |              |                 |                 |                       |          |                |                 |                                     |
|                           |              | -               |                 |                       |          | -              | <u>.</u>        |                                     |
|                           |              |                 |                 |                       |          |                |                 |                                     |
|                           |              |                 |                 |                       |          |                |                 |                                     |
|                           |              |                 |                 | Total DSEs            | 0.00     |                |                 | Total DSEs                          |
| .00_                      | 0.00         |                 |                 | ll .                  | <u>-</u> | <del></del>    |                 |                                     |
|                           | _            | \$              | Group           | Gross Receipts Fourth | 0.00     | \$             | roup            | Gross Receipts Third G              |
|                           | 0.00         | \$              | Group           | Gross Receipts Fourth | 0.00     | \$             | iroup           | Gross Receipts Third G              |

| Name                    | YSTEM ID#<br>007711 |                                |                 |                                  |      | E SYSTEM:      |                        | CABLE ONE, INC.                   |
|-------------------------|---------------------|--------------------------------|-----------------|----------------------------------|------|----------------|------------------------|-----------------------------------|
|                         |                     |                                |                 | TE FEES FOR EACH                 |      |                |                        |                                   |
| 9                       |                     | SUBSCRIBER GROU                | HIRTIETH        | Ti .                             |      | SUBSCRIBER GRO | ΓY-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<br>Exclusivit |                     |                                |                 |                                  |      |                |                        |                                   |
| Surcharge               |                     |                                |                 |                                  |      |                |                        |                                   |
| for                     |                     |                                |                 |                                  |      |                |                        |                                   |
| Partially               |                     |                                |                 |                                  |      | -              |                        |                                   |
| Distant                 |                     |                                |                 |                                  |      | -              |                        |                                   |
| Stations                |                     |                                |                 |                                  |      | -              |                        |                                   |
|                         |                     |                                |                 |                                  |      |                |                        |                                   |
|                         |                     |                                |                 |                                  |      |                |                        |                                   |
|                         |                     |                                |                 |                                  |      | -              |                        |                                   |
|                         |                     |                                |                 |                                  |      |                |                        |                                   |
|                         |                     |                                |                 |                                  |      |                |                        |                                   |
|                         | 0.00                |                                |                 | Total DSEs                       | 0.00 |                |                        | Γotal DSEs                        |
|                         | 0.00                | Gross Receipts Second Group \$ |                 | 0.00                             | \$   | roup           | Gross Receipts First G |                                   |
|                         |                     |                                |                 |                                  |      |                |                        |                                   |
|                         | 0.00                | \$                             | d Group         | Base Rate Fee Secon              | 0.00 | \$             | roup                   | Base Rate Fee First G             |
|                         | IP                  | SUBSCRIBER GROU                | -SECOND         | THIRTY                           | UP   | SUBSCRIBER GRO | TY-FIRST               | THIR                              |
|                         | 0                   |                                | COMMUNITY/ AREA | 0                                |      |                | COMMUNITY/ AREA        |                                   |
|                         | DSE                 | CALL SIGN                      | DSE             | CALL SIGN                        | DSE  | CALL SIGN      | DSE                    | CALL SIGN                         |
|                         |                     |                                |                 |                                  |      | =              |                        |                                   |
|                         |                     |                                |                 |                                  |      | -              |                        |                                   |
|                         |                     |                                |                 |                                  |      |                |                        |                                   |
|                         |                     |                                |                 |                                  |      |                |                        |                                   |
|                         |                     |                                |                 |                                  |      | -              |                        |                                   |
|                         |                     |                                |                 |                                  |      |                |                        |                                   |
|                         |                     |                                |                 |                                  |      |                |                        |                                   |
|                         |                     |                                |                 |                                  |      |                |                        |                                   |
|                         |                     |                                |                 |                                  |      |                |                        |                                   |
|                         |                     |                                |                 |                                  |      |                |                        |                                   |
|                         |                     |                                |                 |                                  |      |                |                        |                                   |
|                         |                     |                                |                 |                                  |      |                |                        |                                   |
|                         |                     |                                |                 |                                  |      |                |                        |                                   |
|                         |                     |                                |                 |                                  |      |                |                        |                                   |
|                         | 0.00                |                                |                 | Total DSEs                       | 0.00 |                |                        | Fotal DSEs                        |
|                         | 0.00                | \$                             | Group           | Total DSEs Gross Receipts Fourth | 0.00 | \$             | Group                  | Total DSEs Gross Receipts Third G |

| Name                    | O07711 | SY              |                    |                                  | •    | E SYSTEM:        | R OF CABL | LEGAL NAME OF OWNER  CABLE ONE, INC. |
|-------------------------|--------|-----------------|--------------------|----------------------------------|------|------------------|-----------|--------------------------------------|
|                         |        |                 |                    | TE FEES FOR EACH                 |      |                  |           |                                      |
| 9                       | Р      | SUBSCRIBER GROU | THIRTY-FOURTH SUBS |                                  |      | SUBSCRIBER GROUP |           |                                      |
| 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<br>Surcharge |        |                 |                    |                                  |      |                  |           |                                      |
| for                     |        |                 |                    |                                  |      |                  |           |                                      |
| Partially               |        | .—              |                    |                                  |      | -                |           |                                      |
| Distant                 |        |                 |                    |                                  |      | -                |           |                                      |
| Stations                |        |                 |                    |                                  |      | -                |           |                                      |
|                         |        |                 |                    |                                  |      | -                |           |                                      |
|                         |        |                 |                    |                                  |      |                  |           |                                      |
|                         |        |                 |                    |                                  |      | -                | -         |                                      |
|                         |        |                 |                    |                                  |      |                  |           |                                      |
|                         |        |                 |                    |                                  |      |                  |           |                                      |
|                         | 0.00   | Ц               | <u> </u>           | Total DSEs                       | 0.00 |                  | <u>.</u>  | Total DSEs                           |
|                         | •      |                 |                    | Total DSEs                       | 0.00 |                  |           | Γotal 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       | <b>Base Rate Fee</b> First Gr        |
|                         | Р      | SUBSCRIBER GROU | TY-SIXTH           | THIF                             | JP   | SUBSCRIBER GRO   | TY-FIFTH  | THIR                                 |
|                         |        |                 |                    | COMMUNITY/ AREA                  | 0    |                  |           | COMMUNITY/ AREA                      |
|                         | DSE    | CALL SIGN       | DSE                | CALL SIGN                        | DSE  | CALL SIGN        | DSE       | CALL SIGN                            |
|                         |        |                 |                    |                                  |      |                  |           |                                      |
|                         |        |                 |                    |                                  |      |                  |           |                                      |
|                         |        |                 |                    |                                  |      |                  |           |                                      |
|                         |        |                 |                    |                                  |      | -                |           |                                      |
|                         |        |                 |                    |                                  |      | _                |           |                                      |
|                         |        |                 |                    |                                  |      |                  | ···       |                                      |
|                         |        | -               |                    |                                  |      | -                |           |                                      |
|                         |        |                 |                    |                                  |      | -                | _         |                                      |
|                         |        |                 |                    |                                  |      |                  |           |                                      |
|                         |        |                 |                    |                                  |      |                  |           |                                      |
|                         |        |                 |                    |                                  |      |                  |           |                                      |
| Ì                       |        |                 |                    |                                  |      |                  |           |                                      |
| Ì                       | •      |                 |                    |                                  |      |                  |           |                                      |
|                         |        |                 |                    |                                  |      |                  |           |                                      |
|                         | 0.00   |                 |                    | Total DSEs                       | 0.00 |                  |           | Total DSEs                           |
|                         | 0.00   | \$              | Group              | Total DSEs Gross Receipts Fourth | 0.00 | \$               | Group     | Total DSEs<br>Gross Receipts Third G |
|                         | •      | \$              | Group              |                                  |      | \$               | Group     |                                      |

| Name              | YSTEM ID#<br>007711 | 51                             |          |                            |             | ESTSTEM:                          | R OF CABL    | CABLE ONE, INC.                  |
|-------------------|---------------------|--------------------------------|----------|----------------------------|-------------|-----------------------------------|--------------|----------------------------------|
| -                 | JP                  | RIBER GROUP                    |          | TE FEES FOR EACH           |             | COMPUTATION OF<br>SUBSCRIBER GROU |              |                                  |
| 9<br>Computation  | 0                   |                                |          | COMMUNITY/ AREA            | 0           |                                   |              | COMMUNITY/ AREA                  |
| of                | DSE                 | CALL SIGN                      | DSE      | CALL SIGN                  | DSE         | CALL SIGN                         | DSE          | CALL SIGN                        |
| Base Rate Fe      |                     |                                |          |                            |             |                                   |              |                                  |
| and<br>Syndicated |                     |                                |          |                            |             |                                   | •            |                                  |
| Exclusivity       |                     |                                |          |                            |             | -                                 | •            |                                  |
| Surcharge         |                     |                                | •        |                            |             |                                   | •            |                                  |
| for<br>Partially  |                     |                                | •        |                            |             |                                   | •            |                                  |
| Distant           |                     |                                |          |                            |             |                                   |              |                                  |
| Stations          |                     |                                | •        |                            |             |                                   | •            |                                  |
|                   |                     |                                |          |                            |             |                                   |              |                                  |
|                   |                     |                                | •        |                            |             | -                                 | •            |                                  |
|                   |                     |                                |          |                            |             |                                   |              |                                  |
|                   |                     |                                |          |                            |             |                                   |              |                                  |
|                   | 0.00                | III                            | <u> </u> | Total DSEs                 | 0.00        |                                   | <u> </u>     | Total DSEs                       |
|                   | 0.00                | Gross Receipts Second Group \$ |          |                            | \$ 0.00     |                                   | oup          | Gross Receipts First Gr          |
|                   |                     | <u>,</u>                       | a 0.0up  | orese research             |             | · <del>·</del>                    |              | 0.000 r.000.p.0 r.mor 0.         |
|                   |                     |                                |          |                            |             |                                   |              |                                  |
|                   | 0.00                | \$                             | d Group  | Base Rate Fee Secon        | 0.00        | \$                                | oup          | Base Rate Fee First Gro          |
|                   | JP                  | \$ SUBSCRIBER GROUP            |          |                            | UP          | \$ SUBSCRIBER GROU                |              | THIRT                            |
|                   | <b>'</b>            |                                |          |                            |             |                                   |              | THIRT                            |
|                   | JP                  |                                |          |                            | UP          |                                   |              | THIRT                            |
|                   | JP <b>0</b>         | SUBSCRIBER GROU                | FORTIETH | COMMUNITY/ AREA            | UP <b>0</b> | SUBSCRIBER GROU                   | Y-NINTH      | THIRT<br>COMMUNITY/ AREA         |
|                   | JP <b>0</b>         | SUBSCRIBER GROU                | FORTIETH | COMMUNITY/ AREA            | UP <b>0</b> | SUBSCRIBER GROU                   | Y-NINTH      | THIRT<br>COMMUNITY/ AREA         |
|                   | JP <b>0</b>         | SUBSCRIBER GROU                | FORTIETH | COMMUNITY/ AREA            | UP <b>0</b> | SUBSCRIBER GROU                   | Y-NINTH      | THIRT                            |
|                   | JP <b>0</b>         | SUBSCRIBER GROU                | FORTIETH | COMMUNITY/ AREA            | UP <b>0</b> | SUBSCRIBER GROU                   | Y-NINTH      | THIRT<br>COMMUNITY/ AREA         |
|                   | JP <b>0</b>         | SUBSCRIBER GROU                | FORTIETH | COMMUNITY/ AREA            | UP <b>0</b> | SUBSCRIBER GROU                   | Y-NINTH      | THIRT<br>COMMUNITY/ AREA         |
|                   | JP <b>0</b>         | SUBSCRIBER GROU                | FORTIETH | COMMUNITY/ AREA            | UP <b>0</b> | SUBSCRIBER GROU                   | Y-NINTH      | THIRT<br>COMMUNITY/ AREA         |
|                   | JP <b>0</b>         | SUBSCRIBER GROU                | FORTIETH | COMMUNITY/ AREA            | UP <b>0</b> | SUBSCRIBER GROU                   | Y-NINTH      | THIRT<br>COMMUNITY/ AREA         |
|                   | JP <b>0</b>         | SUBSCRIBER GROU                | FORTIETH | COMMUNITY/ AREA            | UP <b>0</b> | SUBSCRIBER GROU                   | Y-NINTH      | THIRT<br>COMMUNITY/ AREA         |
|                   | JP <b>0</b>         | SUBSCRIBER GROU                | FORTIETH | COMMUNITY/ AREA            | UP <b>0</b> | SUBSCRIBER GROU                   | Y-NINTH      | COMMUNITY/ AREA                  |
|                   | JP <b>0</b>         | SUBSCRIBER GROU                | FORTIETH | COMMUNITY/ AREA            | UP <b>0</b> | SUBSCRIBER GROU                   | Y-NINTH      | THIRT<br>COMMUNITY/ AREA         |
|                   | JP <b>0</b>         | SUBSCRIBER GROU                | FORTIETH | COMMUNITY/ AREA            | UP <b>0</b> | SUBSCRIBER GROU                   | Y-NINTH      | THIRT<br>COMMUNITY/ AREA         |
|                   | JP <b>0</b>         | SUBSCRIBER GROU                | FORTIETH | COMMUNITY/ AREA            | UP <b>0</b> | SUBSCRIBER GROU                   | Y-NINTH      | THIRT COMMUNITY/ AREA  CALL SIGN |
|                   | JP 0 DSE            | SUBSCRIBER GROU                | DSE      | COMMUNITY/ AREA  CALL SIGN | DSE         | SUBSCRIBER GROU                   | Y-NINTH  DSE | THIRT<br>COMMUNITY/ AREA         |

| Name                    | YSTEM ID#<br>007711 |                 |          |                                 |             | .E SYSTEM:      | R OF CABL | 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<br>Exclusivit |                     |                 |          |                                 |             |                 |           |                         |
| Surcharge               |                     |                 |          |                                 |             | -               |           |                         |
| for                     |                     |                 |          |                                 |             |                 |           |                         |
| Partially               |                     |                 |          |                                 |             | -               |           |                         |
| Distant                 |                     |                 |          |                                 |             |                 |           |                         |
| Stations                |                     |                 |          |                                 |             |                 |           |                         |
|                         |                     |                 |          |                                 |             |                 |           |                         |
|                         |                     |                 |          |                                 |             | -               | <u> </u>  |                         |
|                         |                     |                 |          |                                 |             |                 |           |                         |
|                         |                     |                 |          |                                 |             |                 |           |                         |
|                         |                     |                 |          |                                 |             |                 |           |                         |
|                         | 0.00                |                 |          | Total DSEs                      | 0.00        |                 |           | Total DSEs              |
|                         | 0.00                | \$              | d Group  | Gross Receipts Secor            | \$ 0.00     |                 | oup       | Gross Receipts First G  |
|                         | 1                   |                 |          |                                 |             |                 |           |                         |
|                         |                     |                 |          | Base Rate Fee Secon             | 0.00        | \$              | oup.      | Base Rate Fee First Gr  |
|                         | 0.00                | \$              | a Group  | Dase Nate 1 ee occor            | 0.00        | <u> </u>        | oup       | Susc Rate 1 cc 1 hat of |
|                         | '                   | SUBSCRIBER GROU |          | FORT                            |             | SUBSCRIBER GROU |           |                         |
|                         | '                   | SUBSCRIBER GROU |          |                                 |             |                 |           | FOR                     |
|                         | JP                  | SUBSCRIBER GROU |          | FORT                            | UP          |                 |           | FOR                     |
|                         | JP <b>0</b>         |                 | ′-FOURTH | FORT                            | UP <b>0</b> | SUBSCRIBER GROU | TY-THIRD  | FORT                    |
|                         | JP <b>0</b>         |                 | ′-FOURTH | FORT                            | UP <b>0</b> | SUBSCRIBER GROU | TY-THIRD  | FORT                    |
|                         | JP <b>0</b>         |                 | ′-FOURTH | FORT                            | UP <b>0</b> | SUBSCRIBER GROU | TY-THIRD  | FORT                    |
|                         | JP <b>0</b>         |                 | ′-FOURTH | FORT                            | UP <b>0</b> | SUBSCRIBER GROU | TY-THIRD  | FORT                    |
|                         | JP <b>0</b>         |                 | ′-FOURTH | FORT                            | UP <b>0</b> | SUBSCRIBER GROU | TY-THIRD  | FORT                    |
|                         | JP <b>0</b>         |                 | ′-FOURTH | FORT                            | UP <b>0</b> | SUBSCRIBER GROU | TY-THIRD  | FORT                    |
|                         | JP <b>0</b>         |                 | ′-FOURTH | FORT<br>COMMUNITY/ AREA         | UP <b>0</b> | SUBSCRIBER GROU | TY-THIRD  | FORT                    |
|                         | JP <b>0</b>         |                 | ′-FOURTH | FORT<br>COMMUNITY/ AREA         | UP <b>0</b> | SUBSCRIBER GROU | TY-THIRD  | FORT                    |
|                         | JP <b>0</b>         |                 | ′-FOURTH | FORT<br>COMMUNITY/ AREA         | UP <b>0</b> | SUBSCRIBER GROU | TY-THIRD  | FORT                    |
|                         | JP <b>0</b>         |                 | ′-FOURTH | FORT<br>COMMUNITY/ AREA         | UP <b>0</b> | SUBSCRIBER GROU | TY-THIRD  | FORT                    |
|                         | JP <b>0</b>         |                 | ′-FOURTH | FORT<br>COMMUNITY/ AREA         | UP <b>0</b> | SUBSCRIBER GROU | TY-THIRD  | FORT                    |
|                         | JP <b>0</b>         |                 | ′-FOURTH | FORT<br>COMMUNITY/ AREA         | UP <b>0</b> | SUBSCRIBER GROU | TY-THIRD  | FORT                    |
|                         | JP <b>0</b>         |                 | ′-FOURTH | FORT<br>COMMUNITY/ AREA         | DSE         | SUBSCRIBER GROU | TY-THIRD  | FORT                    |
|                         | JP <b>0</b>         |                 | ′-FOURTH | FORT<br>COMMUNITY/ AREA         | UP <b>0</b> | SUBSCRIBER GROU | TY-THIRD  | FORT                    |
|                         | DSE                 |                 | DSE      | FORT COMMUNITY/ AREA  CALL SIGN | DSE         | SUBSCRIBER GROU | DSE       | CALL SIGN               |

| Name                    | YSTEM ID#<br>007711           |                 |                                |                     |         | E SYSTEM:          | R OF CABL     | CABLE ONE, INC.                   |
|-------------------------|-------------------------------|-----------------|--------------------------------|---------------------|---------|--------------------|---------------|-----------------------------------|
|                         |                               | RIBER GROUP     | SUBSCF                         | TE FEES FOR EACH    | BASE RA | COMPUTATION OF     | OCK A: C      | BL                                |
| 9                       | IP                            | SUBSCRIBER GROU | RTY-SIXTH                      |                     |         | I SUBSCRIBER GROUP |               | FOR                               |
| 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<br>Surcharge |                               | H               |                                |                     |         |                    |               |                                   |
| for                     |                               | nH              |                                |                     |         |                    |               |                                   |
| Partially               |                               | n <del>-</del>  |                                |                     |         | -                  |               |                                   |
| Distant                 |                               |                 |                                |                     |         |                    |               |                                   |
| Stations                |                               |                 |                                |                     |         |                    |               |                                   |
|                         |                               |                 |                                |                     |         |                    |               |                                   |
|                         |                               |                 |                                |                     |         |                    |               |                                   |
|                         |                               |                 |                                |                     |         |                    |               |                                   |
|                         |                               |                 |                                |                     |         |                    |               |                                   |
|                         |                               |                 |                                |                     |         |                    |               |                                   |
|                         |                               | Ц               |                                |                     |         |                    |               |                                   |
|                         | 0.00                          |                 |                                | Total DSEs          | 0.00    |                    |               | Total DSEs                        |
|                         | \$ 0.00                       |                 | Gross Receipts Second Group \$ |                     | 0.00    | \$                 | roup          | Gross Receipts First G            |
|                         |                               |                 |                                |                     |         |                    |               |                                   |
|                         | 0.00                          | \$              | d Group                        | Base Rate Fee Secon | 0.00    | \$                 | oup           | Base Rate Fee First G             |
|                         | FORTY-EIGHTH SUBSCRIBER GROUP |                 |                                |                     |         | SUBSCRIBER GRO     | SEVENTH       | FORTY-S                           |
|                         | 0                             |                 |                                | COMMUNITY/ AREA     | 0       |                    |               | COMMUNITY/ AREA                   |
|                         |                               |                 |                                |                     | DSE     | CALL SIGN          | DSE           | CALL SIGN                         |
|                         | DSE                           | CALL SIGN       | DSE                            | CALL SIGN           |         |                    |               |                                   |
|                         | DSE                           | CALL SIGN       | DSE                            | CALL SIGN           |         |                    |               |                                   |
|                         | DSE                           | CALL SIGN       | DSE                            | CALL SIGN           |         | -                  |               |                                   |
|                         | DSE                           | CALL SIGN       | DSE                            | CALL SIGN           |         |                    |               |                                   |
|                         | DSE                           | CALL SIGN       | DSE                            | CALL SIGN           |         |                    |               |                                   |
|                         | DSE                           | CALL SIGN       | DSE                            | CALL SIGN           |         |                    |               |                                   |
|                         | DSE                           | CALL SIGN       | DSE                            | CALL SIGN           |         |                    |               |                                   |
|                         | DSE                           | CALL SIGN       | DSE                            | CALL SIGN           |         |                    |               |                                   |
|                         | DSE                           | CALL SIGN       | DSE                            | CALL SIGN           |         |                    |               |                                   |
|                         | DSE                           | CALL SIGN       | DSE                            | CALL SIGN           |         |                    |               |                                   |
|                         | DSE                           | CALL SIGN       | DSE                            | CALL SIGN           |         |                    |               |                                   |
|                         | DSE                           | CALL SIGN       | DSE                            | CALL SIGN           |         |                    |               |                                   |
|                         | DSE                           | CALL SIGN       | DSE                            | CALL SIGN           |         |                    |               |                                   |
|                         | DSE                           | CALL SIGN       | DSE                            | CALL SIGN           |         |                    |               |                                   |
|                         | DSE<br>0.00                   | CALL SIGN       | DSE                            | Total DSEs          | 0.00    |                    |               | Total DSEs                        |
|                         | 0.00                          |                 |                                | Total DSEs          |         |                    | STOLIC STOLIC |                                   |
|                         |                               | \$              |                                |                     | 0.00    | \$                 | Group         | Fotal DSEs Gross Receipts Third G |

|                     | P                 | IBER GROUP SUBSCRIBER GROU          |         | TE FEES FOR EACH      |      | COMPUTATION OF SUBSCRIBER GROU |                |                                     |
|---------------------|-------------------|-------------------------------------|---------|-----------------------|------|--------------------------------|----------------|-------------------------------------|
| 9                   | 0                 |                                     |         | COMMUNITY/ AREA       | 0    |                                |                | COMMUNITY/ AREA                     |
| Computa of          | DSE               | CALL SIGN                           | DSE     | CALL SIGN             | DSE  | CALL SIGN                      | DSE            | CALL SIGN                           |
| Base Rate           | 332               | 0.122 0.011                         | 202     | 0,122 0.011           | 232  | 57.22 5.511                    | 552            | 0,122 0.0.1                         |
| and                 |                   |                                     |         |                       |      |                                | •              |                                     |
| Syndicat            |                   |                                     |         |                       |      |                                | •              |                                     |
| Exclusiv<br>Surchar |                   |                                     |         |                       |      |                                |                |                                     |
| for                 |                   |                                     |         |                       |      |                                |                |                                     |
| Partiall            |                   |                                     | -       |                       |      |                                |                |                                     |
| Distan              |                   |                                     |         |                       |      |                                | •              |                                     |
| Station             |                   |                                     |         |                       |      |                                | •              |                                     |
|                     |                   |                                     |         |                       |      |                                |                |                                     |
|                     |                   |                                     |         |                       |      |                                |                |                                     |
|                     |                   |                                     |         |                       |      |                                | <b></b>        |                                     |
|                     |                   |                                     |         |                       |      |                                |                |                                     |
|                     |                   |                                     |         |                       |      |                                |                |                                     |
|                     | 0.00              |                                     |         | Total DSEs            | 0.00 |                                |                | otal DSEs                           |
|                     | 0.00              | Gross Receipts Second Group \$ 0.00 |         |                       | 0.00 | \$                             | oup            | Fross Receipts First Gr             |
|                     |                   |                                     | ·       |                       |      |                                | ·              | ·                                   |
|                     | 0.00              | \$                                  | l Group | Base Rate Fee Second  | 0.00 | \$                             | oup            | ase Rate Fee First Gro              |
|                     | >                 | SUBSCRIBER GROU                     | -SECOND | FIFTY                 | JP   | SUBSCRIBER GROU                | Y-FIRST        | FIFT                                |
|                     | COMMUNITY/ AREA 0 |                                     |         | 0                     |      |                                | OMMUNITY/ AREA |                                     |
|                     | DSE               | CALL SIGN                           | DSE     | CALL SIGN             | DSE  | CALL SIGN                      | DSE            | CALL SIGN                           |
|                     |                   |                                     |         |                       |      |                                | •              |                                     |
|                     |                   |                                     |         |                       |      |                                |                |                                     |
|                     |                   |                                     |         |                       |      |                                | •              |                                     |
|                     |                   |                                     |         |                       |      |                                | •              |                                     |
|                     |                   |                                     |         |                       |      |                                |                |                                     |
|                     |                   |                                     |         |                       |      |                                |                |                                     |
|                     |                   |                                     |         |                       |      |                                |                |                                     |
|                     |                   |                                     |         |                       |      |                                |                |                                     |
|                     |                   |                                     |         |                       |      |                                | <b></b>        |                                     |
|                     |                   |                                     |         |                       |      |                                |                |                                     |
|                     |                   |                                     |         |                       |      |                                |                |                                     |
|                     |                   |                                     |         |                       |      |                                |                |                                     |
|                     |                   |                                     | ļ       |                       | 0.00 |                                | <u> </u>       | -4-1 DOE-                           |
|                     | 0.00              |                                     |         | Total DSEs            | 0.00 |                                |                | otal DSEs                           |
|                     | _                 | <b></b>                             | Group   |                       |      | <b>\$</b>                      | roup           |                                     |
|                     | 0.00              | \$                                  | Group   | Gross Receipts Fourth | 0.00 | \$                             | roup           | otal DSEs<br>Gross Receipts Third G |

| Name                    | SAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# O07711 |                 |          |                                  |      |                |          |                                      |
|-------------------------|--|-----------------|----------|----------------------------------|------|----------------|----------|--------------------------------------|
|                         |  |                 |          | TE FEES FOR EACH                 |      |                |          |                                      |
| 9                       |  | SUBSCRIBER GROU | /-FOURTH |                                  |      | SUBSCRIBER GRO | TY-THIRD |                                      |
| 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<br>Surcharge |  | -               |          |                                  |      |                |          |                                      |
| for                     |  |                 |          |                                  |      |                |          |                                      |
| Partially               |  |                 |          |                                  |      | -              |          |                                      |
| Distant                 |  |                 |          |                                  |      |                |          |                                      |
| Stations                |  |                 |          |                                  |      | -              |          |                                      |
|                         |  |                 |          |                                  |      | -              |          |                                      |
|                         |  |                 |          |                                  |      | -              |          |                                      |
|                         |  |                 |          |                                  |      | -              |          |                                      |
|                         |  |                 | <u></u>  |                                  |      |                |          |                                      |
|                         |  |                 |          |                                  |      |                |          |                                      |
|                         | 0.00   | Щ               |          | 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     | <b>3ase Rate Fee</b> First Gr        |
|                         | Р  | SUBSCRIBER GROU | TY-SIXTH | FIF                              | UP   | SUBSCRIBER GRO | TY-FIFTH | FIF                                  |
|                         | 0  |                 |          | COMMUNITY/ AREA                  | 0    |                |          | COMMUNITY/ AREA                      |
|                         | DSE  | CALL SIGN       | DSE      | CALL SIGN                        | DSE  | CALL SIGN      | DSE      | CALL SIGN                            |
|                         |  | u —             |          |                                  |      | -              |          |                                      |
|                         |  |                 |          |                                  |      |                |          |                                      |
|                         |  |                 |          |                                  |      | -              |          |                                      |
|                         |  |                 |          |                                  |      |                |          |                                      |
|                         |  |                 |          |                                  |      |                |          |                                      |
|                         |  |                 |          |                                  |      | -              |          |                                      |
|                         |  |                 |          |                                  |      | -              |          |                                      |
|                         |  | П               | T        |                                  |      |                |          |                                      |
|                         |  |                 |          |                                  |      |                |          |                                      |
|                         |  | -               |          |                                  |      |                |          |                                      |
|                         |  |                 |          |                                  |      | -              |          |                                      |
|                         |  |                 |          |                                  |      |                |          |                                      |
|                         |  |                 |          |                                  |      |                |          |                                      |
|                         |  |                 |          |                                  |      |                |          |                                      |
|                         | 0.00_  |                 |          | Total DSEs                       | 0.00 |                |          | Total DSEs                           |
|                         | 0.00   | \$              | Group    | Total DSEs Gross Receipts Fourth | 0.00 | \$             | Group    | Total DSEs<br>Gross Receipts Third G |

| CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations  O.00 Gross Receipts Second Group \$ 0.00  Base Rate Fee Second Group \$ 0.00  O.00 Base Rate Fee Second Group \$ 0.00  O.00 COMMUNITY/ AREA 0  | LEGAL NAME OF OWNER OF CAE  CABLE ONE, INC. | AL NAME OF OWNER OF CABLE SYSTEM:  BLE ONE, INC.  SYSTEM ID# 007711  |                             |                      |          |  |  |  |  |
|--|---|--|-----------------------------|----------------------|----------|--|--|--|--|
| CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fe Second Group \$ 0.00  O.00 Base Rate Fee Second Group \$ 0.00  O.00 Base Rate Fee Second Group \$ 0.00  O.00 COMMUNITY/ AREA 0  O.00 COMMUNITY/ AREA 0  O.00 COMMUNITY/ AREA 0  |   |  |                             |                      |          |  |  |  |  |
| CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations  0.00 Gross Receipts Second Group \$ 0.00  0.00 Base Rate Fee Second Group \$ 0.00  0.00 SIXTIETH SUBSCRIBER GROUP  0 COMMUNITY/ AREA 0   |   | SUBSCRIBER GROUP   |                             | ITH SUBSCRIBER GROUP | ۵        |  |  |  |  |
| CALL SIGN DSE CALL SIGN DSE GALL SIGN DSE Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations  O.00 Gross Receipts Second Group \$ 0.00  Base Rate Fee Second Group \$ 0.00  COMMUNITY/ AREA 0  | COMMUNITY/ AREA                             | 0  |                             | 0                    |          |  |  |  |  |
| and Syndicated Exclusivity Surcharge for Partially Distant Stations  1. 0.00 Total DSEs 0.00  1. 0.00 Base Rate Fee Second Group \$ 0.00  1. 0.00 Base Rate Fee Second Group \$ 0.00  1. 0.00 COMMUNITY/ AREA 0 0  | CALL SIGN DSE                               | CALL SIGN DSE  | 11                          | CALL SIGN DSE        | _        |  |  |  |  |
| Syndicated Exclusivity Surcharge for Partially Distant Stations  O.00 Total DSEs O.00 Gross Receipts Second Group \$ 0.00  Base Rate Fee Second Group \$ 0.00  USENCE OF TOTAL STATE OR TOTA |   |  |                             |                      |          |  |  |  |  |
| Exclusivity Surcharge for Partially Distant Stations  1.000 0.000 Cross Receipts Second Group 0.000 Base Rate Fee Second Group SIXTIETH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA   |   |  |                             |                      |          |  |  |  |  |
| Surcharge   for   Partially   Distant   Stations   |   |  |                             |                      |          |  |  |  |  |
| for Partially Distant Stations  O.00 Total DSEs O.00 Gross Receipts Second Group \$ 0.00  Base Rate Fee Second Group \$ 0.00  SIXTIETH SUBSCRIBER GROUP  OCMMUNITY/ AREA OCMMUNITY/ AREA OCMMUNITY/ AREA   |   |  |                             |                      |          |  |  |  |  |
| Partially Distant Stations  O.00 Total DSEs O.00 Gross Receipts Second Group \$ 0.00  Base Rate Fee Second Group \$ 0.00  SIXTIETH SUBSCRIBER GROUP COMMUNITY/ AREA 0  |   | ···  |                             | ···········          |          |  |  |  |  |
| Distant Stations  1. 0.00  1.    |   | 111 - 111 |                             |                      |          |  |  |  |  |
| 0.00         Total DSEs         0.00           0.00         Gross Receipts Second Group         \$ 0.00           Base Rate Fee Second Group         \$ 0.00           BSCRIBER GROUP         SIXTIETH SUBSCRIBER GROUP           COMMUNITY/ AREA         0  |   |  |                             |                      |          |  |  |  |  |
| 0.00         Gross Receipts Second Group         \$         0.00           Base Rate Fee Second Group         \$         0.00           BSCRIBER GROUP         SIXTIETH SUBSCRIBER GROUP           0         COMMUNITY/ AREA         0   |   |  |                             |                      | Stations |  |  |  |  |
| 0.00         Gross Receipts Second Group         \$         0.00           Base Rate Fee Second Group         \$         0.00           BSCRIBER GROUP         SIXTIETH SUBSCRIBER GROUP           COMMUNITY/ AREA         0   |   |  |                             |                      |          |  |  |  |  |
| 0.00         Gross Receipts Second Group         \$         0.00           Base Rate Fee Second Group         \$         0.00           BSCRIBER GROUP         SIXTIETH SUBSCRIBER GROUP           0         COMMUNITY/ AREA         0   |   |  |                             |                      |          |  |  |  |  |
| 0.00         Gross Receipts Second Group         \$         0.00           Base Rate Fee Second Group         \$         0.00           BSCRIBER GROUP         SIXTIETH SUBSCRIBER GROUP           0         COMMUNITY/ AREA         0   |   |  |                             |                      |          |  |  |  |  |
| 0.00         Gross Receipts Second Group         \$         0.00           Base Rate Fee Second Group         \$         0.00           BSCRIBER GROUP         SIXTIETH SUBSCRIBER GROUP           0         COMMUNITY/ AREA         0   |   |  |                             |                      |          |  |  |  |  |
| 0.00 Gross Receipts Second Group \$ 0.00  Base Rate Fee Second Group \$ 0.00  BSCRIBER GROUP  COMMUNITY/ AREA  0   |   |  |                             |                      |          |  |  |  |  |
| 0.00 Gross Receipts Second Group \$ 0.00  Base Rate Fee Second Group \$ 0.00  BSCRIBER GROUP  COMMUNITY/ AREA  0   |   |  |                             |                      |          |  |  |  |  |
| 0.00 Base Rate Fee Second Group \$ 0.00  BSCRIBER GROUP  SIXTIETH SUBSCRIBER GROUP  COMMUNITY/ AREA  0   | Total DSEs                                  | 0.00   | Total DSEs                  | 0.00                 |          |  |  |  |  |
| JBSCRIBER GROUP  COMMUNITY/ AREA  O  COMMUNITY/ AREA   | Gross Receipts First Group                  | \$ 0.00  | Gross Receipts Second Group | 9 \$ 0.00            |          |  |  |  |  |
| JBSCRIBER GROUP  COMMUNITY/ AREA  COMMUNITY/ AREA  O   |   |  |                             |                      |          |  |  |  |  |
| 0 COMMUNITY/ AREA 0  | Base Rate Fee First Group                   | \$ 0.00  | Base Rate Fee Second Group  | \$ 0.00              |          |  |  |  |  |
|  | FIFTY-NINTH                                 | SUBSCRIBER GROUP   | ii                          | ETH SUBSCRIBER GROUP |          |  |  |  |  |
| CALL SIGN DSE CALL SIGN DSE  | COMMUNITY/ AREA                             | 0  | COMMUNITY/ AREA             | 0                    |          |  |  |  |  |
|  | 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 Fourth Group | \$ 0.00              |          |  |  |  |  |
|  | , 1   |  |                             |                      |          |  |  |  |  |
| 0.00 Base Rate Fee Fourth Group \$ 0.00  | Base Rate Fee Third Group                   | \$ 0.00  | Base Rate Fee Fourth Group  | s 0.00               |          |  |  |  |  |

| Name                    | AL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID# 007711 |                 |          |                            |      |                |          |                        |
|-------------------------|--|-----------------|----------|----------------------------|------|----------------|----------|------------------------|
|                         |  |                 |          | TE FEES FOR EACH           |      |                |          |                        |
| 9                       |  | SUBSCRIBER GROU | '-SECOND | i e                        |      | 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 I             |  |                 |          |                            |      |                |          |                        |
| and                     |  |                 |          |                            |      | -              |          |                        |
| Syndicate<br>Exclusivit |  |                 |          |                            |      |                | <b></b>  |                        |
| Surcharg                |  |                 |          |                            |      |                |          |                        |
| for                     |  |                 |          |                            |      |                |          |                        |
| Partially               |  |                 |          |                            |      | -              |          |                        |
| Distant                 |  |                 |          |                            |      |                |          |                        |
| Stations                |  |                 |          |                            |      |                |          |                        |
|                         |  |                 |          |                            |      |                |          |                        |
|                         |  |                 |          |                            |      | -              |          |                        |
|                         |  |                 |          |                            |      |                |          |                        |
|                         |  |                 |          |                            |      |                |          |                        |
|                         |  |                 |          |                            |      |                |          |                        |
|                         | 0.00   |                 |          | Total DSEs                 | 0.00 |                |          | Total DSEs             |
|                         | 0.00   | \$              | d Group  | Gross Receipts Secor       | 0.00 | \$             | oup      | Gross Receipts First G |
|                         |  |                 |          |                            |      |                |          |                        |
|                         | 0.00   | \$              | d Group  | Base Rate Fee Secon        | 0.00 | \$             | oup      | Base Rate Fee First G  |
|                         | IP   | SUBSCRIBER GROU | /-FOURTH | SIXT                       | UP   | SUBSCRIBER GRO | Y-THIRD  | SIX                    |
|                         |  |                 |          |                            | 0    |                |          |                        |
|                         | 0  |                 |          | COMMUNITY/ AREA            | U    |                |          | JUMMUNITY/ AREA        |
|                         | DSE  | CALL SIGN       | DSE      | COMMUNITY/ AREA  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      |                        |
|                         |  | 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              |
|                         |  | CALL SIGN       | DSE      |                            |      | CALL SIGN      | DSE      |                        |
|                         |  | CALL SIGN       | DSE      |                            | DSE  | CALL SIGN      | DSE      |                        |
|                         |  | CALL SIGN       | DSE      |                            |      | CALL SIGN      | DSE      | CALL SIGN              |
|                         | DSE  | CALL SIGN       |          | CALL SIGN                  | DSE  | CALL SIGN      |          |                        |

|                     | +    | DED ODOUG                  | OLIBO SE | TE EEEO EOE = : :::   | DAGE = : | OMBUTATION C                   | 0011    |                        |
|---------------------|------|----------------------------|----------|-----------------------|----------|--------------------------------|---------|------------------------|
|                     | P    | IBER GROUP SUBSCRIBER GROU |          | TE FEES FOR EACH      |          | COMPUTATION OF SUBSCRIBER GROU |         |                        |
| 9                   | 0    |                            |          | COMMUNITY/ AREA       | 0        |                                |         | COMMUNITY/ AREA        |
| Computa of          | DSE  | CALL SIGN                  | DSE      | CALL SIGN             | DSE      | CALL SIGN                      | DSE     | CALL SIGN              |
| Base Rate           | DOL  | CALL GIGIT                 | DOL      | GALL GIGIN            | DOL      | OALL GIGIT                     | DOL     | OALL GIGIT             |
| and                 |      |                            |          |                       |          |                                |         |                        |
| Syndica             |      |                            |          |                       |          |                                | •       |                        |
| Exclusiv<br>Surchar |      |                            |          |                       |          |                                |         |                        |
| for                 |      |                            |          |                       |          |                                |         |                        |
| Partial             |      |                            |          |                       |          | -                              |         |                        |
| Distar              |      |                            |          |                       |          |                                |         |                        |
| Station             |      |                            |          |                       |          |                                | •       |                        |
|                     |      |                            |          |                       |          |                                |         |                        |
|                     |      |                            |          |                       |          |                                |         |                        |
|                     |      |                            |          |                       |          |                                | <b></b> |                        |
|                     |      |                            |          |                       |          |                                |         |                        |
|                     |      |                            |          |                       |          |                                |         |                        |
|                     | 0.00 |                            |          | Total DSEs            | 0.00     |                                |         | otal DSEs              |
|                     | 0.00 | \$                         | d Group  | Gross Receipts Second | 0.00     | \$                             | oup     | ross Receipts First Gr |
|                     |      |                            |          |                       |          |                                |         |                        |
|                     | 0.00 | \$                         | l Group  | Base Rate Fee Second  | 0.00     | \$                             | oup     | ase Rate Fee First Gr  |
|                     | Р    | SUBSCRIBER GROU            | Y-EIGHTH | SIXT                  | JP       | SUBSCRIBER GROU                | EVENTH  | SIXTY-S                |
|                     | 0    |                            |          | COMMUNITY/ AREA       | 0        |                                |         | OMMUNITY/ AREA         |
|                     | DSE  | CALL SIGN                  | DSE      | CALL SIGN             | DSE      | CALL SIGN                      | DSE     | CALL SIGN              |
|                     |      |                            |          |                       |          | -                              |         |                        |
|                     |      |                            |          |                       |          |                                |         |                        |
|                     |      |                            |          |                       |          | -                              |         |                        |
|                     |      |                            |          |                       |          |                                |         |                        |
|                     |      |                            |          |                       |          |                                |         |                        |
|                     |      |                            |          |                       |          | -                              |         |                        |
|                     |      |                            |          |                       |          |                                |         |                        |
|                     |      |                            |          |                       |          | -                              |         |                        |
|                     |      |                            |          |                       |          |                                | •       |                        |
|                     |      |                            |          |                       |          | -                              |         |                        |
|                     |      |                            |          |                       |          |                                |         |                        |
|                     |      |                            |          |                       |          |                                |         |                        |
|                     |      |                            |          | Total DSEs            | 0.00     |                                | 1       | otal DSEs              |
|                     | 0.00 |                            |          |                       | _        |                                |         |                        |
|                     | 0.00 | \$                         | Group    | Gross Receipts Fourth | 0.00     | \$                             | roup    | ross Receipts Third G  |
|                     | _    | \$                         | Group    | Gross Receipts Fourth | 0.00     | \$                             | roup    | Gross Receipts Third G |

| CABLE ONE, INC                              | NER OF CABL |                   |   |  |  |                 | 007711                                  | Name                 |
|---|-------------|-------------------|---|--|--|-----------------|---|----------------------|
|   |             |                   |   | TE FEES FOR EAC                            |  |                 |   |                      |
| SI<br>COMMUNITY/ AREA                       |             | SUBSCRIBER GRO    | OUP <b>0</b>                                  | COMMUNITY/ ARE                             |  | SUBSCRIBER GRO  | UP <b>0</b>                             | 9                    |
| COMMUNITY AREA                              |             |                   | U   | COMMONT 17 ARE                             | Α  |                 |   | Computa              |
| CALL SIGN                                   | DSE         | CALL SIGN         | DSE   | CALL SIGN                                  | DSE  | CALL SIGN       | DSE                                     | of                   |
|   |             |                   |   |  |  |                 |   | Base Rate            |
|   |             |                   |   |  |  |                 |   | and                  |
|   |             |                   |   |  |  |                 |   | Syndicat<br>Exclusiv |
|   |             |                   |   |  |  |                 |   | Surchar              |
|   |             |                   |   |  |  |                 |   | for                  |
|   |             |                   |   |  |  | <br> -          |   | Partiall             |
|   |             | -                 |   |  |  | -               |   | Distant              |
|   |             |                   |   |  |  |                 |   | Stations             |
|   |             |                   |   |  |  |                 |   |                      |
|   |             |                   |   |  |  |                 |   |                      |
|   |             |                   |   |  |  |                 |   |                      |
|   |             |                   |   |  |  |                 |   |                      |
| Total DSEs                                  |             |                   | 0.00  | Total DSEs                                 |  | Ц               | 0.00                                    |                      |
| Gross Receipts First                        | Group       | \$                | 0.00  | Gross Receipts Sec                         | ond Group  | \$              | 0.00                                    |                      |
| aross rreceipts i list                      | Group       | <u>*</u>          | 0.00  | Gloss Necelpts Geo                         | ond Group  | •               | 0.00                                    |                      |
|   |             |                   |   |  |  |                 |   |                      |
| Base Rate Fee First                         | Group       | \$                | 0.00  | Base Rate Fee Sec                          | ond Group  | \$              | 0.00                                    |                      |
|   |             | \$ SUBSCRIBER GRO | -   |  |  | \$UBSCRIBER GRO |   |                      |
| SEVE  | NTY-FIRST   | L:                | -   |  | TY-SECOND  | SUBSCRIBER GRO  |   |                      |
| SEVE  | NTY-FIRST   | L:                | OUP   | SEVEN                                      | TY-SECOND  | SUBSCRIBER GRO  |   |                      |
| SEVE  | NTY-FIRST   | SUBSCRIBER GRO    | OUP 0   | SEVEN<br>COMMUNITY/ ARE                    | TY-SECOND<br>A   |                 | UP <b>0</b>                             |                      |
| SEVE  | NTY-FIRST   | SUBSCRIBER GRO    | OUP 0   | SEVEN<br>COMMUNITY/ ARE                    | TY-SECOND<br>A   |                 | UP <b>0</b>                             |                      |
| SEVE  | NTY-FIRST   | SUBSCRIBER GRO    | OUP 0   | SEVEN<br>COMMUNITY/ ARE                    | TY-SECOND<br>A   |                 | UP <b>0</b>                             |                      |
| SEVE  | NTY-FIRST   | SUBSCRIBER GRO    | OUP 0   | SEVEN<br>COMMUNITY/ ARE                    | TY-SECOND<br>A   |                 | UP <b>0</b>                             |                      |
| SEVE  | NTY-FIRST   | SUBSCRIBER GRO    | OUP 0   | SEVEN<br>COMMUNITY/ ARE                    | TY-SECOND<br>A   |                 | UP <b>0</b>                             |                      |
| SEVE  | NTY-FIRST   | SUBSCRIBER GRO    | OUP 0   | SEVEN<br>COMMUNITY/ ARE                    | TY-SECOND<br>A   |                 | UP <b>0</b>                             |                      |
| SEVE  | NTY-FIRST   | SUBSCRIBER GRO    | OUP 0   | SEVEN<br>COMMUNITY/ ARE                    | TY-SECOND<br>A   |                 | UP <b>0</b>                             |                      |
| SEVE  | NTY-FIRST   | SUBSCRIBER GRO    | OUP 0   | SEVEN<br>COMMUNITY/ ARE                    | TY-SECOND<br>A   |                 | UP <b>0</b>                             |                      |
| SEVE  | NTY-FIRST   | SUBSCRIBER GRO    | OUP 0   | SEVEN<br>COMMUNITY/ ARE                    | TY-SECOND<br>A   |                 | UP <b>0</b>                             |                      |
| COMMUNITY/ AREA                             | NTY-FIRST   | SUBSCRIBER GRO    | OUP 0   | SEVEN<br>COMMUNITY/ ARE                    | TY-SECOND<br>A   |                 | UP <b>0</b>                             |                      |
| SEVE  | NTY-FIRST   | SUBSCRIBER GRO    | OUP 0   | SEVEN<br>COMMUNITY/ ARE                    | TY-SECOND<br>A   |                 | UP <b>0</b>                             |                      |
| SEVE  | NTY-FIRST   | SUBSCRIBER GRO    | OUP 0   | SEVEN<br>COMMUNITY/ ARE                    | TY-SECOND<br>A   |                 | UP <b>0</b>                             |                      |
| SEVE<br>COMMUNITY/ AREA<br>CALL SIGN        | NTY-FIRST   | SUBSCRIBER GRO    | OUP 0   | SEVEN<br>COMMUNITY/ ARE                    | TY-SECOND<br>A   |                 | UP <b>0</b>                             |                      |
| SEVE COMMUNITY/ AREA                        | DSE         | SUBSCRIBER GRO    | DUP 0   | SEVEN COMMUNITY/ ARE CALL SIGN             | TY-SECOND A DSE  |                 | DSE                                     |                      |
| SEVE COMMUNITY/ AREA  CALL SIGN  Total DSEs | DSE         | SUBSCRIBER GRO    | DUP  DSE  0  0  0  0  0  0  0 0 0 0 0 0 0 0 0 | SEVEN COMMUNITY/ ARE CALL SIGN  Total DSEs | TY-SECOND A DSE  | CALL SIGN       | DSE |                      |
| SEVE  | DSE         | SUBSCRIBER GRO    | DUP  DSE  0  0  0  0  0  0  0 0 0 0 0 0 0 0 0 | SEVEN COMMUNITY/ ARE CALL SIGN  Total DSEs | TY-SECOND A  DSE  In the second of the secon | CALL SIGN       | DSE |                      |

| LEGAL NAME OF OWI                                  | IL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID# 007711 |                |               |                      |           |                 |      |                          |
|--|--|----------------|---------------|----------------------|-----------|-----------------|------|--------------------------|
|  |  |                |               | TE FEES FOR EAC      |           |                 |      |                          |
|  |  | SUBSCRIBER GRO |               | ti e                 |           | SUBSCRIBER GROU |      | 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<br>Surcharge |
|  |  | -              |               |                      |           |                 |      | for                      |
|  |  |                |               |                      |           |                 |      | Partially                |
|  |  |                |               |                      |           |                 |      | Distant                  |
|  |  |                |               |                      |           |                 |      | Stations                 |
|  |  | H              |               |                      |           |                 |      |                          |
|  |  |                |               |                      |           |                 |      |                          |
|  |  |                |               |                      |           |                 |      |                          |
|  |  |                |               |                      |           |                 |      |                          |
|  |  |                |               |                      |           |                 |      |                          |
| Total DSEs   |  | II.            | 0.00          | Total DSEs           |           | Ц               | 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 |                          |
| SEVE   | NTY-FIFTH  | SUBSCRIBER GRO | OUP           | Ti .                 |           | SUBSCRIBER GROU | UP   |                          |
| COMMUNITY/ AREA                                    |  |                | 0             | COMMUNITY/ ARE       | A         |                 | 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                               | I Group  | \$             | 0.00          | Gross Receipts Fou   | rth Group | \$              | 0.00 |                          |
|  |  |                |               |                      |           |                 |      |                          |
| Base Rate Fee Third                                | l Group  | \$             | 0.00          | Base Rate Fee Fou    | rth Group | \$              | 0.00 |                          |
|  |  |                |               | II                   |           |                 |      |                          |
| <b>Base Rate Fee:</b> Add<br>Enter here and in blo |  |                | scriber group | as shown in the boxe | es above. | \$              |      |                          |

| LEGAL NAME OF OWN CABLE ONE, INC               | NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#  O07711 |                |               |                      |           |                   |      |                           |
|--|--|----------------|---------------|----------------------|-----------|-------------------|------|---------------------------|
|  |  |                |               | TE FEES FOR EAC      |           |                   |      |                           |
|  | SEVENTH  | SUBSCRIBER GRO |               | t e                  |           | I SUBSCRIBER GROU |      | 9                         |
| COMMUNITY/ AREA                                |  |                | 0             | COMMUNITY/ ARE       |           |                   | 0    | Computation               |
| CALL SIGN                                      | DSE  | CALL SIGN      | DSE           | CALL SIGN            | DSE       | CALL SIGN         | DSE  | of                        |
|  |  |                |               |                      |           | .                 |      | Base Rate Fee             |
|  |  |                |               |                      |           |                   |      | and                       |
|  |  |                |               |                      |           |                   |      | Syndicated<br>Exclusivity |
|  |  |                |               |                      |           |                   |      | Surcharge                 |
|  |  | -              |               |                      |           |                   |      | for                       |
|  |  |                |               |                      |           |                   |      | Partially                 |
|  |  |                |               |                      |           |                   |      | Distant                   |
|  |  |                |               |                      |           |                   |      | Stations                  |
|  |  |                |               |                      |           |                   |      |                           |
|  |  |                |               |                      |           |                   |      |                           |
|  |  |                |               |                      |           |                   |      |                           |
|  |  |                |               |                      |           |                   |      |                           |
|  |  |                |               |                      |           |                   |      |                           |
| Total DSEs                                     |  |                | 0.00          | Total DSEs           |           |                   | 0.00 |                           |
| Gross Receipts First 0                         | Group  | \$             | 0.00          | Gross Receipts Sec   | ond Group | \$                | 0.00 |                           |
|  |  |                |               |                      |           |                   |      |                           |
| Base Rate Fee First G                          | Group  | \$             | 0.00          | Base Rate Fee Seco   | ond Group | \$                | 0.00 |                           |
| SEVEN  | ITY-NINTH  | SUBSCRIBER GRO | DUP           |                      | EIGHTIETH | I SUBSCRIBER GROU | JP   |                           |
| COMMUNITY/ AREA                                |  |                | 0             | COMMUNITY/ ARE       | Α         |                   | 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 Fou   | rth Group | \$                | 0.00 |                           |
| •  | •  |                |               |                      | •         |                   |      |                           |
| Base Rate Fee Third                            | Group  | \$             | 0.00          | Base Rate Fee Four   | th Group  | \$                | 0.00 |                           |
| Base Rate Fee: Add t<br>Enter here and in bloc |  |                | scriber group | as shown in the boxe | s above.  | \$                |      |                           |

| Name                    | AL NAME OF OWNER OF CABLE SYSTEM:  BLE ONE, INC.  SYSTEM ID# 007711 |                    |          |   |               |                 |          |   |
|-------------------------|---|--------------------|----------|---|---------------|-----------------|----------|---|
|                         |   |                    |          | TE FEES FOR EAC                             |               |                 |          |   |
| 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<br>Exclusivit |   |                    | <b>.</b> |   |               |                 |          |   |
| Surcharge               |   |                    |          |   |               | -               |          |   |
| for                     |   |                    |          |   |               |                 |          |   |
| Partially               |   |                    |          |   |               | -               |          |   |
| Distant                 |   |                    |          |   |               |                 |          |   |
| Stations                |   |                    |          |   |               | -               |          |   |
|                         |   |                    |          |   | <mark></mark> |                 |          |   |
|                         |   |                    | <b>.</b> |   |               | -               |          |   |
|                         |   |                    |          |   |               |                 |          |   |
|                         |   |                    |          |   |               |                 |          |   |
|                         |   |                    |          |   |               |                 |          |   |
|                         | 0.00  |                    |          | Total DSEs                                  | 0.00          |                 |          | Total DSEs                                  |
|                         | 0.00  | \$                 | d Group  | Gross Receipts Seco                         | 0.00          | \$              | roup     | Gross Receipts First G                      |
|                         |   |                    |          |   |               |                 |          |   |
|                         |   |                    |          |   |               |                 |          |   |
|                         | 0.00  | \$                 | d Group  | Base Rate Fee Seco                          | 0.00          | \$              | roup     | Base Rate Fee First G                       |
|                         | <b>'</b>  | \$ SUBSCRIBER GROU |          |   |               | SUBSCRIBER GROU |          |   |
|                         | <b>'</b>  | SUBSCRIBER GROU    |          |   |               |                 |          | EIGH <sup>-</sup>                           |
|                         | IP  | SUBSCRIBER GROU    |          | EIGHT                                       | UP            |                 |          | EIGH <sup>-</sup>                           |
|                         | IP <b>0</b>   |                    | /-FOURTH | EIGHT<br>COMMUNITY/ AREA                    | UP <b>0</b>   | SUBSCRIBER GROI | ΓY-THIRD | EIGH'<br>COMMUNITY/ AREA                    |
|                         | IP <b>0</b>   |                    | /-FOURTH | EIGHT<br>COMMUNITY/ AREA                    | UP <b>0</b>   | SUBSCRIBER GROI | ΓY-THIRD | EIGH'                                       |
|                         | IP <b>0</b>   |                    | /-FOURTH | EIGHT<br>COMMUNITY/ AREA                    | UP <b>0</b>   | SUBSCRIBER GROI | ΓY-THIRD | EIGH'                                       |
|                         | IP <b>0</b>   |                    | /-FOURTH | EIGHT<br>COMMUNITY/ AREA                    | UP <b>0</b>   | SUBSCRIBER GROI | ΓY-THIRD | EIGH'                                       |
|                         | IP <b>0</b>   |                    | /-FOURTH | EIGHT<br>COMMUNITY/ AREA                    | UP <b>0</b>   | SUBSCRIBER GROI | ΓY-THIRD | EIGH'<br>COMMUNITY/ AREA                    |
|                         | IP <b>0</b>   |                    | /-FOURTH | EIGHT<br>COMMUNITY/ AREA                    | UP <b>0</b>   | SUBSCRIBER GROI | ΓY-THIRD | EIGH'<br>COMMUNITY/ AREA                    |
|                         | IP <b>0</b>   |                    | /-FOURTH | EIGHT<br>COMMUNITY/ AREA                    | UP <b>0</b>   | SUBSCRIBER GROI | ΓY-THIRD | EIGH'<br>COMMUNITY/ AREA                    |
|                         | IP <b>0</b>   |                    | /-FOURTH | EIGHT<br>COMMUNITY/ AREA                    | UP <b>0</b>   | SUBSCRIBER GROI | ΓY-THIRD | EIGH'<br>COMMUNITY/ AREA                    |
|                         | IP <b>0</b>   |                    | /-FOURTH | EIGHT<br>COMMUNITY/ AREA                    | UP <b>0</b>   | SUBSCRIBER GROI | ΓY-THIRD | EIGH'<br>COMMUNITY/ AREA                    |
|                         | IP <b>0</b>   |                    | /-FOURTH | EIGHT<br>COMMUNITY/ AREA                    | UP <b>0</b>   | SUBSCRIBER GROI | ΓY-THIRD | EIGH'<br>COMMUNITY/ AREA                    |
|                         | IP <b>0</b>   |                    | /-FOURTH | EIGHT<br>COMMUNITY/ AREA                    | UP <b>0</b>   | SUBSCRIBER GROI | ΓY-THIRD | COMMUNITY/ AREA                             |
|                         | IP <b>0</b>   |                    | /-FOURTH | EIGHT<br>COMMUNITY/ AREA                    | UP <b>0</b>   | SUBSCRIBER GROI | ΓY-THIRD | EIGH'<br>COMMUNITY/ AREA                    |
|                         | DSE   |                    | /-FOURTH | EIGHT COMMUNITY/ AREA CALL SIGN             | DSE           | SUBSCRIBER GROI | ΓY-THIRD | EIGHTCOMMUNITY/ AREA                        |
|                         | DSE O.000   | CALL SIGN          | /-FOURTH | EIGHT COMMUNITY/ AREA CALL SIGN  Total DSEs | DSE O.00      | SUBSCRIBER GROI | DSE      | EIGHTCOMMUNITY/ AREA  CALL SIGN  Total DSEs |
|                         | DSE   |                    | /-FOURTH | EIGHT COMMUNITY/ AREA CALL SIGN             | DSE           | SUBSCRIBER GROI | DSE      | EIGH'<br>COMMUNITY/ AREA                    |

|                    |                           |                            |                               | TE FEES FOR FACH  |                           |                    |          |   |
|--------------------|---------------------------|----------------------------|-------------------------------|---|---------------------------|--------------------|----------|---|
|                    | IP                        | IBER GROUP SUBSCRIBER GROU |                               |   |                           | SUBSCRIBER GROU    |          |   |
| 9                  | 0                         |                            | . I OIXIII                    | COMMUNITY/ AREA   | 0                         |                    |          | COMMUNITY/ AREA                                 |
| Computa            |                           | П от отог                  | I I                           |   | T 50-                     | I and along        | T = == T |   |
| of<br>Base Rate    | DSE                       | CALL SIGN                  | DSE                           | CALL SIGN   | DSE                       | CALL SIGN          | DSE      | CALL SIGN                                       |
| and                |                           |                            |                               |   |                           | _                  | _        |   |
| Syndica            |                           | =                          |                               |   |                           | -                  | -        |   |
| Exclusiv           |                           |                            |                               |   |                           |                    |          |   |
| Surchar            |                           |                            |                               |   |                           |                    | -        |   |
| for                |                           |                            |                               |   |                           | -                  | -        |   |
| Partiall<br>Distan |                           |                            |                               |   |                           |                    | -        |   |
| Station            |                           |                            |                               |   |                           | -                  | -        |   |
|                    |                           |                            |                               |   |                           | -                  | -        |   |
|                    |                           |                            |                               |   |                           |                    |          |   |
|                    |                           |                            |                               |   |                           |                    |          |   |
|                    |                           |                            |                               |   |                           |                    |          |   |
|                    |                           |                            |                               |   |                           |                    |          |   |
|                    |                           |                            |                               |   |                           |                    | L        |   |
|                    | 0.00                      |                            |                               | Total DSEs  | 0.00                      |                    |          | otal DSEs                                       |
|                    | 0.00                      | \$                         | d Group                       | Gross Receipts Second                                   | 0.00                      | \$                 | oup      | ross Receipts First Gr                          |
|                    |                           |                            |                               |   |                           |                    | •        |   |
|                    |                           |                            |                               |   |                           |                    | •        |   |
|                    | 0.00                      | \$                         |                               | Base Rate Fee Second                                    | 0.00                      | \$                 |          | l <b>ase Rate Fee</b> First Gr                  |
|                    | 0.00                      | \$ SUBSCRIBER GROU         | d Group                       | Base Rate Fee Second                                    |                           | \$ SUBSCRIBER GROU | oup      |   |
|                    | 0.00                      | \$ SUBSCRIBER GROU         | d Group                       | Base Rate Fee Second                                    |                           |                    | oup      | EIGHTY-S  |
|                    | 0.00                      | \$ SUBSCRIBER GROU         | d Group                       | Base Rate Fee Second                                    | JP                        |                    | oup      | EIGHTY-S  |
|                    | 0.00<br>JP<br>0           |                            | d Group<br>Y-EIGHTH           | Base Rate Fee Second EIGHT COMMUNITY/ AREA              | JP <b>0</b>               | SUBSCRIBER GROU    | oup      | EIGHTY-S<br>OMMUNITY/ AREA                      |
|                    | 0.00<br>JP<br>0           |                            | d Group<br>Y-EIGHTH           | Base Rate Fee Second EIGHT COMMUNITY/ AREA              | JP <b>0</b>               | SUBSCRIBER GROU    | oup      | EIGHTY-S<br>OMMUNITY/ AREA                      |
|                    | 0.00<br>JP<br>0           |                            | d Group<br>Y-EIGHTH           | Base Rate Fee Second EIGHT COMMUNITY/ AREA              | JP <b>0</b>               | SUBSCRIBER GROU    | oup      | EIGHTY-S<br>OMMUNITY/ AREA                      |
|                    | 0.00<br>JP<br>0           |                            | d Group<br>Y-EIGHTH           | Base Rate Fee Second EIGHT COMMUNITY/ AREA              | JP <b>0</b>               | SUBSCRIBER GROU    | oup      | EIGHTY-S<br>OMMUNITY/ AREA                      |
|                    | 0.00<br>JP<br>0           |                            | d Group<br>Y-EIGHTH           | Base Rate Fee Second EIGHT COMMUNITY/ AREA              | JP <b>0</b>               | SUBSCRIBER GROU    | oup      | EIGHTY-S<br>OMMUNITY/ AREA                      |
|                    | 0.00<br>JP<br>0           |                            | d Group<br>Y-EIGHTH           | Base Rate Fee Second EIGHT COMMUNITY/ AREA              | JP <b>0</b>               | SUBSCRIBER GROU    | oup      | EIGHTY-S<br>OMMUNITY/ AREA                      |
|                    | 0.00<br>JP<br>0           |                            | d Group<br>Y-EIGHTH           | Base Rate Fee Second EIGHT COMMUNITY/ AREA              | JP <b>0</b>               | SUBSCRIBER GROU    | oup      | EIGHTY-S  |
|                    | 0.00<br>JP<br>0           |                            | d Group<br>Y-EIGHTH           | Base Rate Fee Second EIGHT COMMUNITY/ AREA              | JP <b>0</b>               | SUBSCRIBER GROU    | oup      | EIGHTY-S<br>OMMUNITY/ AREA                      |
|                    | 0.00<br>JP<br>0           |                            | d Group<br>Y-EIGHTH           | Base Rate Fee Second EIGHT COMMUNITY/ AREA              | JP <b>0</b>               | SUBSCRIBER GROU    | oup      | EIGHTY-S  |
|                    | 0.00<br>JP<br>0           |                            | d Group<br>Y-EIGHTH           | Base Rate Fee Second EIGHT COMMUNITY/ AREA              | JP <b>0</b>               | SUBSCRIBER GROU    | oup      | EIGHTY-S<br>COMMUNITY/ AREA                     |
|                    | 0.00<br>JP<br>0           |                            | d Group<br>Y-EIGHTH           | Base Rate Fee Second EIGHT COMMUNITY/ AREA              | JP <b>0</b>               | SUBSCRIBER GROU    | oup      | EIGHTY-S<br>COMMUNITY/ AREA                     |
|                    | 0.00<br>JP<br>0           |                            | d Group<br>Y-EIGHTH           | Base Rate Fee Second EIGHT COMMUNITY/ AREA              | JP <b>0</b>               | SUBSCRIBER GROU    | oup      | EIGHTY-S  |
|                    | 0.00<br>JP<br>0           |                            | d Group<br>Y-EIGHTH           | Base Rate Fee Second EIGHT COMMUNITY/ AREA              | JP <b>0</b>               | SUBSCRIBER GROU    | oup      | EIGHTY-S<br>OMMUNITY/ AREA                      |
|                    | 0.00<br>JP<br>0           |                            | d Group<br>Y-EIGHTH           | Base Rate Fee Second EIGHT COMMUNITY/ AREA              | JP <b>0</b>               | SUBSCRIBER GROU    | oup      | EIGHTY-S COMMUNITY/ AREA CALL SIGN              |
|                    | DSE                       | CALL SIGN                  | d Group  Y-EIGHTH  DSE        | EIGHT COMMUNITY/ AREA CALL SIGN  Total DSEs             | JP  O  DSE                | SUBSCRIBER GROU    | DSE      | EIGHTY-S OMMUNITY/ AREA  CALL SIGN  otal DSEs   |
|                    | O.00  JP  Ose  O.00  O.00 |                            | d Group  Y-EIGHTH  DSE        | Base Rate Fee Second  EIGHT  COMMUNITY/ AREA  CALL SIGN | JP  O  DSE  O  O  O O O O | SUBSCRIBER GROU    | DSE      | EIGHTY-S COMMUNITY/ AREA  CALL SIGN  Total DSEs |
|                    | O.00  JP  Ose  O.00  O.00 | CALL SIGN                  | d Group  Y-EIGHTH  DSE  Group | EIGHT COMMUNITY/ AREA CALL SIGN  Total DSEs             | JP  O  DSE  O  O  O O O O | SUBSCRIBER GROU    | DSE      | COMMUNITY/ AREA                                 |

| O Computation  CALL SIGN DSE Of Base Rate Feature and |          | TE FEES FOR EACH      |  |                | OCK A: 0 |                        |  |  |  |  |
|---|----------|-----------------------|--|----------------|----------|------------------------|--|--|--|--|
| CALL SIGN DSE of Base Rate For and                    | NINTIETH |                       | COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP SUBSCRIBER GROUP NINTIETH SUBSCRIBER GROUP |                |          |                        |  |  |  |  |
| Computatio  CALL SIGN DSE of  Base Rate Form          |          |                       |  | SUBSCRIBER GRO | ΓY-NINTH |                        |  |  |  |  |
| CALL SIGN DSE of Base Rate For and                    |          | COMMUNITY/ AREA       | 0  |                |          | COMMUNITY/ AREA        |  |  |  |  |
| and   | DSE      | CALL SIGN             | DSE  | CALL SIGN      | DSE      | CALL SIGN              |  |  |  |  |
| <mark></mark>   |          |                       |  | -              |          |                        |  |  |  |  |
|   |          |                       |  | -              |          |                        |  |  |  |  |
| Syndicated Exclusivity                                |          |                       |  |                |          |                        |  |  |  |  |
| Surcharge   |          |                       |  |                |          |                        |  |  |  |  |
| for   |          |                       |  |                |          |                        |  |  |  |  |
| Partially   |          |                       |  |                |          |                        |  |  |  |  |
| Distant   |          |                       |  |                |          |                        |  |  |  |  |
| Stations  |          |                       |  | -              |          |                        |  |  |  |  |
| ····· - ······························                |          |                       |  |                |          |                        |  |  |  |  |
|   | <u> </u> |                       |  | -              |          |                        |  |  |  |  |
|   |          |                       |  |                |          |                        |  |  |  |  |
|   |          |                       |  |                |          |                        |  |  |  |  |
|   |          |                       |  |                |          |                        |  |  |  |  |
| 0.00  |          | Total DSEs            | 0.00   |                |          | Total DSEs             |  |  |  |  |
| \$ 0.00   | d Group  | Gross Receipts Secor  | 0.00   | \$             | oup      | Gross Receipts First G |  |  |  |  |
|   | •        | ·                     |  |                | •        | •                      |  |  |  |  |
| \$ 0.00   | d Group  | Base Rate Fee Secon   | 0.00   | \$             | oup      | Base Rate Fee First Gr |  |  |  |  |
| D SUBSCRIBER GROUP                                    | /-SECOND | NINET                 | JP   | SUBSCRIBER GRO | TY-FIRST | NINE                   |  |  |  |  |
| 0   |          | COMMUNITY/ AREA       | 0  |                |          | COMMUNITY/ AREA        |  |  |  |  |
| CALL SIGN DSE   | DSE      | CALL SIGN             | DSE  | CALL SIGN      | DSE      | CALL SIGN              |  |  |  |  |
|   |          |                       |  | -              |          |                        |  |  |  |  |
|   |          |                       |  |                |          |                        |  |  |  |  |
| <mark>-  </mark>                                      |          |                       |  |                |          |                        |  |  |  |  |
| ·····   |          |                       |  |                |          |                        |  |  |  |  |
|   |          |                       |  | -              |          |                        |  |  |  |  |
|   |          |                       |  |                |          |                        |  |  |  |  |
|   |          |                       |  |                |          |                        |  |  |  |  |
|   |          |                       |  |                |          |                        |  |  |  |  |
|   |          |                       |  |                |          |                        |  |  |  |  |
|   |          |                       |  |                |          |                        |  |  |  |  |
|   | <b></b>  |                       |  | -              |          |                        |  |  |  |  |
|   |          |                       |  |                |          |                        |  |  |  |  |
|   |          |                       |  |                |          |                        |  |  |  |  |
| 0.00  |          | Total DSEs            | 0.00   |                |          | Total DSEs             |  |  |  |  |
| \$ 0.00   | Group    | Gross Receipts Fourth | 0.00   | \$             | iroup    | Gross Receipts Third G |  |  |  |  |
| <del></del>   |          | ,                     |  |                | ,        | ,                      |  |  |  |  |
|   | •        | Base Rate Fee Fourth  | 0.00   | \$             | roup     | Base Rate Fee Third G  |  |  |  |  |

| Name                    | IL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#  007711 |                 |          |                                     |      |                |          |                                      |
|-------------------------|---|-----------------|----------|-------------------------------------|------|----------------|----------|--------------------------------------|
|                         |   |                 |          | TE FEES FOR EACH                    |      |                |          |                                      |
| 9                       |   | SUBSCRIBER GROU | '-FOURTH |                                     |      | SUBSCRIBER GRO | ry-third |                                      |
| 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<br>Exclusivit |   |                 |          |                                     |      |                |          |                                      |
| Surcharge               |   |                 |          |                                     |      | -              |          |                                      |
| for                     |   |                 |          |                                     |      |                |          |                                      |
| Partially               |   | -               |          |                                     |      | -              |          |                                      |
| Distant                 |   |                 |          |                                     |      |                |          |                                      |
| Stations                |   | ,               |          |                                     |      | -              |          |                                      |
|                         |   |                 |          |                                     |      |                |          |                                      |
|                         |   |                 |          |                                     |      | -              |          |                                      |
|                         |   |                 |          |                                     |      |                |          |                                      |
|                         |   |                 |          |                                     |      |                |          |                                      |
|                         |   |                 |          |                                     |      |                |          |                                      |
|                         | 0.00  |                 |          | Total DSEs                          | 0.00 |                |          | Total DSEs                           |
|                         | 0.00  | \$              | d Group  | Gross Receipts Secon                | 0.00 | \$             | roup     | Gross Receipts First Gr              |
|                         |   | ·               |          | ·                                   |      | ·<br>[         | •        | ·                                    |
|                         | 0.00  | \$              | d Group  | Base Rate Fee Secon                 | 0.00 | \$             | roup     | Base Rate Fee First Gr               |
|                         | Р   | SUBSCRIBER GROU | TY-SIXTH | NINE                                | JP   | SUBSCRIBER GRO | TY-FIFTH | NINE                                 |
|                         | 0   |                 |          | COMMUNITY/ AREA                     | 0    |                |          | COMMUNITY/ AREA                      |
|                         | DSE   | CALL SIGN       | DSE      | CALL SIGN                           | DSE  | CALL SIGN      | DSE      | CALL SIGN                            |
|                         |   |                 |          |                                     |      | =              |          |                                      |
|                         |   |                 |          |                                     |      | _              |          |                                      |
|                         |   |                 |          |                                     |      | -              |          |                                      |
|                         |   |                 |          |                                     |      |                |          |                                      |
|                         |   | -               |          |                                     |      | -              |          |                                      |
|                         |   |                 |          |                                     |      |                |          |                                      |
|                         |   |                 |          |                                     |      |                |          |                                      |
|                         |   |                 |          |                                     |      |                |          |                                      |
|                         |   |                 |          |                                     |      |                |          |                                      |
|                         |   |                 |          |                                     |      |                |          |                                      |
|                         |   | H               |          |                                     |      | -              |          |                                      |
|                         |   |                 |          | 11                                  |      | I              | Ī        |                                      |
|                         |   |                 |          |                                     |      |                | <u>.</u> |                                      |
|                         |   |                 |          |                                     |      |                |          |                                      |
|                         | 0.00  |                 |          | Total DSEs                          | 0.00 |                |          | Total DSEs                           |
|                         | 0.00  | \$              | Group    | Total DSEs<br>Gross Receipts Fourth | 0.00 | \$             | Group    | Total DSEs<br>Gross Receipts Third G |

| LEGAL NAME OF OWNE     | AL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#  BLE ONE, INC.  007711 |                |      |                     |           |                 |      |                          |
|------------------------|--|----------------|------|---------------------|-----------|-----------------|------|--------------------------|
|                        |  |                |      | TE FEES FOR EAC     |           |                 |      |                          |
|                        | SEVENTH  | SUBSCRIBER GRO |      | i e                 |           | 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<br>Surcharge |
|                        |  | -              |      |                     |           |                 |      | for                      |
|                        |  |                |      |                     |           |                 |      | Partially                |
|                        |  |                |      |                     |           |                 |      | Distant                  |
|                        |  |                |      |                     |           |                 |      | Stations                 |
|                        |  |                |      |                     |           |                 |      |                          |
|                        |  |                |      |                     |           |                 |      |                          |
|                        |  |                |      |                     |           |                 |      |                          |
|                        |  |                |      |                     |           |                 |      |                          |
|                        |  |                |      |                     |           |                 |      |                          |
| Total DSEs             |  |                | 0.00 | Total DSEs          |           | II.             | 0.00 |                          |
| Gross Receipts First G | roup   | \$             | 0.00 | Gross Receipts Seco | and Group | \$              | 0.00 |                          |
|                        |  |                |      |                     |           |                 |      |                          |
| Base Rate Fee First G  | roup   | \$             | 0.00 | Base Rate Fee Seco  | ond Group | \$              | 0.00 |                          |
| NINE                   | TY-NINTH   | SUBSCRIBER GRO | UP   | Ti .                |           | SUBSCRIBER GROU | JP   |                          |
| COMMUNITY/ AREA        |  |                | 0    | COMMUNITY/ AREA     | <b>\</b>  |                 | 0    |                          |
| CALL SIGN              | DSE  | CALL SIGN      | DSE  | CALL SIGN           | DSE       | CALL SIGN       | DSE  |                          |
|                        |  |                |      |                     |           |                 |      |                          |
|                        |  |                |      |                     |           |                 |      |                          |
|                        |  |                |      |                     |           |                 |      |                          |
|                        |  | -              |      |                     |           |                 |      |                          |
|                        |  |                |      |                     |           | .               |      |                          |
|                        |  |                |      |                     |           |                 |      |                          |
|                        |  |                |      |                     |           |                 |      |                          |
|                        |  |                |      |                     |           |                 |      |                          |
|                        |  |                |      |                     |           |                 |      |                          |
|                        |  |                |      |                     |           |                 |      |                          |
|                        |  |                |      |                     |           |                 |      |                          |
|                        |  |                |      |                     |           |                 |      |                          |
|                        |  |                |      |                     |           |                 |      |                          |
| Total DSEs             |  |                | 0.00 | Total DSEs          |           |                 | 0.00 |                          |
| Gross Receipts Third C | 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 |                          |
|                        |  |                |      |                     |           |                 |      |                          |

| LEGAL NAME OF OWNE CABLE ONE, INC. | R OF CABL  | E SYSTEM:       | •    |                       |          | S               | O07711               | Name                     |
|------------------------------------|------------|-----------------|------|-----------------------|----------|-----------------|----------------------|--------------------------|
|                                    |            |                 |      | TE FEES FOR EACH      |          |                 |                      |                          |
|                                    | ED FIRST   | SUBSCRIBER GROU |      | ii —                  | SECOND   | SUBSCRIBER GROU | P                    | 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                      |
|                                    |            | -               |      |                       | <b>.</b> |                 |                      | Syndicated               |
|                                    |            |                 |      |                       |          |                 |                      | Exclusivity<br>Surcharge |
|                                    |            | -               |      |                       | <b>1</b> | # <b>-</b>      |                      | for                      |
|                                    |            |                 |      |                       | 1        |                 |                      | Partially                |
|                                    |            |                 |      |                       |          |                 |                      | Distant                  |
|                                    |            |                 |      |                       |          | <u> </u>        |                      | Stations                 |
|                                    |            |                 |      |                       | <b></b>  |                 |                      |                          |
|                                    |            |                 |      |                       | <b> </b> |                 |                      |                          |
|                                    |            |                 |      |                       |          |                 |                      |                          |
|                                    |            |                 |      |                       | <b> </b> |                 | 0.00<br>0.00<br>0.00 |                          |
|                                    |            |                 |      |                       | <b>1</b> |                 |                      |                          |
| Total DSEs                         |            |                 | 0.00 | Total DSEs            |          |                 |                      |                          |
| Gross Receipts First Gr            | oup        | \$              | 0.00 | Gross Receipts Secon  | d Group  | \$              |                      |                          |
| Base Rate Fee First Gr             | oup        | \$              | 0.00 | Base Rate Fee Secon   | d Group  | \$              | 0.00                 |                          |
| ONE HUNDRE                         | D THIRD    | SUBSCRIBER GROU | JP   | ONE HUNDREI           | FOURTH   | SUBSCRIBER GROU | P                    |                          |
| COMMUNITY/ AREA                    |            |                 | 0    | COMMUNITY/ AREA       |          |                 | 0                    |                          |
| CALL SIGN                          | DSE        | CALL SIGN       | DSE  | CALL SIGN             | DSE      | CALL SIGN       | DSE                  |                          |
|                                    |            |                 |      |                       |          |                 |                      |                          |
|                                    |            | -               |      |                       |          |                 |                      |                          |
|                                    |            |                 |      |                       |          |                 |                      |                          |
|                                    |            |                 |      |                       |          |                 |                      |                          |
|                                    |            |                 |      |                       |          |                 |                      |                          |
|                                    |            | -               |      |                       |          |                 |                      |                          |
|                                    |            |                 |      |                       |          |                 |                      |                          |
|                                    |            |                 |      |                       | ļ        |                 |                      |                          |
|                                    |            | -               |      |                       | <b> </b> |                 |                      |                          |
|                                    |            |                 |      |                       | <b></b>  |                 |                      |                          |
|                                    |            |                 |      |                       | <b> </b> |                 |                      |                          |
|                                    |            |                 |      |                       | <b> </b> |                 |                      |                          |
|                                    |            |                 |      |                       | 1        |                 |                      |                          |
| Total DSEs                         |            |                 | 0.00 | Total DSEs            |          |                 | 0.00                 |                          |
| Gross Receipts Third G             | roup       | \$              | 0.00 | Gross Receipts Fourth | Group    | \$              | 0.00                 |                          |
| <b>Base Rate Fee</b> Third G       | roup       | \$              | 0.00 | Base Rate Fee Fourth  | Group    | \$              | 0.00                 |                          |
| e: Add th                          | e base rat | 1               |      | as shown in the boxes |          | \$              | 0.00                 |                          |

| LEGAL NAME OF OWN CABLE ONE, INC |           | E SYSTEM:      |              |                       |           | S                 | YSTEM ID#<br>007711  | Name                     |
|----------------------------------|-----------|----------------|--------------|-----------------------|-----------|-------------------|----------------------|--------------------------|
|                                  |           |                |              | TE FEES FOR EACH      |           |                   |                      |                          |
|                                  | RED FIFTH | SUBSCRIBER GRO |              | T .                   |           | 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<br>Surcharge |
|                                  |           |                |              |                       |           |                   |                      | for                      |
|                                  |           | -              |              |                       |           | n =               |                      | Partially                |
|                                  |           | -              |              |                       |           |                   |                      | Distant                  |
|                                  |           | -              |              |                       |           |                   |                      | Stations                 |
|                                  |           |                |              |                       |           |                   |                      |                          |
|                                  |           | -              |              |                       |           |                   |                      |                          |
|                                  |           | -              |              |                       |           |                   |                      |                          |
|                                  |           |                |              |                       |           |                   | 0.00<br>0.00<br>0.00 |                          |
|                                  |           |                |              |                       |           |                   |                      |                          |
| Total DSEs                       |           |                | 0.00         | Total DSFa            | _         | Н                 |                      |                          |
| Total DSEs                       | _         |                |              | Total DSEs            |           |                   |                      |                          |
| Gross Receipts First (           | 3roup     | \$             | 0.00         | Gross Receipts Secon  | nd Group  | \$                |                      |                          |
| Base Rate Fee First (            | Group     | \$             | 0.00         | Base Rate Fee Secon   | nd Group  | \$                | 0.00                 |                          |
| ONE HUNDRED                      | SEVENTH   | SUBSCRIBER GRO | UP           | ONE HUNDRE            | ED EIGHTH | 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>  | "-                |                      |                          |
|                                  |           |                |              |                       |           |                   |                      |                          |
|                                  |           | -              |              |                       |           |                   |                      |                          |
|                                  |           |                |              |                       |           |                   |                      |                          |
|                                  |           |                |              |                       |           |                   |                      |                          |
|                                  |           | -              |              |                       |           |                   |                      |                          |
|                                  |           |                |              |                       |           |                   |                      |                          |
|                                  |           |                |              |                       |           |                   |                      |                          |
| Total DSEs                       |           |                | 0.00         | Total DSEs            |           |                   | 0.00                 |                          |
| Gross Receipts Third             | Group     | \$             | 0.00         | Gross Receipts Fourth | h Group   | \$                | 0.00                 |                          |
|                                  | •         |                |              |                       | •         | _                 |                      |                          |
| Base Rate Fee Third              | Group     | \$             | 0.00         | Base Rate Fee Fourth  | n Group   | \$                | 0.00                 |                          |
| Base Rate Fee: Add t             |           |                | criber group | as shown in the boxes | above.    | \$                |                      |                          |

| LEGAL NAME OF OWN CABLE ONE, INC |           | LE SYSTEM:     |               |                       |          | S               | YSTEM ID#<br>007711 | Name                      |
|----------------------------------|-----------|----------------|---------------|-----------------------|----------|-----------------|---------------------|---------------------------|
|                                  |           |                |               | TE FEES FOR EACH      |          |                 |                     |                           |
|                                  | RED NINTH | SUBSCRIBER GRO |               | T .                   |          | 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<br>Exclusivity |
|                                  |           |                |               |                       |          |                 |                     | Surcharge                 |
|                                  |           | -              |               |                       |          |                 |                     | for                       |
|                                  |           |                |               |                       |          |                 |                     | Partially                 |
|                                  |           |                |               |                       |          |                 |                     | Distant                   |
|                                  |           | -              |               |                       |          |                 |                     | Stations                  |
|                                  |           |                |               |                       |          |                 |                     |                           |
|                                  |           |                |               |                       |          |                 |                     |                           |
|                                  |           |                | <mark></mark> |                       | <u> </u> |                 |                     |                           |
|                                  |           |                |               |                       | <u>-</u> |                 |                     |                           |
|                                  |           |                |               |                       | <u> </u> |                 |                     |                           |
| Total DSEs                       |           |                | 0.00          | Total DSEs            |          |                 | 0.00                |                           |
| Gross Receipts First (           | Group     | \$             | 0.00          | Gross Receipts Secon  | nd Group | \$              | 0.00                |                           |
|                                  |           |                |               |                       |          |                 |                     |                           |
| Base Rate Fee First (            | Group     | \$             | 0.00          | Base Rate Fee Secon   | nd Group | \$              | 0.00                |                           |
| ONE HUNDRED I                    | ELEVENTH  | SUBSCRIBER GRO | UP            | ONE HUNDRED           | TWELVTH  | SUBSCRIBER GROU | JP                  |                           |
| COMMUNITY/ AREA                  |           |                | 0             | COMMUNITY/ AREA       |          |                 | 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 Fourth | n Group  | \$              | 0.00                |                           |
| Base Rate Fee Third              | Group     | \$             | 0.00          | Base Rate Fee Fourth  | n Group  | \$              | 0.00                |                           |
| Base Rate Fee: Add t             |           |                | criber group  | as shown in the boxes | above.   | \$              |                     |                           |

| LEGAL NAME OF OWNE                             |           | LE SYSTEM:     |              |                       |           | S                 | YSTEM ID#<br>007711 | Name                     |
|--|-----------|----------------|--------------|-----------------------|-----------|-------------------|---------------------|--------------------------|
| BI   | LOCK A: ( | COMPUTATION OF | BASE RA      | TE FEES FOR EACH      | H SUBSCF  | RIBER GROUP       |                     |                          |
| ONE HUNDRED THI                                | RTEENTH   | SUBSCRIBER GRO | UP           | ONE HUNDRED FOL       | JRTEENTH  | I SUBSCRIBER GROU | JP                  | 0                        |
| COMMUNITY/ AREA                                |           |                | 0            | COMMUNITY/ AREA       |           |                   | 0                   | 9<br>Computation         |
| CALL SIGN                                      | DSE       | CALL SIGN      | DSE          | CALL SIGN             | DSE       | CALL SIGN         | DSE                 | of                       |
|  |           |                |              |                       |           |                   |                     | Base Rate Fee            |
|  |           |                |              |                       |           |                   |                     | and                      |
|  |           |                |              |                       |           |                   |                     | Syndicated               |
|  |           |                |              |                       |           |                   |                     | Exclusivity<br>Surcharge |
|  |           | -              |              |                       |           |                   |                     | for                      |
|  |           | -              |              |                       |           |                   |                     | Partially                |
|  |           |                |              |                       |           |                   |                     | Distant                  |
|  |           |                |              |                       |           |                   |                     | Stations                 |
|  |           |                |              |                       |           |                   |                     |                          |
|  |           |                |              |                       |           |                   |                     |                          |
|  |           |                |              |                       |           |                   |                     |                          |
|  |           |                |              |                       |           |                   |                     |                          |
|  |           |                |              |                       |           |                   |                     |                          |
| Total DSEs                                     | -         |                | 0.00         | Total DSEs            |           |                   | 0.00                |                          |
| Gross Receipts First G                         | roup      | \$             | 0.00         | Gross Receipts Secon  | nd Group  | \$                |                     |                          |
| <b>Base Rate Fee</b> First G                   | roup      | \$             | 0.00         | Base Rate Fee Secon   | nd Group  | \$                | 0.00                |                          |
| ONE HUNDRED FI                                 | FTEENTH   | SUBSCRIBER GRO | UP           | ONE HUNDRED S         | SIXTEENTH | 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 the Enter here and in block |           |                | criber group | as shown in the boxes | above.    | \$                |                     |                          |

| 9                      |      |                    |          |                                  |      | E SYSTEM:        | R OF CABL | CABLE ONE, INC.                   |
|------------------------|------|--------------------|----------|----------------------------------|------|------------------|-----------|-----------------------------------|
| 9                      |      | RIBER GROUP        | SUBSCR   | TE FEES FOR EACH                 |      |                  |           |                                   |
| 0   フ                  |      | I SUBSCRIBER GROUP | GHTEENTH |                                  |      | SUBSCRIBER GROUP | NTEENTH   |                                   |
| 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                    |      | n=                 |          |                                  |      | -                |           |                                   |
| Partially              |      |                    |          |                                  |      | -                |           |                                   |
| Distant                |      |                    |          |                                  |      | -                |           |                                   |
| Stations               |      |                    |          |                                  |      |                  |           |                                   |
|                        |      |                    |          |                                  |      |                  |           |                                   |
|                        |      |                    |          |                                  |      | -                |           |                                   |
|                        |      |                    |          |                                  |      |                  |           |                                   |
|                        | 0    |                    |          |                                  |      |                  |           |                                   |
|                        |      |                    |          |                                  |      |                  |           |                                   |
| <u> </u>               |      |                    |          | Total DSEs                       | 0.00 |                  |           | Total DSEs                        |
| <u> </u>               |      | \$                 | d Group  | Gross Receipts Secor             | 0.00 | \$               | oup       | Gross Receipts First Gr           |
|                        | 0.00 | \$                 | d Group  | Base Rate Fee Secon              | 0.00 | \$               | oup       | <b>3ase Rate Fee</b> First Gr     |
|                        | JP   | SUBSCRIBER GROU    | /ENTIETH | ONE HUNDRED T\                   | UP   | SUBSCRIBER GROU  | ITEENTH   | ONE HUNDRED NIN                   |
| 0                      | 0    |                    |          | COMMUNITY/ AREA                  | 0    |                  |           | COMMUNITY/ AREA                   |
| :                      | DSE  | CALL SIGN          | DSE      | CALL SIGN                        | DSE  | CALL SIGN        | DSE       | CALL SIGN                         |
|                        |      |                    |          |                                  |      |                  |           |                                   |
|                        |      |                    |          |                                  |      |                  |           |                                   |
|                        |      |                    |          |                                  |      | -                |           |                                   |
|                        |      |                    |          |                                  |      |                  |           |                                   |
|                        |      |                    |          |                                  |      |                  |           |                                   |
|                        |      |                    |          |                                  |      |                  |           |                                   |
|                        |      |                    |          |                                  |      |                  |           |                                   |
|                        |      |                    |          |                                  |      |                  |           |                                   |
|                        |      |                    |          |                                  |      |                  |           |                                   |
|                        |      |                    |          |                                  |      |                  |           |                                   |
|                        |      |                    |          |                                  |      |                  |           |                                   |
|                        |      |                    |          |                                  |      |                  |           |                                   |
|                        |      |                    |          |                                  |      |                  |           |                                   |
|                        |      |                    |          |                                  |      |                  |           |                                   |
|                        | 0.00 |                    |          | Total DSEs                       | 0.00 |                  |           | Fotal DSEs                        |
| _                      | 0.00 | \$                 | Group    | Total DSEs Gross Receipts Fourth | 0.00 | \$               | roup      | Fotal DSEs Gross Receipts Third G |

| CABLE ONE, INC.          | R OF CABI                               | LE SYSTEM:       | •       |                       |          | SY               | STEM ID#<br>007711 | Name                      |
|--------------------------|---|------------------|---------|-----------------------|----------|------------------|--------------------|---------------------------|
| BLO                      | OCK A: (                                | COMPUTATION OF   | BASE RA | TE FEES FOR EACH      | SUBSCF   | RIBER GROUP      |                    |                           |
| ONE HUNDRED TWEN         | TY-FIRST                                | SUBSCRIBER GROUP |         | ONE HUNDRED TWENT     | Y-SECONE | SUBSCRIBER GROUP |                    | 9                         |
| COMMUNITY/ AREA          |   |                  | 0       | COMMUNITY/ AREA       |          |                  |                    | Computation               |
| CALL SIGN                | DSE                                     | CALL SIGN        | DSE     | CALL SIGN             | DSE      | CALL SIGN        | DSE                | of                        |
|                          |   |                  |         |                       |          |                  |                    | Base Rate Fee             |
|                          |   | -                |         |                       |          |                  |                    | and                       |
|                          |   | <b>-</b>         |         |                       |          |                  |                    | Syndicated<br>Exclusivity |
|                          | *************************************** |                  |         |                       |          |                  |                    | Surcharge                 |
|                          |   | -                |         |                       |          |                  |                    | for                       |
|                          |   |                  |         |                       |          |                  |                    | Partially                 |
|                          |   |                  |         |                       |          |                  |                    | Distant                   |
|                          |   |                  |         |                       |          |                  |                    | Stations                  |
|                          |   |                  |         |                       |          |                  |                    |                           |
|                          |   |                  |         |                       |          |                  |                    |                           |
|                          |   | -                |         |                       |          |                  |                    |                           |
|                          |   |                  |         |                       |          |                  |                    |                           |
|                          |   |                  |         |                       |          |                  |                    |                           |
| Total DSEs               |   | •                | 0.00    | Total DSEs            | •        |                  | 0.00               |                           |
|                          | n                                       | •                | 0.00    | Gross Receipts Secon  | d Croup  | <u> </u>         |                    |                           |
| Gross Receipts First Gro | oup                                     | \$               | 0.00    | Gross Receipts Secon  | a Group  | \$               | 0.00               |                           |
| Base Rate Fee First Gro  | oup                                     | \$               | 0.00    | Base Rate Fee Second  | d Group  | \$               | 0.00               |                           |
| ONE HUNDRED TWEN         | ΓY-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                |                           |
|                          |   |                  |         |                       |          |                  |                    |                           |
|                          | *************************************** |                  |         |                       |          |                  |                    |                           |
|                          |   |                  |         |                       |          |                  |                    |                           |
|                          |   | -                |         |                       |          |                  |                    |                           |
|                          |   |                  |         |                       |          |                  |                    |                           |
|                          |   |                  |         |                       |          |                  |                    |                           |
|                          |   |                  |         |                       |          |                  |                    |                           |
|                          |   |                  |         |                       |          |                  |                    |                           |
|                          |   | -                |         |                       |          |                  |                    |                           |
|                          |   | <b>-</b>         |         |                       |          |                  |                    |                           |
|                          |   | -                |         |                       |          |                  |                    |                           |
|                          |   |                  |         |                       |          |                  |                    |                           |
|                          |   |                  |         |                       |          |                  |                    |                           |
| 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               |                           |
|                          |   |                  |         |                       |          |                  |                    |                           |

| LEGAL NAME OF OWNER  CABLE ONE, INC. | R OF CABL | E SYSTEM:        | •       |                       |            | S                | YSTEM ID#<br>007711  | Name                     |
|--------------------------------------|-----------|------------------|---------|-----------------------|------------|------------------|----------------------|--------------------------|
| BL                                   | OCK A: C  | COMPUTATION OF   | BASE RA | TE FEES FOR EACH      | SUBSCF     | RIBER GROUP      |                      |                          |
| ONE HUNDRED TWEN                     | ITY-FIFTH | SUBSCRIBER GROUP |         |                       | ENTY-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 Fe             |
|                                      |           |                  |         |                       |            |                  |                      | and                      |
|                                      |           | -                |         |                       |            |                  |                      | Syndicated               |
|                                      |           |                  |         |                       |            | H                |                      | Exclusivity<br>Surcharge |
|                                      |           |                  |         |                       |            | ·                |                      | for                      |
|                                      |           |                  |         |                       |            | n=1              |                      | Partially                |
|                                      |           |                  |         |                       |            |                  |                      | Distant                  |
|                                      |           |                  |         |                       |            |                  |                      | Stations                 |
|                                      |           |                  |         |                       |            |                  |                      |                          |
|                                      |           |                  |         |                       |            |                  |                      |                          |
|                                      |           | -                |         |                       |            |                  |                      |                          |
|                                      |           |                  |         |                       |            |                  | 0.00<br>0.00<br>0.00 |                          |
|                                      |           |                  |         |                       | <u>.  </u> |                  |                      |                          |
| Total DSEs                           | <u> </u>  |                  | 0.00    | Total DSEs            |            | Į.               |                      |                          |
| Gross Receipts First Gr              | oup       | \$               | 0.00    | Gross Receipts Secor  | nd Group   | \$               |                      |                          |
|                                      |           |                  |         |                       |            |                  |                      |                          |
| Base Rate Fee First Gr               | oup       | \$               | 0.00    | Base Rate Fee Secon   | nd Group   | \$               | 0.00                 |                          |
| NE HUNDRED TWENTY-                   | SEVENTH   | SUBSCRIBER GROUP | 1       | ONE HUNDRED TWEN      | ITY-EIGHTH | SUBSCRIBER GROUP |                      |                          |
| COMMUNITY/ AREA                      |           |                  | 0       | COMMUNITY/ AREA       |            |                  | 0                    |                          |
| CALL SIGN                            | DSE       | CALL SIGN        | DSE     | CALL SIGN             | DSE        | CALL SIGN        | DSE                  |                          |
|                                      |           |                  |         |                       |            |                  |                      |                          |
|                                      |           |                  |         |                       |            |                  |                      |                          |
|                                      |           |                  |         |                       |            |                  |                      |                          |
|                                      |           | -                |         |                       |            |                  |                      |                          |
|                                      |           |                  |         |                       |            | H                |                      |                          |
|                                      |           |                  |         |                       | <u> </u>   |                  |                      |                          |
|                                      | •         |                  |         |                       |            |                  |                      |                          |
|                                      |           |                  |         |                       |            |                  |                      |                          |
|                                      |           |                  |         |                       |            |                  |                      |                          |
|                                      |           |                  |         |                       |            |                  |                      |                          |
|                                      |           |                  |         |                       |            |                  |                      |                          |
|                                      |           |                  |         |                       | <u> </u>   |                  |                      |                          |
|                                      |           |                  |         |                       |            |                  |                      |                          |
| Total DSEs                           |           |                  | 0.00    | Total DSEs            |            |                  | 0.00                 |                          |
| Gross Receipts Third G               | roup      | \$               | 0.00    | Gross Receipts Fourth | n Group    | \$               | 0.00                 |                          |
| <b>Base Rate Fee</b> Third G         | roup      | \$               | 0.00    | Base Rate Fee Fourth  | n Group    | \$               | 0.00                 |                          |
| roup<br>e <b>bas</b> e               |           | \$               | 0.00    | Gross Receipts Fourth | n Group    | \$               | 0.00                 |                          |

| CALL SIGN DSE CALL SIGN DSE  Base Rate Fer and Syndicated Exclusivity Surcharge for Partially Distant Stations  Stations  One of Base Rate Fer and Syndicated Exclusivity Surcharge for Partially Distant Stations   | EGAL NAME OF OWNER OF CAB<br>CABLE ONE, INC. | LE SYSTEM:   |                             | SYSTEM ID#<br>007711                | Name         |
|--|--|--|-----------------------------|-------------------------------------|--------------|
| CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations  Stal DSEs  Computation of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations  Stal DSEs  Computation of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations   | BLOCK A:                                     | COMPUTATION OF BASE R                                | ATE FEES FOR EACH SUBSO     | CRIBER GROUP                        |              |
| CALL SIGN DSE CALL SIGN DSE Base Rate Fer and Syndicated Exclusivity Surcharge for Partially Distant Stations  Otal DSEs 0.00  See Rate Fee Second Group \$ 0.00  OTALL SIGN DSE Base Rate Fee Second Group \$ 0.00  OTALL SIGN DSE DATE OF THE STATE OF THE S | ONE HUNDRED TWENTY-NINTH                     | SUBSCRIBER GROUP                                     | ONE HUNDRED THIRTIE         | TH SUBSCRIBER GROUP                 | 0            |
| OCALL SIGN DSE CALL SIGN DSE Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations  Otal DSEs 0.00  See Rate Fee Second Group \$ 0.00  ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP  DMMUNITY/ AREA 0  | COMMUNITY/ AREA                              | 0  | COMMUNITY/ AREA             | 0                                   | _            |
| and Syndicated Exclusivity Surcharge for Partially Distant Stations  total DSEs 0.00  oss Receipts Second Group \$ 0.00  ase Rate Fee Second Group \$ 0.00  one Hundred Thirty-Second Subscriber Group  DMMUNITY/ AREA 0   | CALL SIGN DSE                                | CALL SIGN DSE  |                             | CALL SIGN DSE                       |              |
| Syndicated Exclusivity Surcharge for Partially Distant Stations  Stat DSEs 0.00  Coss Receipts Second Group \$ 0.00  Coss Receipts Second Group \$ 0.00  Coss Rate Fee Second Group \$ 0.00  Coss Rate Fee Second Group \$ 0.00  Coss Rate Fee Second Group \$ 0.00  |  |  |                             |                                     | Base Rate Fe |
| Exclusivity Surcharge for Partially Distant Stations  Stations  O.00 OSS Receipts Second Group  Asse Rate Fee Second Group  NE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP DMMUNITY/ AREA  O  |  |  |                             |                                     |              |
| Surcharge for Partially Distant Stations  otal DSEs  |  |  |                             | ·······                             |              |
| for Partially Distant Stations  otal DSEs  oss Receipts Second Group  ase Rate Fee Second Group  NE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP  DMMUNITY/ AREA  0  |  |  |                             |                                     |              |
| Partially Distant Stations  otal DSEs  otal    |  | · · · · · · · · · · · · · · · · · · ·                |                             | ········ <mark>- ···········</mark> |              |
| stations  Stations  Otal DSEs  O.00  Oss Receipts Second Group  S  O.00  Oss Rate Fee Second Group  S  O.00  Oss Rate Fee Second Group  OMMUNITY/ AREA  O  OMMUNITY/ AREA  |  | n - <mark>11111111111111111111111111111111111</mark> | ····                        |                                     |              |
| otal DSEs     |  |  |                             |                                     | Distant      |
| soss Receipts Second Group \$ 0.00  ase Rate Fee Second Group \$ 0.00  INE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP  DMMUNITY/ AREA 0  |  |  |                             |                                     | Stations     |
| soss Receipts Second Group \$ 0.00  ase Rate Fee Second Group \$ 0.00  NE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP  DMMUNITY/ AREA 0   |  |  |                             |                                     |              |
| soss Receipts Second Group \$ 0.00  ase Rate Fee Second Group \$ 0.00  NE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP  DMMUNITY/ AREA 0   |  |  |                             |                                     |              |
| soss Receipts Second Group \$ 0.00  ase Rate Fee Second Group \$ 0.00  NE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP  DMMUNITY/ AREA 0   |  |  |                             |                                     |              |
| soss Receipts Second Group \$ 0.00  ase Rate Fee Second Group \$ 0.00  NE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP  DMMUNITY/ AREA 0   |  |  |                             |                                     |              |
| soss Receipts Second Group \$ 0.00  ase Rate Fee Second Group \$ 0.00  INE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP  DMMUNITY/ AREA 0  |  |  |                             |                                     |              |
| ase Rate Fee Second Group \$ 0.00  NE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP  DMMUNITY/ AREA 0   | Γotal DSEs                                   | 0.00   | Total DSEs                  | 0.00                                |              |
| NE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP  DMMUNITY/ AREA  0   | Gross Receipts First Group                   | \$ 0.00  | Gross Receipts Second Group | \$ 0.00                             |              |
| DMMUNITY/ AREA 0   | Base Rate Fee First Group                    | \$ 0.00  | Base Rate Fee Second Group  | \$ 0.00                             |              |
| DMMUNITY/ AREA 0   | ONE HUNDRED THIRTY-FIRST                     |  | ONE HINDRED THIRTY SECON    | ND STIBSCRIBED CDOLID               |              |
| CALL SIGN DSE CALL SIGN DSE  | COMMUNITY/ AREA                              | 0  | COMMUNITY/ AREA             | _                                   |              |
|  | CALL SIGN DSE                                | CALL SIGN DSE  | CALL SIGN DSF               | CALL SIGN DSF                       |              |
|  | STALL STORY BOLL                             | ONEE OIGHT BOL                                       | OTILE STOTE DOL             | GALL GIGHT BOL                      |              |
|  |  |  |                             |                                     |              |
|  |  |  |                             |                                     |              |
|  |  |  |                             |                                     |              |
|  |  |  |                             | <u> </u>                            |              |
|  |  |  |                             | ·······                             |              |
|  |  |  |                             |                                     |              |
|  |  | **************************************               |                             |                                     |              |
|  |  |  |                             |                                     |              |
|  |  |  |                             |                                     |              |
|  |  |  |                             |                                     |              |
|  |  |  |                             |                                     |              |
|  |  |  |                             |                                     |              |
| otal DSEs 0.00   | Γotal DSEs                                   | 0.00   | Total DSEs                  | 0.00                                |              |
| ross Receipts Fourth Group \$ 0.00   | Gross Receipts Third Group                   | \$ 0.00  | Gross Receipts Fourth Group | \$ 0.00                             |              |
| ase Rate Fee Fourth Group \$ 0.00  | Base Rate Fee Third Group                    | \$ 0.00  | Base Rate Fee Fourth Group  | \$ 0.00                             |              |

|                 |      | IDED 07 2::-    | 01150    | TE EEE :                           | D    |                  | 00:1:    |                                     |
|-----------------|------|-----------------|----------|------------------------------------|------|------------------|----------|-------------------------------------|
|                 |      |                 |          | TE FEES FOR EACH ONE HUNDRED THIRT |      | SUBSCRIBER GROUP |          |                                     |
| 9               | 0    |                 |          | COMMUNITY/ AREA                    | 0    |                  |          | COMMUNITY/ AREA                     |
| Computati       | DSE  | CALL SIGN       | DSE      | CALL SIGN                          | DSE  | CALL SIGN        | DSE      | CALL SIGN                           |
| Base Rate       | BOL  | O'NEE GIGIT     | DOL      | O'ALL GIGIT                        | BOL  | O/ LEE GIGIT     | DOL      | OALL CICIV                          |
| and             |      |                 |          |                                    |      |                  |          |                                     |
| Syndicate       |      |                 |          |                                    |      | -                |          |                                     |
| Exclusivi       |      |                 |          |                                    |      | -                |          |                                     |
| Surcharg<br>for |      |                 |          |                                    |      | -                | -        |                                     |
| Partially       |      |                 |          |                                    |      | -                | -        |                                     |
| Distant         |      |                 |          |                                    |      |                  |          |                                     |
| Stations        |      |                 |          |                                    |      | -                | -        |                                     |
|                 |      |                 |          |                                    |      |                  | -        |                                     |
|                 |      |                 |          |                                    |      | -                |          |                                     |
|                 |      |                 |          |                                    |      |                  |          |                                     |
|                 |      |                 |          |                                    |      |                  |          |                                     |
|                 |      |                 |          |                                    |      |                  |          |                                     |
|                 | 0.00 | -               | •        | Total DSEs                         | 0.00 |                  |          | otal DSEs                           |
|                 | 0.00 | \$              | d Group  | Gross Receipts Secon               | 0.00 | \$               | oup      | iross Receipts First Gr             |
|                 |      |                 |          |                                    |      |                  |          |                                     |
|                 | 0.00 | \$              | d Group  | Base Rate Fee Second               | 0.00 | \$               | oup      | <b>ase Rate Fee</b> First Gr        |
|                 | IP   | SUBSCRIBER GROU | TY-SIXTH | ONE HUNDRED THIR                   | JP   | SUBSCRIBER GROU  | ΓY-FIFTH | ONE HUNDRED THIR                    |
|                 | 0    |                 |          | COMMUNITY/ AREA                    | 0    |                  |          | OMMUNITY/ AREA                      |
|                 | DSE  | CALL SIGN       | DSE      | CALL SIGN                          | DSE  | CALL SIGN        | DSE      | CALL SIGN                           |
|                 |      |                 |          |                                    |      | -                | -        |                                     |
|                 |      |                 |          |                                    |      |                  |          |                                     |
|                 |      |                 |          |                                    |      |                  |          |                                     |
|                 |      |                 |          |                                    |      |                  |          |                                     |
|                 |      |                 |          |                                    |      |                  |          |                                     |
|                 |      |                 |          |                                    |      |                  |          |                                     |
|                 |      |                 |          |                                    |      |                  |          |                                     |
|                 |      |                 |          |                                    |      |                  |          |                                     |
|                 |      |                 |          |                                    |      |                  |          |                                     |
|                 |      |                 |          |                                    |      |                  |          |                                     |
|                 |      |                 |          |                                    |      |                  |          |                                     |
|                 |      |                 |          |                                    |      |                  |          |                                     |
|                 |      |                 |          |                                    |      |                  |          |                                     |
|                 | 0.00 |                 |          | Total DSEs                         | 0.00 |                  |          | fotal DSEs                          |
|                 | 0.00 |                 |          | Total DSEs                         | 0.00 |                  |          |                                     |
|                 | 0.00 | \$              | Group    | Total DSEs Gross Receipts Fourth   | 0.00 | \$               | roup     | otal DSEs<br>Fross Receipts Third G |

| LEGAL NAME OF OWN                           |           | LE SYSTEM:         |              |                       |          | S                  | YSTEM ID#<br>007711               | Name                      |
|---|-----------|--------------------|--------------|-----------------------|----------|--------------------|-----------------------------------|---------------------------|
|   |           |                    |              | TE FEES FOR EAC       | H SUBSCF | RIBER GROUP        |                                   |                           |
| ONE HUNDRED THIRT                           |           | SUBSCRIBER GROU    |              |                       |          | I SUBSCRIBER GROUP |                                   | 9                         |
| COMMUNITY/ AREA                             |           |                    | 0            | COMMUNITY/ AREA       |          |                    | 0                                 | Computation               |
| CALL SIGN                                   | DSE       | CALL SIGN          | DSE          | CALL SIGN             | DSE      | CALL SIGN          | DSE                               | of                        |
|   |           |                    |              |                       |          | <u> </u>           |                                   | Base Rate Fee             |
|   |           | -                  |              |                       |          |                    |                                   | and                       |
|   |           |                    |              |                       |          | H                  |                                   | Syndicated<br>Exclusivity |
|   |           |                    |              |                       |          | H                  |                                   | Surcharge                 |
|   |           | -                  |              |                       |          | +                  |                                   | for                       |
|   |           | +                  |              |                       |          |                    |                                   | Partially                 |
|   |           |                    |              |                       |          |                    |                                   | Distant                   |
|   |           |                    |              |                       |          | <u> </u>           |                                   | Stations                  |
|   |           |                    |              |                       |          |                    |                                   |                           |
|   |           |                    |              |                       |          |                    |                                   |                           |
|   |           | -                  |              |                       |          |                    |                                   |                           |
|   |           |                    |              |                       |          |                    | 0.00<br>0.00<br>0.00<br>ROUP<br>0 |                           |
|   |           |                    |              |                       |          |                    |                                   |                           |
| Total DSEs                                  | -         |                    | 0.00         | Total DSEs            |          |                    |                                   |                           |
| Gross Receipts First                        | Group     | \$                 | 0.00         | Gross Receipts Seco   | nd Group | \$                 |                                   |                           |
| Base Rate Fee First                         | Group     | \$                 | 0.00         | Base Rate Fee Seco    | nd Group | \$                 | 0.00                              |                           |
| ONE HUNDRED THI                             | RTV_NINTH | SUBSCRIBER GRO     | IID          | ONE HUNDRED           | FORTIETH | I SUBSCRIBER GROU  | ID                                |                           |
| COMMUNITY/ AREA                             |           | - CODOCINIDEN CINC | 0            | COMMUNITY/ AREA       |          | T GODOCKIDEN CINCO | _                                 |                           |
| 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 Four   | th Group | \$                 | 0.00                              |                           |
| Base Rate Fee Third                         | Group     | \$                 | 0.00         | Base Rate Fee Fourt   | th Group | \$                 | 0.00                              |                           |
| Base Rate Fee: Add<br>Enter here and in blo |           |                    | criber group | as shown in the boxes | s above. | \$                 |                                   |                           |

|                 |                   |                  | - · · · · |                                   |      |                                 |                 |                         |  |
|-----------------|-------------------|------------------|-----------|-----------------------------------|------|---------------------------------|-----------------|-------------------------|--|
|                 |                   |                  |           | TE FEES FOR EACH ONE HUNDRED FORT |      | COMPUTATION OF SUBSCRIBER GROUP |                 |                         |  |
| 9               | 0                 |                  |           | COMMUNITY/ AREA                   | 0    |                                 |                 | COMMUNITY/ AREA         |  |
| Computat<br>of  | DSE               | CALL SIGN        | DSE       | CALL SIGN                         | DSE  | CALL SIGN                       | DSE             | CALL SIGN               |  |
| Base Rate       | DOL               | OALL GIGIT       | DOL       | GALL GIGIN                        | DOL  | OALE GIGIT                      | DOL             | OALL GIGIT              |  |
| and             |                   |                  |           |                                   |      |                                 |                 |                         |  |
| Syndicat        |                   |                  |           |                                   |      |                                 |                 |                         |  |
| Exclusiv        |                   |                  |           |                                   |      |                                 |                 |                         |  |
| Surchar         |                   |                  |           |                                   |      | -                               |                 |                         |  |
| for<br>Partiall |                   |                  |           |                                   |      |                                 |                 |                         |  |
| Distant         |                   |                  |           |                                   |      |                                 |                 |                         |  |
| Stations        |                   |                  |           |                                   |      | -                               | •               |                         |  |
|                 |                   |                  |           |                                   |      |                                 |                 |                         |  |
|                 |                   | _                |           |                                   |      |                                 |                 |                         |  |
|                 |                   |                  |           |                                   |      |                                 |                 |                         |  |
|                 |                   |                  |           |                                   |      |                                 |                 |                         |  |
|                 |                   |                  |           |                                   |      |                                 |                 |                         |  |
|                 |                   |                  |           |                                   |      |                                 |                 |                         |  |
|                 | 0.00              |                  |           | Total DSEs                        | 0.00 |                                 |                 | otal DSEs               |  |
|                 |                   | \$               | d Group   | Gross Receipts Second             | 0.00 | \$                              | guo             | ross Receipts First Gr  |  |
|                 | 0.00              |                  |           |                                   |      |                                 | •               |                         |  |
|                 | 0.00              | \$               | I Group   | Base Rate Fee Second              | 0.00 | \$                              | oup             | ase Rate Fee First Gro  |  |
|                 |                   | SUBSCRIBER GROUP | Y-FOURTH  | ONE HUNDRED FORT                  |      | SUBSCRIBER GROUP                | TY-THIRD        | ONE HUNDRED FOR         |  |
|                 | COMMUNITY/ AREA 0 |                  |           |                                   | 0    |                                 | COMMUNITY/ AREA |                         |  |
|                 | DSE               | CALL SIGN        | DSE       | CALL SIGN                         | DSE  | CALL SIGN                       | DSE             | CALL SIGN               |  |
|                 |                   |                  |           |                                   |      |                                 | •               |                         |  |
|                 |                   |                  |           |                                   |      |                                 |                 |                         |  |
|                 |                   |                  |           |                                   |      |                                 |                 |                         |  |
|                 |                   |                  |           |                                   |      |                                 |                 |                         |  |
|                 |                   |                  |           |                                   |      |                                 |                 |                         |  |
|                 |                   |                  |           |                                   |      |                                 |                 |                         |  |
|                 |                   |                  |           |                                   |      |                                 |                 |                         |  |
|                 |                   |                  |           |                                   |      |                                 |                 |                         |  |
|                 |                   |                  |           |                                   |      | -                               |                 |                         |  |
|                 |                   |                  |           |                                   |      |                                 |                 |                         |  |
|                 |                   |                  |           |                                   |      | -                               |                 |                         |  |
|                 |                   |                  |           |                                   |      |                                 |                 |                         |  |
|                 |                   |                  |           |                                   |      |                                 |                 |                         |  |
|                 | 0.00              |                  | l         | Total DSEs                        | 0.00 |                                 | 1               | otal DSEs               |  |
|                 | 0.00              | •                | Group     | Gross Receipts Equeth             | 0.00 | •                               | roup            | Gross Receipts Third Co |  |
|                 | 0.00              | \$               | Group     | Gross Receipts Fourth             | 0.00 | \$                              | σαρ             | ross Receipts Third G   |  |
|                 |                   |                  |           |                                   |      | 1 -                             |                 |                         |  |

| 711 Nam          |              | 3                                   |            |   |   |                             | •         | CABLE ONE, INC.  |                        |
|------------------|--------------|-------------------------------------|------------|---|---|-----------------------------|-----------|--|------------------------|
|                  |              |                                     |            | TE FEES FOR EAC                                       |   |                             |           |  |                        |
| <u> </u>         | _            | SUBSCRIBER GROUP                    |            | ii  |   | SUBSCRIBER GROUP            | RTY-FIFTH |  |                        |
| Comput           | 0.00<br>0.00 |                                     |            | COMMUNITY/ AREA                                       | 0                                       |                             |           | COMMUNITY/ AREA  |                        |
|                  | DSE          | CALL SIGN                           | DSE        | CALL SIGN   | DSE                                     | CALL SIGN                   | DSE       | CALL SIGN  |                        |
| Base Ra          |              |                                     |            |   |   |                             |           |  |                        |
| and              |              | _                                   |            |   |   | -                           |           |  |                        |
| Syndic<br>Exclus |              |                                     |            |   |   |                             |           |  |                        |
| Surch            |              |                                     |            |   | ····                                    |                             |           |  |                        |
| foı              |              |                                     |            |   |   |                             |           |  |                        |
| Partia           |              |                                     |            |   |   | -                           |           |  |                        |
| Dista<br>Statio  |              |                                     |            |   |   | -                           |           |  |                        |
| Static           |              | _                                   |            |   |   | -                           |           |  |                        |
|                  |              |                                     |            |   |   | -                           |           |  |                        |
|                  |              |                                     |            |   |   |                             |           |  |                        |
|                  |              |                                     |            |   |   |                             |           |  |                        |
|                  |              |                                     |            |   |   |                             |           |  |                        |
| 0                | 0.00         |                                     | _          | Total DSEs  | 0.00                                    |                             |           | Total DSEs   |                        |
| 0                | 0.00         | Gross Receipts Second Group \$ 0.00 |            | \$ 0.00   |   | 0.00                        | -         |  | Gross Receipts First G |
| <u> </u>         |              |                                     | ·          |   |   |                             | ·         | •  |                        |
|                  |              |                                     |            |   |   |                             |           |  |                        |
| 0                | 0.00         | \$                                  | nd Group   | Base Rate Fee Seco                                    | 0.00                                    | \$                          | Group     | Base Rate Fee First G  |                        |
| 0                |              | SUBSCRIBER GROUP                    |            |   | <u> </u>                                |                             |           |  |                        |
| 0                |              | SUBSCRIBER GROUP                    |            |   | <u> </u>                                |                             |           | ONE HUNDRED FORTY  |                        |
| 0                | 0            | SUBSCRIBER GROUP  CALL SIGN         |            | ONE HUNDRED FO  |   |                             |           | ONE HUNDRED FORTY  |                        |
| 0                | 0            |                                     | RTY-EIGHTH | ONE HUNDRED FOI                                       | 0                                       | SUBSCRIBER GROUF            | /-SEVENTH | ONE HUNDRED FORTY  |                        |
| 0                | 0            |                                     | RTY-EIGHTH | ONE HUNDRED FOI                                       | 0                                       | SUBSCRIBER GROUF            | /-SEVENTH | ONE HUNDRED FORTY  |                        |
| 0                | 0            |                                     | RTY-EIGHTH | ONE HUNDRED FOI                                       | 0                                       | SUBSCRIBER GROUF            | /-SEVENTH | ONE HUNDRED FORTY  |                        |
| 0                | 0            |                                     | RTY-EIGHTH | ONE HUNDRED FOI                                       | 0                                       | SUBSCRIBER GROUF            | /-SEVENTH | ONE HUNDRED FORTY  |                        |
| 0                | 0            |                                     | RTY-EIGHTH | ONE HUNDRED FOI                                       | 0                                       | SUBSCRIBER GROUF            | /-SEVENTH | ONE HUNDRED FORTY  |                        |
| 0                | 0            |                                     | RTY-EIGHTH | ONE HUNDRED FOI                                       | 0                                       | SUBSCRIBER GROUF            | /-SEVENTH | ONE HUNDRED FORTY  |                        |
| 0                | 0            |                                     | RTY-EIGHTH | ONE HUNDRED FO  | 0                                       | SUBSCRIBER GROUF            | /-SEVENTH | ONE HUNDRED FORTY  |                        |
| 0                | 0            |                                     | RTY-EIGHTH | ONE HUNDRED FO  | 0                                       | SUBSCRIBER GROUF            | /-SEVENTH | ONE HUNDRED FORTY  |                        |
| 0                | 0            |                                     | RTY-EIGHTH | ONE HUNDRED FO  | 0                                       | SUBSCRIBER GROUF            | /-SEVENTH | ONE HUNDRED FORTY  |                        |
| 0                | 0            |                                     | RTY-EIGHTH | ONE HUNDRED FO  | 0                                       | SUBSCRIBER GROUF            | /-SEVENTH | DATE OF THE PROPERTY OF THE PR |                        |
| 0                | 0            |                                     | RTY-EIGHTH | ONE HUNDRED FO  | 0                                       | SUBSCRIBER GROUF            | /-SEVENTH | ONE HUNDRED FORTY  |                        |
| 0                | 0            |                                     | RTY-EIGHTH | ONE HUNDRED FO  | 0                                       | SUBSCRIBER GROUF            | /-SEVENTH | ONE HUNDRED FORTY  |                        |
| <b>O</b>         | 0            |                                     | RTY-EIGHTH | ONE HUNDRED FO  | 0                                       | SUBSCRIBER GROUF            | /-SEVENTH | ONE HUNDRED FORTY  |                        |
| <b>0</b>         | DSE          |                                     | DSE        | ONE HUNDRED FOI COMMUNITY/ AREA CALL SIGN  Total DSEs | DSE                                     | SUBSCRIBER GROUF            | /-SEVENTH | CALL SIGN  CALL SIGN  Total DSEs   |                        |
| <b>0</b>         | 0 DSE        | CALL SIGN                           | DSE        | ONE HUNDRED FOI COMMUNITY/ AREA CALL SIGN             | DSE | SUBSCRIBER GROUP  CALL SIGN | /-SEVENTH | ONE HUNDRED FORTY COMMUNITY/ AREA  CALL SIGN  Total DSEs   |                        |
| 0<br>E           | 0 DSE        | CALL SIGN                           | DSE DSE    | ONE HUNDRED FOI COMMUNITY/ AREA CALL SIGN  Total DSEs | DSE | SUBSCRIBER GROUP  CALL SIGN | DSE Group | ONE HUNDRED FORTY COMMUNITY/ AREA  CALL SIGN   |                        |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007711 |          |                |              |                       |                      |                   |      | Name                     |  |
|---|----------|----------------|--------------|-----------------------|----------------------|-------------------|------|--------------------------|--|
|   |          |                |              | TE FEES FOR EACH      |                      |                   |      | ۵                        |  |
| ONE HUNDRED FOR   | TY-NINTH | SUBSCRIBER GRO | UP           | ONE HUNDRE            | D FIFTIETH           | I SUBSCRIBER GROU | JP   |                          |  |
| COMMUNITY/ AREA   |          |                | 0            | COMMUNITY/ AREA       | <b>9</b> Computation |                   |      |                          |  |
| CALL SIGN   | DSE      | CALL SIGN      | DSE          | CALL SIGN             | DSE                  | CALL SIGN         | DSE  | of                       |  |
|   |          |                |              |                       |                      |                   |      | Base Rate Fee            |  |
|   |          |                |              |                       |                      |                   |      | and                      |  |
|   |          |                |              |                       |                      |                   |      | Syndicated               |  |
|   |          |                |              |                       |                      | .                 |      | Exclusivity<br>Surcharge |  |
|   |          |                |              |                       |                      |                   |      | for                      |  |
|   |          | -              |              |                       |                      |                   |      | Partially                |  |
|   |          | -              |              |                       |                      |                   |      | Distant                  |  |
|   |          |                |              |                       |                      |                   |      | Stations                 |  |
|   |          |                |              |                       |                      |                   |      |                          |  |
|   |          |                |              |                       |                      |                   |      |                          |  |
|   |          |                |              |                       |                      |                   |      |                          |  |
|   |          |                |              |                       |                      |                   |      |                          |  |
|   |          |                |              |                       |                      |                   |      |                          |  |
|   |          | Ц              |              |                       |                      | 11                |      |                          |  |
| 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 Second  | nd Group             | \$                | 0.00 |                          |  |
| ONE HUNDRED FIF   | TY-FIRST | SUBSCRIBER GRO | UP           | ONE HUNDRED FIFT      |                      |                   |      |                          |  |
| 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 Fourt  | h Group              | \$                | 0.00 |                          |  |
|   | •        | ·              |              |                       |                      | <u>·</u>          |      |                          |  |
| Base Rate Fee Third C   | Group    | \$             | 0.00         | Base Rate Fee Fourt   | h Group              | \$                | 0.00 |                          |  |
| Base Rate Fee: Add the Enter here and in block                            |          |                | criber group | as shown in the boxes | above.               | \$                |      |                          |  |

| Computat of Base Rate and Syndicat Exclusiv Surcharg for Partially Distant | _               |   |           | TE FEES FOR EACH      |           |                  |           |                        |
|--|-----------------|---|-----------|-----------------------|-----------|------------------|-----------|------------------------|
| Computat  of Base Rate and Syndicat Exclusiv Surchar for Partiall Distan   | _               | - 52551112211 01100   | . 55.1111 |                       |           | 20R2CKIREK (*KC) | Y-THIRD   | ONE HUNDRED FIFT       |
| Base Rate and Syndicat Exclusiv Surchar for Partiall                       |                 | ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP  COMMUNITY/ AREA  0 |           |                       |           |                  |           | COMMUNITY/ AREA        |
| Base Rate and Syndicat Exclusiv Surchard for Partially                     | DSE             | CALL SIGN DSE CALL SIGN DSE                                   |           | DSE                   | CALL SIGN | DSE              | CALL SIGN |                        |
| Syndicat Exclusiv Surchare for Partialle                                   | 302             | 0.122 0.0.1   | 202       | G. 122 G.G.1          | 202       | 07.122 01011     | 502       | 0,122 0.0.1            |
| Exclusiv<br>Surcharg<br>for<br>Partiall<br>Distant                         |                 |   |           |                       |           |                  |           |                        |
| Surchard<br>for<br>Partiall<br>Distant                                     |                 |   |           |                       |           | -                |           |                        |
| for<br>Partiall<br>Distant   |                 |   |           |                       |           |                  |           |                        |
| Partially<br>Distant   |                 |   |           |                       |           |                  |           |                        |
|  |                 |   |           |                       |           |                  |           |                        |
| Station  |                 |   | •         |                       |           | -                | •         |                        |
|  |                 |   |           |                       |           | -                |           |                        |
|  |                 |   |           |                       |           |                  |           |                        |
|  |                 |   |           |                       |           | -                |           |                        |
|  |                 |   |           |                       |           |                  | •         |                        |
|  |                 |   |           |                       |           |                  |           |                        |
|  |                 |   |           |                       |           |                  |           |                        |
| 0  | 0.00            |   |           | Total DSEs            | 0.00      |                  |           | otal DSEs              |
| 00_  | d Group \$ 0.00 |   |           | Gross Receipts Secon  | 0.00      | \$               | oup       | ross Receipts First Gr |
| $\neg$ 1   |                 |   |           |                       |           |                  |           |                        |
| 0  | 0.00            | \$  | d Group   | Base Rate Fee Secon   | 0.00      | \$               | oup       | ase Rate Fee First Gro |
|  | DUP             | SUBSCRIBER GROU   | TY-SIXTH  | ONE HUNDRED FIR       | JP        | SUBSCRIBER GROU  | Y-FIFTH   | ONE HUNDRED FIFT       |
| 0  | 0               |   |           | COMMUNITY/ AREA       | 0         |                  |           | OMMUNITY/ AREA         |
| Ε  | DSE             | CALL SIGN   | DSE       | CALL SIGN             | DSE       | CALL SIGN        | DSE       | CALL SIGN              |
|  |                 |   |           |                       |           | -                | •••••••   |                        |
|  |                 |   |           |                       |           |                  |           |                        |
|  |                 |   |           |                       |           | -                |           |                        |
|  |                 |   |           |                       |           |                  |           |                        |
|  |                 |   | •         |                       |           | -                | •         |                        |
|  |                 |   |           |                       |           | -                | •••••••   |                        |
|  |                 |   |           |                       |           |                  |           |                        |
|  |                 |   |           |                       |           | -                |           |                        |
|  |                 |   |           |                       |           |                  | •         |                        |
|  |                 |   |           |                       |           | -                |           |                        |
|  |                 |   |           |                       |           |                  |           |                        |
|  |                 |   |           |                       |           |                  |           |                        |
| 10   | 0.00            |   | 1         | Total DSEs            | 0.00      |                  | <u> </u>  | otal DSEs              |
| 0  | 0.00            | \$  | Group     | Gross Receipts Fourth | 0.00      | \$               | oup       | Gross Receipts Third G |
| <b>=</b>   |                 |   | •         |                       |           |                  | •         | ,                      |
| 00   | 0.00            | \$  | Group     | Base Rate Fee Fourth  | 0.00      | \$               | oup       | ase Rate Fee Third G   |

| O COMMUNITY/ AREA O Computation  N DSE CALL SIGN DSE CALL SIGN DSE of   | I SUBSCRIBER GROUP                    |           | TI .                  |      | COMPUTATION OF   |            | DI.                           |
|---|---------------------------------------|-----------|-----------------------|------|------------------|------------|-------------------------------|
| O COMMUNITY/ AREA O Computation  N DSE CALL SIGN DSE CALL SIGN DSE of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant |                                       | TY-EIGHTH | ONE HUNDRED FIE       |      |                  |            |                               |
| Computation  N DSE CALL SIGN DSE CALL SIGN DSE  Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant                       |                                       |           |                       |      | SUBSCRIBER GROUP | SEVENTH    | ONE HUNDRED FIFTY-            |
| N DSE CALL SIGN DSE CALL SIGN DSE of Base Rate Ference and Syndicated Exclusivity Surcharge for Partially Distant                             | CALL SIGN DSE                         |           |                       |      |                  |            | COMMUNITY/ AREA               |
| and Syndicated Exclusivity Surcharge for Partially Distant  |                                       | DSE       |                       | DSE  | CALL SIGN        | DSE        | CALL SIGN                     |
| Syndicated Exclusivity Surcharge for Partially Distant  |                                       |           |                       |      |                  |            |                               |
| Exclusivity Surcharge for Partially Distant   |                                       |           |                       |      | -                |            |                               |
| Surcharge for Partially Distant   | - <del> </del>                        |           |                       |      |                  |            |                               |
| for Partially Distant   | -                                     |           |                       |      |                  |            |                               |
| Partially Distant   |                                       |           |                       |      | -                |            |                               |
|   |                                       | •         |                       |      | -                |            |                               |
| Stations  |                                       |           |                       |      |                  |            |                               |
|   |                                       |           |                       |      |                  |            |                               |
|   |                                       |           |                       |      |                  |            |                               |
|   |                                       |           |                       |      |                  |            |                               |
|   |                                       | <u> </u>  |                       |      | -                |            |                               |
|   |                                       |           |                       |      |                  |            |                               |
|   |                                       |           |                       |      |                  |            |                               |
| <b>0.00</b> Total DSEs <b>0.00</b>  | 0.00                                  |           | Total DSEs            | 0.00 |                  |            | Total DSEs                    |
| 0.00 Gross Receipts Second Group \$ 0.00  | Gross Receipts Second Group \$ 0.00   |           |                       | 0.00 | \$               | oup        | Gross Receipts First Gr       |
| 0.00 Base Rate Fee Second Group \$ 0.00   | Base Rate Fee Second Group \$ 0.00    |           |                       |      | \$               | oup        | <b>Base Rate Fee</b> First Gr |
| D CDOUD ONE HINDDED CIVILETH CURCODIDED CDOUD   | CURCOURER CROUR                       | CIVTICTU  | ONE LUNDRE            | ID.  | CLIDCODIDED CDOL | V NINITI I | ONE LILINDRED FIET            |
|   | ONE HUNDRED SIXTIETH SUBSCRIBER GROUP |           |                       |      | SUBSCRIBER GRU   | Y-NINTH    | ONE HUNDRED FIFT              |
| 0 COMMUNITY/ AREA 0   |                                       |           | COMMUNITY/ AREA       | U    |                  |            | COMMUNITY/ AREA               |
| N DSE CALL SIGN DSE CALL SIGN DSE   | CALL SIGN DSE                         | DSE       | CALL SIGN             | DSE  | CALL SIGN        | DSE        | CALL SIGN                     |
|   |                                       |           |                       |      |                  |            |                               |
|   |                                       |           |                       |      |                  |            |                               |
|   |                                       |           |                       |      | -                |            |                               |
|   |                                       |           |                       |      |                  |            |                               |
|   |                                       |           |                       |      | _                |            |                               |
|   | -                                     | •         |                       |      | -                |            |                               |
|   |                                       |           |                       |      |                  |            |                               |
|   |                                       |           |                       |      |                  |            |                               |
|   |                                       |           |                       |      |                  |            |                               |
|   |                                       |           |                       |      |                  |            |                               |
|   |                                       | <u> </u>  |                       |      |                  | <b>.</b>   |                               |
|   |                                       |           |                       |      |                  |            |                               |
|   |                                       |           |                       |      |                  |            |                               |
| 0.00 Total DSEs   | 0.00                                  |           | Total DSEs            | 0.00 |                  |            | Total DSEs                    |
| 0.00 Gross Receipts Fourth Group \$ 0.00  | \$ 0.00                               | Group     | Gross Receipts Fourth | 0.00 | \$               | roup       | Gross Receipts Third G        |
|   | \$ 0.00                               | Group     | Base Rate Fee Fourth  | 0.00 | \$               | roup       | <b>Base Rate Fee</b> Third G  |

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 007711 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. 007711 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. 007711 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. 007711 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.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 007711 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. SEVENTEENTH SUBSCRIBER GROUP EIGHTEENTH 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 . . . . . . . . . . . . . . . . NINEENTH SUBSCRIBER GROUP TWENTYTH 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. 007711 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. TWENTY-FIRST SUBSCRIBER GROUP TWENTY-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 . . . . . . . . . . . . . . . . TWENTY-THIRD SUBSCRIBER GROUP TWENTY-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. 007711 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. TWENTY-FIFTH SUBSCRIBER GROUP TWENTY-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 . . . . . . . . . . . . . . . . TWENTY-SEVENTH SUBSCRIBER GROUP TWENTY-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. 007711 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. TWENTY-NINTH SUBSCRIBER GROUP THIRTIETH 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 . . . . . . . . . . . . . . . . THIRTY-FIRST SUBSCRIBER GROUP THIRTY-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 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. 007711 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. THIRTY-THIRD SUBSCRIBER GROUP THIRTY-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 Second Group . . . . . . . . . . . . . . . . THIRTY-FIFTH SUBSCRIBER GROUP THIRTY-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 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. 007711 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. THIRTY-SEVENTH SUBSCRIBER GROUP THIRTY-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 Second Group . . . . . . . . . . . . . . . . THIRTY-NINTH SUBSCRIBER GROUP FORTIETH 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. 007711 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. FORTY-FIRST SUBSCRIBER GROUP FORTY-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 . . . . . . . . . . . . . . . . FORTY-THIRD SUBSCRIBER GROUP FORTY-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. 007711 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. FORTY-FIFTH SUBSCRIBER GROUP FORTY-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 . . . . . . . . . . . . . . . . FORTY-SEVENTH SUBSCRIBER GROUP FORTY-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. 007711 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. FORTY-NINTH SUBSCRIBER GROUP FIFTIETH 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 . . . . . . . . . . . . . . . . FIFTY-FIRST SUBSCRIBER GROUP FIFTY-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 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. 007711 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. FIFTY-THIRD SUBSCRIBER GROUP FIFTY-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 FIFTY-FIFTH SUBSCRIBER GROUP FIFTY-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 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. 007711 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. FIFTY-SEVENTH SUBSCRIBER GROUP FIFTY-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 Second Group . . . . . . . . . . . . . . . . FIFTY-NINTH SUBSCRIBER GROUP SIXTIETH 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. 007711 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. SIXTY-FIRST SUBSCRIBER GROUP SIXTY-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 . . . . . . . . . . . . . . . . SIXTY-THIRD SUBSCRIBER GROUP SIXTY-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. 007711 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. SIXTY-FIFTH SUBSCRIBER GROUP SIXTY-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 . . . . . . . . . . . . . . . . SIXTY-SEVENTH SUBSCRIBER GROUP SIXTY-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. 007711 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. SIXTY-NINTH SUBSCRIBER GROUP SEVENTIETH 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 . . . . . . . . . . . . . . . . SEVENTY-FIRST SUBSCRIBER GROUP SEVENTY-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 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. 007711 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. SEVENTY-THIRD SUBSCRIBER GROUP SEVENTY-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 Second Group . . . . . . . . . . . . . . . . SEVENTY-FIFTH SUBSCRIBER GROUP SEVENTY-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 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. 007711 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. SEVENTY-SEVENTH SUBSCRIBER GROUP SEVENTY-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 Second Group . . . . . . . . . . . . . . . . SEVENTY-NINTH SUBSCRIBER GROUP EIGHTIETH 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. 007711 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. EIGHTY-FIRST SUBSCRIBER GROUP EIGHTY-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 . . . . . . . . . . . . . . . . EIGHTY-THIRD SUBSCRIBER GROUP EIGHTY-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. 007711 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. EIGHTY-FIFTH SUBSCRIBER GROUP EIGHTY-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 . . . . . . . . . . . . . . . EIGHTY-SEVENTH SUBSCRIBER GROUP EIGHTY-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 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. 007711 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. EIGHTY-NINTH SUBSCRIBER GROUP NINETIETH 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 . . . . . . . . . . . . . . . NINETY-FIRST SUBSCRIBER GROUP NINETY-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 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. 007711 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. NINETY-THIRD SUBSCRIBER GROUP NINETY-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 Second Group . . . . . . . . . . . . . . . NINETY-FIFTH SUBSCRIBER GROUP NINETY-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 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. 007711 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. NINETY-SEVENTH SUBSCRIBER GROUP NINETY-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 Second Group . . . . . . . . . . . . . . . NINETY-NINTH SUBSCRIBER GROUP ONE HUNDREDTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 007711 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. ONE HUNDERED FIRST SUBSCRIBER GROUP ONE HUNDERED 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 . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . ONE HUNDERED THIRD SUBSCRIBER GROUP ONE HUNDERED 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 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. 007711 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. ONE HUNDRED FIFTH SUBSCRIBER GROUP ONE HUNDRED 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 . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . ONE HUNDRED SEVENTH SUBSCRIBER GROUP ONE HUNDRED 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. 007711 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. ONE HUNDRED NINTH SUBSCRIBER GROUP ONE HUNDRED 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 . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . . ONE HUNDRED ELEVENTH SUBSCRIBER GROUP ONE HUNDRED 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. 007711 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. ONE HUNDRED THIRTEENTH SUBSCRIBER GROUP ONE HUNDRED 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 . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . . ONE HUNDRED FIFTEENTH SUBSCRIBER GROUP ONE HUNDRED 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.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 007711 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. ONE HUNDRED SEVENTEENTH SUBSCRIBER GROUP ONE HUNDRED EIGHTEENTH 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 . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . . ONE HUNDRED NINTEENTH SUBSCRIBER GROUP ONE HUNDRED TWENTIETH 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. 007711 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. ONE HUNDRED TWENTY-FIRST SUBSCRIBER GROUP ONE HUNDRED TWENTY-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 . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . . ONE HUNDRED TWENTY-THIRD SUBSCRIBER GROUP ONE HUNDRED TWENTY-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. 007711 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. ONE HUNDRED TWENTY-FIFTH SUBSCRIBER GROUP ONE HUNDRED TWENTY-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 . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . ONE HUNDRED TWENTY-SEVENTH SUBSCRIBER GROUP ONE HUNDRED TWENTY-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 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. 007711 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. ONE HUNDRED TWENTY-NINTH SUBSCRIBER GROUP ONE HUNDRED THIRTIETH 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 . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . First Group . . . . . . . . . . . . . . . . ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP ONE HUNDRED THIRTY-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 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. 007711 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. ONE HUNDRED THIRTY-THIRD SUBSCRIBER GROUP ONE HUNDRED THIRTY-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 . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP ONE HUNDRED THIRTY-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 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. 007711 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. ONE HUNDRED THIRTY-SEVENTH SUBSCRIBER GROUP ONE HUNDRED THIRTY-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 . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . First Group . . . . . . . . . . . . . . . . ONE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP ONE HUNDRED FORTIETH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 007711 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. ONE HUNDRED FORTY-FIRST SUBSCRIBER GROUP ONE HUNDRED FORTY-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 . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP ONE HUNDRED FORTY-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 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. 007711 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. ONE HUNDRED FORTY-FIFTH SUBSCRIBER GROUP ONE HUNDRED FORTY-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 . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . First Group . . . . . . . . . . . . . . . . ONE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP ONE HUNDRED FORTY-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 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. 007711 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. ONE HUNDRED FORTY-NINTH SUBSCRIBER GROUP ONE HUNDRED FIFTIETH 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 . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP ONE HUNDRED FIFTY-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 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. 007711 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. ONE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP ONE HUNDRED FIFTY-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 . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP ONE HUNDRED FIFTY-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 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. 007711 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. ONE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP ONE HUNDRED FIFTY-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 . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . ONE HUNDRED FIFTY-NINTH SUBSCRIBER GROUP ONE HUNDRED SIXTIETH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown