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					
2-23-23	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	AC	COUNTING PERIOD COVERED BY THIS STATEMENT:				
Accounting Period		2022/2				
Bowner	rate	tructions: Give the full legal name of the owner of the cable system. If the owner is a settle of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busines of the were different owners during the accounting period, only the owner ingle statement of account and royalty fee payment covering the entire account. Check here if this is the system's first filing. If not, enter the system's ID	es of the cable syste on the last day of the cunting period.	m. ne accounting period should su		20424
		CABLE ONE, INC. d/b/a SPARKLIGHT				
					2042	420222
					20424	2022/2
		210 E EARLL DRIVE PHOENIX, AZ 85012				
С		STRUCTIONS: In line 1, give any business or trade names used to id mes already appear in space B. In line 2, give the mailing address of				
System	Па	IDENTIFICATION OF CABLE SYSTEM:	the system, ii diii	erent from the address give	en in space	D.
Cyclom	1	SPARKLIGHT				
	2	MAILING ADDRESS OF CABLE SYSTEM: 3000 N WESTWOOD BLVD. (Number, street, rural route, apartment, or suite number) POPLAR BLUFF, MO 63902 (City, town, state, zip code)				
D	Ins	structions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and re	list on nage	
Area		h all communities.	orny are not comm	mariney derived below and re-	not on page	, , ,
Served		CITY OR TOWN	STATE			
First		VINCENNES	IN			
Community	Е	Below is a sample for reporting communities if you report multiple cha	annel line-ups in S	pace G.		
		CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUE	3 GRP#
Sample	Ald		MD	A		1
		ance	MD	B -		2
	Ge	ring	MD	В		3

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

CABLE ONE, INC. d/b/a SPARKLIGHT

20424

Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future fillings.

D Area Served

Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.

If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).

When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below.

First Community

See instructions for additional information on alphabetization.

Add rows as necessary.

CITY OR TOWN	STATE	CH LINE UP	SUB GRP#
VINCENNES	IN	Α	1
MONROE CITY	IN	Α	1
WHEATLAND	IN	Α	1
BRUCEVILLE	IN	Α	1
UNIC. KNOX COUNTY	IN	Α	1
UNIC. LAWRENCE COUNTY	IN	Α	1
BRIDGEPORT	IL	Α	1
LAWRENCEVILLE	IL	Α	1
UNINC. DAVIES COUNTY	IN	Α	1
WASHINGTON	IN	Α	1
EDWARDSPORT	IN	Α	2
FREELANDVILLE	IN	Α	2
BICKNELL	IN	Α	2
UNINC. MARTIN COUNTY	IN	Α	2
LOOGOOTEE	IN	A	2
UNINC. GIBSON COUNTY	IN	В	3
OAKLAND CITY	IN	В	3
UNINC. PIKE COUNTY	IN	В	3
WINSLOW	IN	В	3
PETERSBURG	IN	В	3
ST. FRANCISVILLE	IL	C	4
SHOALS	IN		2
BRAZIL	IN	A D	
CARBON	IN IN	D	5 5
HARMONY	IN	D	5
KNIGHTSVILLE	IN	D	5
STAUNTON	IN	D	5
UNINC. CLAY COUNTY	IN	D D	5
ROSEDALE	IN IN	D	5
UNINC. PARKE COUNTY	IN IN	D D	5
TERRE HAUTE	IN	D	6
SANDBORN	IN	D	6
SEELEYVILLE	IN	D	6
SUMNER	IL	C	4
SHEPARDSVILLE	IN	D	6
TECUMSEH	IN	D	6
UNINC. VIGO COUNTY	IN	D	6
FAIRVIEW PARK	IN	E	7
CLINTON	IN		7
UNIVERSAL	IN IN	E	7
VERMILLION	IN IN	E	7
COATSVILLE	IN IN	E F	<i>1</i>

FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM 20424 CABLE ONE, INC. d/b/a SPARKLIGHT Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The first community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN STATE CH LINE UP SUB GRP# **AMO** IN 8 First **CLAYTON** IN Community **STILESVILLE** IN 8 F UNINC. HENDRICKS COUNTY IN 8 IN G 9 **NASHVILLE** CORDY G IN 9 See instructions for **UNINC. BROWN COUNTY** IN G 9 additional information on alphabetization. UNINC. BARTHOLOMEW COUNTY G 9 IN G 9 IN **NINEVEH TWP EDINBURGH** G 9 IN G **PRINCESS LAKE** IN 9 Add rows as necessary. **SWEETWATER LAKE** IN G 9 G 9 **TRAFALGAR** IN **FRENCH LICK** IN Н 10 **ORLEANS TWP** IN Н 10 **PAOLI TWP** IN Н 10 **WEST BRADEN SPRINGS** н IN 10 н UNINC. ORANGE COUNTY IN 10 **MITCHELL** IN 11 **MARION TWP** IN 11 **BEDFORD** IN 11 **UNINC. LAWRENCE COUNTY** IN 11

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC. d/b/a SPARKLIGHT

SYSTEM ID#

20424

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.

BLC	OCK 1		BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE
Residential:							
 Service to first set 	2,627	\$	42.00	ECONOMY IPTV	2,786	\$	54.00
 Service to additional set(s) 							
 FM radio (if separate rate) 							
Motel, hotel							
Commercial	189	\$	79.95	ECONOMY IPTV - COMMERCIAL	46	\$	89.95
Converter							
 Residential 							
 Non-residential 							

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

	BLOCK 1					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential				
Pay cable	10.99-19.00	Motel, hotel		STANDARD CABLE	\$67.75	
 Pay cable—add'l channel 		Commercial		STANDARD IPTV	\$67.75	
Fire protection		Pay cable		DIGITAL VALUE PACK	\$16.00	
Burglar protection		Pay cable-add'l channel		HISPANIC TIER	\$6.00	
Installation: Residential		Fire protection				
First set	0-100.00	Burglar protection				
Additional set(s)		Other services:				
• FM radio (if separate rate)		Reconnect	0-90.00			
Converter		Disconnect				
		Outlet relocation	0-30.00			
		Move to new address	0-30.00			

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CABLE ONE, INC. d/b/a SPARKLIGHT 20424 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1 CALL 2 B'CAST 3 TYPF 4 DISTANT? 5 BASIS OF 6 LOCATION OF STATION SIGN CHANNEL OF (Yes or No) **CARRIAGE** NUMBER **STATION** (If Distant) **WTWO** 35 Ν No **TERRE HAUTE, IN** WAWV 18 N No TERRE HAUTE, IN See instructions for additional information WNIN 9 Ε No **EVANSVILLE. IN** on alphabetization. WVUT 31 Ε No VINCENNES, IN WTHI 10 Ν No TERRE HAUTE, IN WTHI-2 No 10 I-M TERRE HAUTE, IN WVUT-3 31.3 E-M No VINCENNES, IN WTHI-3 10.3 I-M No TERRE HAUTE, IN WTWO-2 35.2 TERRE HAUTE, IN I-M No WAWV-2 I-M 18.2 No TERRE HAUTE, IN WAWV-3 18.3 I-M No TERRE HAUTE, IN WAWV-SIMUL 18 N No TERRE HAUTE, IN 10 WTHI-SIMUL Ν No TERRE HAUTE, IN WTHI-2-SIMUL 18.2 I-M No TERRE HAUTE, IN WTWO-SIMUL 35 N No TERRE HAUTE, IN WVUT-SIMUL 31 VINCENNES, IN Ε No WAWV-4 18.4 I-M **TERRE HAUTE, IN** No

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEM ID#	Name
CABLE ONE, IN	IC. d/b/a SP	ARKLIGHT			20424	
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
In General: In space C carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA-WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If you had cable system carried the cable system carried the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the cable system 6: Give the column 6: Give the cable system 6: Give the column 6: Give the cable system 6: Give the column 6: Give the cable system 6: Give the column 6: Give the cable system 6: Give the column 6: Give the cable system 6: Give the column 6: Give the cable system 6: Give the column 6: Give the cable system 6: Give the cab	G, identify every system during the ons in effect on a 6.61(e)(2) and (4.5is, as explained stations: With record only on a substand also in spatformation concerm. In station's call sassociated with record only on a substand also in spatformation concerm. In station's call sassociated with record on the case of the	r television state accounting June 24, 198 J	period, except to period, except to period, except to permitting the eferring to 76.6° paragraph. distant stations orizations: it in space I (the tion was carried at the basis station eport origination for ording to its own be reported in contract of the effect of the	(1) stations carried e carriage of certa (e)(2) and (4))]; at a carried by your case. Special Statement both on a substitution, see page (v) of a program services er-the-air designate column 1 (list each che television staticington, D.C. This rark station, an indeptor network multicar "E-M" (for noncolutions located in the inplete column 5, sod. Indicate by entertivated channel couples by tween a cable systemating the primarchannel on any other structions located in the inplete column 5, sod. Indicate by entertivated channel couples to a royalty tween a cable systemating the primarchannel on any other structions located in the community instructions located in the community instructions located in the community instructions located instructions located in the community instructions located in the case of th	s". If not, enter "No". For an ex- paper SA3 form. tating the basis on which your ering "LAC" if your cable system	G Primary Transmitters: Television
Note: If you are utilizing	g multiple chan	nel line-ups, ι	use a separate s	space G for each o	channel line-up.	
		CHANN	EL LINE-UP	AA CONT'D		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		
	 	ļ		 	 	

FORM SA3F PAGE 3 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CABLE ONE, INC. d/b/a SPARKLIGHT 20424 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations)

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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 WFTA-simulcast)

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

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

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

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

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

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

		CHANN	EL LINE-UP	ΔR	
		1	1		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	
	NUMBER	STATION		(If Distant)	
WEVV	28	N	No		EVANSVILLE, IN
WEVV-2	28.2	I-M	No		EVANSVILLE, IN
WNIN	9	E	No		EVANSVILLE, IN
WTVW	22	I	No		EVANSVILLE, IN
WFIE-2	26	I-M	No		EVANSVILLE, IN
WEHT	12	N	No		EVANSVILLE, IN
WVUT	31	E	No		VINCENNES, IN
WFIE	26	N	No		EVANSVILLE, IN
WEHT-2	12.2	I-M	No		EVANSVILLE, IN
WFIE-3	26.3	I-M	No		EVANSVILLE, IN
WFIE-4	26.4	I-M	No		EVANSVILLE, IN
WTVW-5	22.5	I-M	No		EVANSVILLE, IN
WTVW-4	22.4	I-M	No		EVANSVILLE, IN
WTHI-3	10.3	I-M	No		TERRE HAUTE, IN
WEHT-SIMUL	12	N	No		EVANSVILLE, IN
WEVV-SIMUL	28	N	No		EVANSVILLE, IN
WEVV-2-SIMUL	28.2	I-M	No		EVANSVILLE, IN
WFIE-SIMUL	26	N	No		EVANSVILLE. IN

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.					ACCO	UNTING PERI	OD: 202
LEGAL NAME OF OW	NER OF CABLE SY	STEM:			SYSTEM		
CABLE ONE, I	NC. d/b/a SP	ARKLIGHT	•		204	24 [^]	Name
PRIMARY TRANSMITT	TERS: TELEVISIO	N					
rn General: In space carried by your cable FCC rules and regular 76.59(d)(2) and (4), 7 substitute program be Substitute Basis passis under specific For Do not list the station station was carried basis. For further in the paper SA3 following Television For It is the station here basis. For further in the paper SA3 following Television For further in the gard as the stream as "WET WETA-simulcast). For which your cables Column 3: Indicated aducational station, but for independent multifor the meaning of the Column 4: If the solanation of local services arried the distant state. For the retransmiss of a written agreement the cable system and ion "E" (exempt). For explanation of these to Column 6: Give the FCC. For Mexican or	G, identify every system during the titions in effect or 16.61(e)(2) and (reasis, as explaine Stations: With record only on a substation of a substation of a substation of a distant station of a distant a part-tire simulcasts, also three categories, al	r television started accounting a June 24, 1984), or 76.63 (red in the next prespect to any tions, or authors, or authors, or authors, or authors, or authors, if the started accounting substitute basis. The station account a station account a station account a station account a station. The station account a station account a station. The station account	period, except period, except period, except period, except period, except period peri	(1) stations carried be carriage of certa 1(e)(2) and (4))]; as carried by your case special Statement of both on a substitution, see page (v) or a program services er-the-air designate column 1 (list each the television stationington, D.C. This in the television stationington, D.C. This in the television stationington, proceeding the television stationington, proceeding the television stationington, proceeding the television stationington, proceeding the television station of the television of the	s". If not, enter "No". For an expaper SA3 form. Stating the basis on which your ering "LAC" if your cable system capacity. payment because it is the subject tem or an association representing y transmitter, enter the designation in the paper SA3 form. to which the station is licensed by the which the station is identifed.	Pr Trans	G rimary smitters evision
Note: If you are utilizi	9		•	•		_	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
WVUT-SIMUL	31	E	No		VINCENNES, IN		
WTTV-SIMUL	27	N	No		BLOOMINGTON, IN		
				†			
				-			

FORM SA3E, PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CABLE ONE, INC. d/b/a SPARKLIGHT 20424 PRIMARY TRANSMITTERS: TELEVISION

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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 WFTA-simulcast)

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

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

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

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

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

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

CHANNEL LINE-UP AC 1 CALL 2 B'CAST 3 TYPF 4 DISTANT? 5 BASIS OF 6 LOCATION OF STATION SIGN CHANNEL OF (Yes or No) **CARRIAGE** NUMBER **STATION** (If Distant) **WTWO** 35 Ν No **TERRE HAUTE, IN** WNIN 9 Ε No **EVANSVILLE, IN** WTHI 10 N No TERRE HAUTE, IN WTHI-2 10 I-M No **TERRE HAUTE, IN WAWV** 18 Ν No TERRE HAUTE, IN WTHI-3 10.3 I-M No TERRE HAUTE, IN WTWO-2 35.2 I-M No TERRE HAUTE, IN **WVUT** Ε 31 No VINCENNES, IN WVUT-3 31.3 E-M VINCENNES, IN No WAWV-2 I-M 18.2 No TERRE HAUTE, IN WAWV-3 18.3 I-M No TERRE HAUTE, IN WAWV-SIMUL 18 N No TERRE HAUTE, IN 10 WTHI-SIMUL Ν No TERRE HAUTE, IN WTHI-2-SIMUL 18.2 I-M No TERRE HAUTE, IN WTWO-SIMUL 35 N No **TERRE HAUTE, IN** WVUT-SIMUL 31 VINCENNES, IN Ε No WAWV-4 18.4 I-M **TERRE HAUTE, IN** No

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.						NG FERIOD: 2022/2
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name
CABLE ONE, IN	IC. d/b/a SP	ARKLIGHT			20424	
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	system during the cons in effect or 6.61(e)(2) and (6.61) as explaine	ne accounting n June 24, 198 4), or 76.63 (r d in the next p	period, except (31, permitting the eferring to 76.61 paragraph.	(1) stations carried e carriage of certa l (e)(2) and (4))]; a	and low power television stations) I only on a part-time basis under in network programs [sections nd (2) certain stations carried on a	G Primary Transmitters:
basis under specifc FC	CC rules, regula	tions, or auth	orizations:	, ,	able system on a substitute program	Television
station was carried	only on a subst	titute basis.	. ,	•	nt and Program Log)—if the	
·	formation conc				the general instructions located	
Column 1: List eac	h station's call	-			such as HBO, ESPN, etc. Identify	
			•	•	ion. For example, report multi- stream separately; for example	
its community of licens	se. For example	e, WRC is Cha	•		on for broadcasting over-the-air in may be different from the channel	
on which your cable sy Column 3: Indicate			ation is a networ	rk station, an inder	pendent station, or a noncommercial	
educational station, by (for independent multion For the meaning of the	entering the le cast), "E" (for no ese terms, see p	tter "N" (for ne oncommercial page (v) of the	etwork), "N-M" (f educational), or e general instruc	or network multicar "E-M" (for noncor tions located in th	st), "I" (for independent), "I-M" mmercial educational multicast).	
planation of local servi	ce area, see pa	age (v) of the	general instructi	ons located in the		
· ·	he distant statio	on during the	accounting perio	d. Indicate by ente	ering "LAC" if your cable system	
For the retransmiss	ion of a distant	multicast stre	am that is not s	ubject to a royalty	payment because it is the subject	
_				•	tem or an association representing y transmitter, enter the designa-	
, , ,			•	•	ner basis, enter "O." For a further din the paper SA3 form.	
Column 6: Give the	e location of ea	ch station. Fo	r U.S. stations, I	ist the community	to which the station is licensed by the which the station is identifed.	
Note: If you are utilizin				•		
		CHANN	EL LINE-UP	CONT'D		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF OF	(Yes or No)	CARRIAGE	O. ECCATION OF STATION	
	NUMBER	STATION	, , ,	(If Distant)		
				*		

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC. d/b/a SPARKLIGHT

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID#
Name
Name

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

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

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

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

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

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

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

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

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

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

CHANNEL LINE-UP AD 4 DISTANT? 1 CALL 2 B'CAST 3 TYPF 5 BASIS OF 6 LOCATION OF STATION CARRIAGE SIGN CHANNEL OF (Yes or No) NUMBER **STATION** (If Distant) WTIU 33 Ε Yes 0 **BLOOMINGTON, IN** WTHI 10 N No TERRE HAUTE, IN WTHI-2 10 I-M No TERRE HAUTE. IN WAWV 18 N TERRE HAUTE, IN No **WTWO** 35 Ν No **TERRE HAUTE, IN** WTHI-3 10.3 I-M No TERRE HAUTE, IN WTWO-2 I-M No 35.2 TERRE HAUTE, IN WAWV-SIMUL 18 N No TERRE HAUTE, IN WTHI-SIMUL 10 N No TERRE HAUTE, IN WTHI-2-SIMUL 18.2 I-M TERRE HAUTE, IN No WTWO-SIMUL N 35 No TERRE HAUTE, IN WTIU-SIMUL 33 Ε Yes Ε **BLOOMINGTON, IN** WAWV-2 18.2 I-M **TERRE HAUTE, IN** No WAWV-3 **TERRE HAUTE, IN** 18.3 I-M No WAWV-4 18.4 I-M No **TERRE HAUTE, IN**

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.					Account	ING FERIOD: 2022/2
LEGAL NAME OF OWN					SYSTEM ID#	Name
CABLE ONE, IN	IC. d/b/a SP	ARKLIGHT	-		20424	
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
In General: In space C carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If you had cable system carried th carried the distant stati For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the	G, identify every ystem during the ons in effect or .61(e)(2) and (.65); as explaine itations: With record only on a substand also in spatformation concern. In station's call associated with -2". Simulcast echannel numbers as the cast, "E" (for not see terms, see pation is outside ce area, see pation on a part-tirion of a distant entered into or a primary transistimulcasts, also ree categories, elocation of ea	y television stand accounting in June 24, 1984), or 76.63 (may be accounting in June 24, 1984), or 76.63 (may be accounted in the next prespect to any attitute basis. In the standard in the standard in the standard in the standard in commercial basis because (v) of the standard in commercial basis b	period, except of all, permitting the eferring to 76.61 paragraph. In distant stations orizations: It it in space I (the effect of the effect	(1) stations carried e carriage of certa (e)(2) and (4))]; and (e)(2) and (4))]; and (e)(2) and (e)(2); and (e)(2) and (e)(2); and (e)(2) and (s". If not, enter "No". For an ex- paper SA3 form. tating the basis on which your ering "LAC" if your cable system	Primary Transmitters: Television
Note: If you are utilizin	g multiple char	•	•		channel line-up.	
	1	CHANN	EL LINE-UP	AD CONT'D		
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
SIGN	NUMBER	STATION	(163 01 140)	(If Distant)		
					ļ	

FORM SA3F PAGE 3 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CABLE ONE, INC. d/b/a SPARKLIGHT 20424 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations)

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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 WFTA-simulcast)

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

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

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

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

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

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

v			·		·
		CHANN	EL LINE-UP	AE	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WTIU	33	E	Yes	0	BLOOMINGTON, IN
WTHI	10	N	No		TERRE HAUTE, IN
WTHI-2	10	I-M	No		TERRE HAUTE, IN
WAWV	18	N	No		TERRE HAUTE, IN
WTWO	35	N	No		TERRE HAUTE, IN
WTHI-3	10.3	I-M	No		TERRE HAUTE, IN
WTWO-2	35.2	I-M	No		TERRE HAUTE, IN
WAWV-SIMUL	18	N	No		TERRE HAUTE, IN
WTHI-SIMUL	10	N	No		TERRE HAUTE, IN
WTHI-2-SIMUL	18.2	I-M	No		TERRE HAUTE, IN
WTWO-SIMUL	35	N	No		TERRE HAUTE, IN
WTIU-SIMUL	33	E	Yes	E	BLOOMINGTON, IN
WAWV-2	18.2	I-M	No		TERRE HAUTE, IN
WAWV-3	18.3	I-M	No		TERRE HAUTE, IN
WAWV-4	18.4	I-M	No		TERRE HAUTE, IN

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.					Account	ING FERIOD: 2022/2
LEGAL NAME OF OWN					SYSTEM ID#	Name
CABLE ONE, IN	IC. d/b/a SP	ARKLIGHT			20424	
PRIMARY TRANSMITTE						
In General: In space C carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc 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 eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If you ha cable system carried th carried the distant stati For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the	G, identify every ystem during the ons in effect or .61(e)(2) and (4 sis, as explained itations: With record only on a substand also in spatformation concern. In station's call associated with -2". Simulcast echannel numbers as the cast, "E" (for not see terms, see pation is outside the distant static on on a part-tirion of a distant entered into or a primary transist simulcasts, also ree categories, elocation of each	y television stand accounting in June 24, 1984), or 76.63 (may be accounting in June 24, 1984), or 76.63 (may be accounted in the next prespect to any attitute basis. In the standard in the standard in the standard in the standard in commercial basis because (v) of the standard in commercial basis b	period, except of all, permitting the eferring to 76.61 paragraph. In distant stations orizations: It it in space I (the effect of the effect	(1) stations carried e carriage of certa (e)(2) and (4))]; and (e)(2) and (4))]; and (e)(2) and (e)(2); and (e)(2) and (e)(2); and (e)(2) and (s". If not, enter "No". For an ex- paper SA3 form. tating the basis on which your ering "LAC" if your cable system	G Primary Transmitters: Television
Note: If you are utilizin	g multiple chan	•	•		channel line-up.	
	1	CHANN	EL LINE-UP	AE CONT'D		
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
SIGN	NUMBER	STATION	(Tes or No)	(If Distant)		
				,		

ACCOUNTING PERIOD: 2022/2 FORM SA3F PAGE 3 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CABLE ONE, INC. d/b/a SPARKLIGHT 20424 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

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

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

CHANNEL LINE-UP AF								
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
WNDY	9	I	No		MARION, IN			
WTTV	27	N	No		BLOOMINGTON, IN			
WTTV-2	27.2	I-M	No		BLOOMINGTON, IN			
WTHR	13	N	No		INDIANAPOLIS, IN			
WRTV	25	N	No		INDIANAPOLIS, IN			
WXIN	22	I	No		INDIANAPOLIS, IN			
WXIN-2	22.2	I-M	No		INDIANAPOLIS, IN			
WISH	9	ı	No		INDIANAPOLIS, IN			
WIPX	28	ı	No		BLOOMINGTON, IN			
WRTV-SIMUL	25	N	No		INDIANAPOLIS, IN			
WCLJ	28	ı	No		BLOOMINGTON, IN			
WHMB	7	I	No		INDIANAPOLIS, IN			
WFYI	21	E	No		INDIANAPOLIS, IN			
WTTV-SIMUL	27	N	No		BLOOMINGTON, IN			
WXIN-3	22.3	I-M	No		INDIANAPOLIS, IN			
WTTV-3	27.3	I-M	No		BLOOMINGTON, IN			
WXIN-SIMUL	22	I	No		INDIANAPOLIS, IN			
WTHR-SIMUL	13	N	No		INDIANAPOLIS, IN			

FORM SA3E. PAGE 3.					ACCOUNT	ING PERIOD: 202
LEGAL NAME OF OW	NER OF CABLE SY	STEM:			SYSTEM ID#	Name
CABLE ONE, I	NC. d/b/a SP	ARKLIGH1			20424	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
PRIMARY TRANSMITT	ERS: TELEVISIO	N				
In General: In space carried by your cable FCC rules and regula 76.59(d)(2) and (4), 7 substitute program be Substitute Passis basis under specifc F • Do not list the statio station was carried • List the station here basis. For further i in the paper SA3 f Column 1: List ea each multicast stream cast stream as "WET. WETA-simulcast). Column 2: Give the its community of licer on which your cable s Column 3: Indicated educational station, b (for independent mult For the meaning of the Column 5: If you I cable system carried the distant sta For the retransmis of a written agreement the cable system and tion "E" (exempt). For explanation of these the substitute of the set of th	G, identify every system during the titions in effect or 16.61(e)(2) and (6.61(e)(2) and (6.61	or television structure accounting in June 24, 194, or 76.63 (rd d in the next prespect to any tions, or auth G—but do list itute basis. In the state of the station account in a station account in a station account in the station. If the station is treams must be the form of the station. If the local server in column on during the station in during the station in during the station or before Jumitter or an account in the station of the station or before Jumitter or an account in the station of the station or sta	period, except and period, except and permitting the ferring to 76.6° coaragraph. If distant stations orizations: It it in space I (the stion was carried ute basis station eport origination cording to its own be reported in order to a sassigned to the stion is a network ation is a network area. (i.e. "or general instruction area, (i.e. "or general instruction area instruction area in the stion of lack of a peam that is not some 30, 2009, be a sociation representation of the general in the control of the general of	(1) stations carried to carriage of certa 1(e)(2) and (4))]; as carried by your cast of both on a substitute, see page (v) on program services the television station, distriction, D.C. This in the television station, an indefor network multicar "E-M" (for noncoptions located in the distant"), enter "Ye ions located in the model of the television station of the column 5, so the television station of the station, and indefor network multicar "E-M" (for noncoptions located in the model of the column 5, so the television of the column 5, so the television of the column 5, so the television of the column the model of the column the model of the column the c	s". If not, enter "No". For an ex- paper SA3 form. stating the basis on which your ering "LAC" if your cable system	G Primary Transmitters: Television
FCC. For Mexican or	Canadian statio	ns, if any, give	e the name of th	ne community with	which the station is identifed.	
Note: If you are utilizi	ng multiple chan	inel line-ups,	use a separate s	space G for each	channel line-up.	
	1	CHANN	EL LINE-UP	AF CONT'D		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WFYI-SIMUL	21	Е	No		INDIANAPOLIS, IN	
WISH-SIMUL	9	I	No		INDIANAPOLIS, IN	
				-		
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ACCOUNTING PERIOD: 2022/2 FORM SA3F PAGE 3 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CABLE ONE, INC. d/b/a SPARKLIGHT 20424 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television

basis under specifc FCC rules, regulations, or authorizations:

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AG	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WTIU	33	E	No		BLOOMINGTON, IN
WTTV	27	N	No		BLOOMINGTON, IN
WTTV-2	27.2	I-M	No		BLOOMINGTON, IN
WTHR	13	N	No		INDIANAPOLIS, IN
WRTV	25	N	No		INDIANAPOLIS, IN
WXIN	22	ı	No		INDIANAPOLIS, IN
WXIN-2	22.2	I-M	No		INDIANAPOLIS, IN
WISH	9	ı	No		INDIANAPOLIS, IN
WIPX	28	ı	No		BLOOMINGTON, IN
WNDY	9	ı	No		MARION, IN
WRTV-SIMUL	25	N	No		INDIANAPOLIS, IN
WHMB	7	ı	No		INDIANAPOLIS, IN
WFYI	21	E	No		INDIANAPOLIS, IN
WTTV-SIMUL	27	N	No		BLOOMINGTON, IN
WXIN-SIMUL	22	I	No		INDIANAPOLIS, IN
WXIN-3	22.3	I-M	No		INDIANAPOLIS, IN
WTTV-3	27.3	I-M	No		BLOOMINGTON, IN
WTHR-SIMUL	13	N	No		INDIANAPOLIS, IN

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	NER OF CABLE SY	STEM:			SYSTEM ID#	Name		
CABLE ONE, INC. d/b/a SPARKLIGHT 20424								
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON						
					and low power television stations)	G		
					d only on a part-time basis under	_		
CC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 6.59(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								
		. ,		carried by your c	able system on a substitute program	Television		
pasis under specifc F0 • Do not list the station				e Special Stateme	ent and Program Log)—if the			
station was carried	•		spass . (a	э эрээлэг элагэнн	mana i regiam zeg/ ii iiie			
	•				ute basis and also on some other			
		erning substit	ute basis statior	ıs, see page (v) o	f the general instructions located			
in the paper SA3 for Column 1: List each		sign. Do not r	eport origination	program service	s such as HBO, ESPN, etc. Identify			
		•		. •	ion. For example, report multi-			
	∖-2". Simulcast	streams must	be reported in o	olumn 1 (list eacl	n stream separately; for example			
WETA-simulcast). Column 2: Give the	e channel numb	per the FCC h	as assigned to t	he television stati	on for broadcasting over-the-air in			
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 sy								
				,	pendent station, or a noncommercial			
	-				ast), "I" (for independent), "I-M" mmercial educational multicast).			
or the meaning of the	,		, .	,	,			
			•	,	s". If not, enter "No". For an ex-			
olanation of local servi					paper SA3 form. stating the basis on which your			
					ering "LAC" if your cable system			
carried the distant stat	•							
					payment because it is the subject			
•				•	tem or an association representing y transmitter, enter the designa-			
ion "E" (exempt). For	simulcasts, also	o enter "E". If	you carried the o	channel on any ot	her basis, enter "O." For a further			
					d in the paper SA3 form.			
				•	to which the station is licensed by the which the station is identifed.			
Note: If you are utilizing		, ,		•				
<u> </u>		CHANN	EL LINE-UP	AG CONTD				
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE				
	NUMBER	STATION	` ′	(If Distant)				
VRTV-3 25.3 I-M No INDIANAPOLIS, IN								
WFYI-SIMUL	21	Е	No		INDIANAPOLIS, IN			
WISH-SIMUL	9	I	No		INDIANAPOLIS, IN			
		<u> </u>	.10		nie			
		ļ						
		ļ						
								

		CHANN	EL LINE-UP	AG CONTD	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WRTV-3	25.3	I-M	No		INDIANAPOLIS, IN
WFYI-SIMUL	21	Е	No		INDIANAPOLIS, IN
WISH-SIMUL	9	I	No		INDIANAPOLIS, IN
		······			
				•	

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC. d/b/a SPARKLIGHT

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

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AH	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WHAS-2	11	I-M	No		LOUISVILLE, KY
WBKI	16	I	No		SALEM, IN
WAVE	36	N	No		LOUISVLLE, KY
WDRB	32	I	No		LOUISVILLE, KY
WHAS	11	N	No		LOUISVILLE, KY
WTIU	33	E	No		BLOOMINGTON, IN
WCLJ	28	I	No		BLOOMINGTON, IN
WAVE-2	36	I-M	No		LOUISVILLE, KY
WIPX	28	I	Yes	0	BLOOMINGTON, IN
WHAS-3	11	I-M	No		LOUISVILLE, KY
WLKY	14	N	No		LOUISVILLE, KY
WDRB-2	32	I-M	No		LOUISVILLE, KY
WAVE-3	36	I-M	No		LOUISVILLE, KY
WAVE-4	36	I-M	No		LOUISVILLE, KY
WLKY-2	14.2	I-M	No		LOUISVILLE, KY
WAVE-SIMUL	36	N	No		LOUISVILLE, KY
WLKY-SIMUL	14	N	No		LOUISVILLE, KY
WDRB-SIMUL	32	I	No		LOUISVILLE, KY

Primary Transmitters: Television

LEGAL NAME OF OWNE	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#					
CABLE ONE, IN	C. d/b/a SPA	ARKLIGHT	•		20424	Name
PRIMARY TRANSMITTE	RS: TELEVISION	ı				
carried by your cable sy FCC rules and regulation 76.59(d)(2) and (4), 76. substitute program basis Substitute Basis St basis under specific FCoording to the station station was carried coordinates.	stem during the ons in effect on 61(e)(2) and (4) s, as explained ations: With re C rules, regulationed on a substituted also in space Gonly on a substituted also in space on	e accounting June 24, 198), or 76.63 (re in the next perpect to any ions, or author but do list tute basis. ee I, if the sta	period, except (81, permitting the eferring to 76.61 paragraph. distant stations prizations: it in space I (the tion was carried	(1) stations carried e carriage of certa (e)(2) and (4))]; a carried by your ca e Special Stateme	and low power television stations) d only on a part-time basis under hin network programs [sections and (2) certain stations carried on a hable system on a substitute program hent and Program Log)—if the hute basis and also on some other	G Primary Transmitters: Television
in the paper SA3 for Column 1: List each each multicast stream a "WETA-WETA-simulcast).	m. I station's call s associated with 2". Simulcast st	ign. Do not ro a station acc treams must	eport origination cording to its ove be reported in c	program services er-the-air designat column 1 (list each	f the general instructions located s such as HBO, ESPN, etc. Identify ion. For example, report multi- n stream separately; for example	
its community of license on which your cable sys Column 3: Indicate educational station, by (for independent multicate) for the meaning of the Column 4: If the staplanation of local service Column 5: If you hat cable system carried the distant station for the retransmission of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these thre Column 6: Give the	e. For example, stem carried the in each case whentering the lett ast), "E" (for nor se terms, see pagition is outside the earea, see pagive entered "Yes edistant station on on a part-timentered into on primary transmirmulcasts, also ee categories, solocation of eacl anadian stations	wrc is Character the station. The intermediate age (v) of the graph of	annel 4 in Washination is a network work), "N-M" (feducational), or egeneral instruction area, (i.e. "degeneral instruction accounting perioduse of lack of a sam that is not some 30, 2009, be a sociation representation of the general in U.S. stations, let the name of the	ington, D.C. This rek station, an indep for network multica r "E-M" (for noncol- tions located in the listant"), enter "Ye ons located in the nplete column 5, s id. Indicate by enter ctivated channel of ubject to a royalty tween a cable sys- senting the primar channel on any oth instructions located ist the community e community with	s". If not, enter "No". For an expaper SA3 form. stating the basis on which your ering "LAC" if your cable system capacity. payment because it is the subject tem or an association representing y transmitter, enter the designation the basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	
		CHANN	EL LINE-UP	AH CONT'D		
1. CALL SIGN	2. B'CAST (CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WHAS-SIMUL	11	N	No		LOUISVILLE, KY	

	CHANN	EL LINE-UP	AH CONT'D			
				6. LOCATION OF STATION		
CHANNEL	OF	(Yes or No)	CARRIAGE			
NUMBER	STATION		(If Distant)			
11	N	No		LOUISVILLE, KY		
33	E	No		BLOOMINGTON, IN		
16	I	No		SALEM, IN		
			 	ļ		
	CHANNEL NUMBER 11 33	2. B'CAST CHANNEL OF STATION 11 N 33 E	2. B'CAST CHANNEL OF (Yes or No) 11 N NO 33 E NO	CHANNEL NUMBER OF STATION (Yes or No) (If Distant) CARRIAGE (If Distant) 11 N No 33 E No		

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC. d/b/a SPARKLIGHT

PRIMARY TRANSMITTERS: TELEVISION

Name

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	Al	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WNDY	9	I	No		MARION, IN
WTIU	33	E	No		BLOOMINGTON, IN
WCLJ	28	I	No		BLOOMINGTON, IN
WIPX	28	I	No		BLOOMINGTON, IN
WNDY-2	9.2	I-M	No		MARION, IN
WTHR	13	N	No		INDIANAPOLIS, IN
WTTV-2	27.2	I-M	No		BLOOMINGTON, IN
WXIN	22	I	No		INDIANAPOLIS, IN
WXIN-2	22.2	I-M	No		INDIANAPOLIS, IN
WISH	9	I	No		INDIANAPOLIS, IN
WISH-2	9.2	I-M	No		INDIANAPOLIS, IN
WTHR-6	13.6	I-M	No		INDIANAPOLIS, IN
WRTV	25	N	No		INDIANAPOLIS, IN
WTHR-4	13.4	I-M	No		INDIANAPOLIS, IN
WTHR-5	13.5	I-M	No		INDIANAPOLIS, IN
WRTV-3	25.3	I-M	No		INDIANAPOLIS, IN
WRTV-2	25.2	I-M	No		INDIANAPOLIS, IN
WRTV-SIMUL	25	N	No		INDIANAPOLIS, IN

G

Primary Transmitters: Television

ACCOUNTING PERIOD: 2022/2 FORM SA3F PAGE 3 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CABLE ONE, INC. d/b/a SPARKLIGHT 20424 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

ST 3. TYPE INEL OF STATION N I N E	4. DISTANT? (Yes or No) No No No No No No	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION BLOOMINGTON, IN INDIANAPOLIS, IN INDIANAPOLIS, IN
N I N	No No No		BLOOMINGTON, IN INDIANAPOLIS, IN
l N	No No		INDIANAPOLIS, IN
N	No		
			INDIANAPOLIS, IN
E	No		
_	110		BLOOMINGTON, IN
	No		INDIANAPOLIS, IN

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEM ID#	Name
CABLE ONE, IN	IC. d/b/a SP	ARKLIGHT	•		20424	Nume
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)/2] and (4), 76.61(e)/2) and (4), or 76.63 (referring to 76.61(e)/2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as sociated 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 in						
Note: If you are utilizing	g multiple char	nel line-ups, ι	use a separate s	space G for each o	channel line-up.	
	ı	CHANN	EL LINE-UP	AJ		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
		l				

FORM SA3E. PAGE 3.					ACCOUNT	ING FERIOD. 2022/2
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name
CABLE ONE, IN	IC. d/b/a SP	ARKLIGHT	•		20424	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable s FCC rules and regulation 76.59(d)(2) and (4), 76 substitute program bas	ystem during the ons in effect or .61(e)(2) and (4 sis, as explained	ne accounting I June 24, 198 4), or 76.63 (r d in the next p	period, except (31, permitting the eferring to 76.61 paragraph.	(1) stations carried e carriage of certa I (e)(2) and (4))]; a	and low power television stations) d only on a part-time basis under in network programs [sections and (2) certain stations carried on a	Primary Transmitters:
basis under specifc FC Do not list the station	Television					
· ·	and also in spa formation conc	ce I, if the sta			ute basis and also on some other the general instructions located	
each multicast stream cast stream as "WETA	associated with	n a station acc	cording to its over	er-the-air designat	s such as HBO, ESPN, etc. Identify ion. For example, report multi- a stream separately; for example	
its community of licens	e. For example	, WRC is Cha	-		on for broadcasting over-the-air in may be different from the channel	
educational station, by	in each case ventering the le	vhether the statter "N" (for ne	etwork), "N-M" (f	or network multica	pendent station, or a noncommercial ast), "I" (for independent), "I-M" mmercial educational multicast).	
planation of local service	ation is outside ce area, see pa	the local servage (v) of the	rice area, (i.e. "d general instructi	listant"), enter "Ye ons located in the	s". If not, enter "No". For an ex-	
cable system carried the carried the distant stati	ne distant statio on on a part-tir	on during the a	accounting perionuse of lack of a	od. Indicate by ente ctivated channel c	ering "LAC" if your cable system	
the cable system and a tion "E" (exempt). For s	a primary transi simulcasts, also	mitter or an as enter "E". If	ssociation repres	senting the primar channel on any oth	tem or an association representing y transmitter, enter the designa- ner basis, enter "O." For a further d in the paper SA3 form.	
Column 6: Give the	e location of eac canadian station	ch station. Fo	r U.S. stations, I e the name of th	list the community e community with	to which the station is licensed by the which the station is identifed.	
		CHANN	EL LINE-UP	AK		
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
	NUMBER	STATION		(If Distant)		

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEM ID#	Name
CABLE ONE, IN	IC. d/b/a SP	ARKLIGHT			20424	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as sociated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network, "N-M" (for network multicast), "" (for independent), "I-M" (for						
,			·	•		
			EL LINE-UP			
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
SIGIN	NUMBER	STATION	(Tes of No)	(If Distant)		
		017111011		(11 2 13 14 11 1)		

FORM SA3E. PAGE 3.					ACCOUNTI	ING PERIOD: 2022/2	
LEGAL NAME OF OWN			_		SYSTEM ID#	Name	
CABLE ONE, IN					20424		
PRIMARY TRANSMITTE							
carried by your cable s FCC rules and regulation	ystem during the	ne accounting June 24, 198	period, except (31, permitting the	 stations carried e carriage of certa 	and low power television stations) I only on a part-time basis under in network programs [sections nd (2) certain stations carried on a	G Primary	
substitute program bas Substitute Basis S	sis, as explaine tations: With r	d in the next pespect to any	paragraph. distant stations	· // / / //-	able system on a substitute program	Transmitters: Television	
Do not list the station	basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the						
station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located							
	h station's call	•		. •	such as HBO, ESPN, etc. Identify		
WETA-simulcast).				`	stream separately; for example		
	e. For example	, WRC is Cha	•		on for broadcasting over-the-air in may be different from the channel		
Column 3: Indicate	in each case v	whether the sta			pendent station, or a noncommercial st), "I" (for independent), "I-M"		
For the meaning of the	se terms, see ¡	page (v) of the	e general instruc	ctions located in th	mmercial educational multicast). e paper SA3 form. s". If not, enter "No". For an ex-		
planation of local service	ce area, see pa	age (v) of the	general instructi	ons located in the			
carried the distant stati	on on a part-tir	ne basis beca	use of lack of a	ctivated channel c			
of a written agreement	entered into or	n or before Ju	ne 30, 2009, bet	tween a cable syst	payment because it is the subject tem or an association representing y transmitter, enter the designa-		
tion "E" (exempt). For sexplanation of these th	simulcasts, also ree categories,	enter "E". If y see page (v)	you carried the o of the general in	channel on any oth nstructions located	ner basis, enter "O." For a further d in the paper SA3 form.		
	anadian statio	ns, if any, give	e the name of th	e community with	to which the station is licensed by the which the station is identifed.		
Note: If you are unizing	g multiple onal		EL LINE-UP	•	латто то-ор.		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE			
	NUMBER	STATION		(If Distant)			

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name
CABLE ONE, IN	IC. d/b/a SP	ARKLIGHT	-		20424	Numb
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
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 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), 07.66.16(e)(2) and (4), 07.66.16(e)(2) and (4), 07.66.16(e)(2) and (4), 07.66.16(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis save spalaned in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "E" (for						
		CHANN	EL LINE-UP	AN		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
				•		
		<u> </u>				

FORM SA3E. PAGE 3.					Accoonti	NG FERIOD: 2022/2	
LEGAL NAME OF OW	NER OF CABLE SY	STEM:			SYSTEM ID#	Name	
CABLE ONE, I	NC. d/b/a SP	ARKLIGHT	•		20424	Name	
PRIMARY TRANSMITT	ERS: TELEVISIO	N					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), 76.61(e							
For the retransmis of a written agreemer the cable system and tion "E" (exempt). For explanation of these t Column 6: Give th	sion of a distant to entered into or a primary transor simulcasts, also three categories, ne location of each	multicast stre n or before Jumitter or an as n enter "E". If y see page (v) ch station. Fo	eam that is not some 30, 2009, be association represous carried the conference of the general in U.S. stations, in	ubject to a royalty tween a cable syst senting the primary channel on any other tructions located list the community	payment because it is the subject tem or an association representing by transmitter, enter the designater basis, enter "O." For a further d in the paper SA3 form. It which the station is licensed by the		
FCC. For Mexican or Note: If you are utilizi				•	which the station is identifed.		
Note. If you are utilize	ng mulipie chan	•	•		лаппетше-ир.		
		CHANN	EL LINE-UP	AO			
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION		
SIGN	NUMBER	STATION	(165 01 140)	(If Distant)			
				, ,			

FORM SA3E. PAGE 3.						ACCOUNTI	NG PERIOD: 2022/2	
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYS	TEM ID#	Name	
CABLE ONE, IN	IC. d/b/a SP	ARKLIGHT	•			20424		
PRIMARY TRANSMITTE								
FCC rules and regulation 76.59(d)(2) and (4), 76. substitute program bas	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 6.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program							
 basis under specifc FC Do not list the station station was carried of 	here in space (G—but do list		e Special Stateme	nt and Program Log)—if the			
• List the station here, a	and also in spa formation conce	ce I, if the sta			te basis and also on some other the general instructions located			
Column 1: List each each multicast stream as "WETA-WETA-simulcast).	n station's call sassociated with -2". Simulcast s	a station acc streams must	cording to its over be reported in c	er-the-air designati column 1 (list each	such as HBO, ESPN, etc. Identify ion. For example, report multi- stream separately; for example on for broadcasting over-the-air in	,		
on which your cable sys	stem carried th	e station.			nay be different from the channel	al		
educational station, by (for independent multic For the meaning of the	entering the let ast), "E" (for no se terms, see p	ter "N" (for ne encommercial page (v) of the	etwork), "N-M" (f educational), or e general instruc	or network multica "E-M" (for noncor tions located in the		al		
planation of local service Column 5: If you ha	ce area, see pa ave entered "Ye	ge (v) of the ges" in column	general instructi 4, you must con	ons located in the nplete column 5, s	tating the basis on which your			
carried the distant static	on on a part-tin on of a distant	ne basis beca multicast stre	use of lack of a	ctivated channel c ubject to a royalty	payment because it is the subject			
the cable system and a tion "E" (exempt). For s	i primary transr simulcasts, also	nitter or an as enter "E". If y	ssociation repres	senting the primary	em or an association representing			
Column 6: Give the	location of eac anadian station	ch station. For ns, if any, give	r U.S. stations, I the name of th	ist the community e community with	to which the station is licensed by which the station is identifed.	the		
	9	• •	EL LINE-UP					
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)	o. 200, mon or or, mon			

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name
CABLE ONE, IN	IC. d/b/a SP	ARKLIGHT			20424	Numb
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as sociated 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 retwork multicast), "I" (for independent), "I-M" (fo						
		CHANN	EL LINE-UP	AQ		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
	<u> </u>					

FORM SA3E. PAGE 3.						ING FERIOD. 2022/2
LEGAL NAME OF OWN					SYSTEM ID# 20424	Name
CABLE ONE, IN					20424	
carried by your cable s FCC rules and regulation 76.59(d)(2) and (4), 76 substitute program bass Substitute Basis S basis under specific FC Do not list the station station was carried List the station here, a basis. For further in in the paper SA3 for 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	G, identify every ystem during the ons in effect or .61(e)(2) and (4 is, as explained tations: With record or rules, regulation as ubstand also in spatement of the station's call associated with -2". Simulcast as channel number, For example stem carried the	r television stane accounting a June 24, 1984), or 76.63 (red in the next pespect to any tions, or authors, or authors, or authors, or authors, if the stane in a station account of a station account of the stane of the FCC have station.	period, except (81, permitting the eferring to 76.61 paragraph. distant stations orizations: it in space I (the tion was carried ute basis station eport origination cording to its over the experted in coas assigned to the tion washing to the tion washing to its over the experted in coas assigned to the experted in th	(1) stations carried e carriage of certa (e)(2) and (4))]; and carried by your case. Special Statement both on a substitute, see page (v) of a program services er-the-air designaticolumn 1 (list each the television staticington, D.C. This result (e)(2) and (e)(2) and (e)(3) and (e)(4)	and low power television stations) d only on a part-time basis under in network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify ion. For example, report multi- a stream separately; for example on for broadcasting over-the-air in may be different from the channel pendent station, or a noncommercial	G Primary Transmitters: Television
educational station, by (for independent multion For the meaning of the Column 4: If the state planation of local service Column 5: If you hat cable system carried the carried the distant state For the retransmission of a written agreement the cable system and at tion "E" (exempt). For sexplanation of these th Column 6: Give the	entering the le east), "E" (for no se terms, see pation is outside ce area, see paure entered "Ye ne distant static on on a part-timition of a distant entered into or a primary transisimulcasts, also ree categories, e location of eactandian station	tter "N" (for ne concommercial cage (v) of the the local servage (v) of the ges" in column on during the amulticast streen or before Jumitter or an aspect of the column o	etwork), "N-M" (f educational), on e general instruc- rice area, (i.e. "d general instructi 4, you must con accounting perio use of lack of a eam that is not s are 30, 2009, bet ssociation repres you carried the of of the general in r U.S. stations, less the name of the	or network multicator "E-M" (for noncolotions located in the distant"), enter "Ye ons located in the nplete column 5, std. Indicate by entectivated channel couplect to a royalty tween a cable systemating the primarichannel on any other thannel on any other thannel on the community with	ist), "I" (for independent), "I-M" mmercial educational multicast). e paper SA3 form. s". If not, enter "No". For an expaper SA3 form. stating the basis on which your ering "LAC" if your cable system sapacity. payment because it is the subject tem or an association representing y transmitter, enter the designater basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	
	•	CHANN	EL LINE-UP	AR		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
				(

FORM SA3E. PAGE 3.						NG FERIOD. 2022/2
LEGAL NAME OF OWN					SYSTEM ID# 20424	Name
CABLE ONE, IN					20424	
carried by your cable s FCC rules and regulation 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specific FC Do not list the station station was carried station was carried basis. For further in in the paper SA3 for Column 1: List each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the	S, identify every yestem during the consine of effect or .61(e)(2) and (e) is, as explained tations: With r C rules, regular hules, regular hules in space only on a substand also in space formation concern. In station's call associated with -2". Simulcast see channel number.	y television stane accounting in June 24, 198 4), or 76.63 (red in the next prespect to any titions, or author G—but do list titute basis. Ince I, if the stanerning substitutions as tation according a station according to the FCC has been the following the followi	period, except (81, permitting the eferring to 76.61 paragraph. distant stations prizations: it in space I (the tion was carried ute basis station eport origination cording to its over the period of the effect of	(1) stations carried e carriage of certa (e)(2) and (4))]; and (e)(2) and (f)(e); and (f)(and low power television stations) d only on a part-time basis under in network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify ion. For example, report multi- in stream separately; for example on for broadcasting over-the-air in may be different from the channel	G Primary Transmitters: Television
educational station, by (for independent multion For the meaning of the Column 4: If the state planation of local service Column 5: If you hat cable system carried the distant state for the retransmission of a written agreement the cable system and attion "E" (exempt). For sexplanation of these th Column 6: Give the	entering the le east), "E" (for no se terms, see pation is outside ce area, see paure entered "Ye ne distant static on on a part-timition of a distant entered into or a primary transisimulcasts, also ree categories, e location of eactandian station	tter "N" (for ne concommercial cage (v) of the the local servage (v) of the ges" in column on during the ame basis becamulticast streen or before Jumitter or an aspender "E". If y see page (v) ch station. Forns, if any, give	etwork), "N-M" (f educational), on e general instruc- ice area, (i.e. "d general instructi 4, you must con accounting perio use of lack of a sam that is not s are 30, 2009, bet ssociation repres you carried the of of the general in r U.S. stations, less the name of the	or network multicator "E-M" (for noncolotions located in the distant"), enter "Ye ons located in the nplete column 5, std. Indicate by entectivated channel couplect to a royalty tween a cable systemating the primarichannel on any other thannel on any other thannel on the community with	paper SA3 form. tating the basis on which your ering "LAC" if your cable system tapacity. payment because it is the subject tem or an association representing y transmitter, enter the designa- ner basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	
,		• •	EL LINE-UP		·	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
				(,		

FORM SA3E. PAGE 3.						, -
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID	# Name
CABLE ONE, IN	IC. d/b/a SP	ARKLIGHT			2042	4 Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as sociated 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 particular the least of the set for the meaning of these terms, see page (v) of the general instructions located in th						
		CHANN	EL LINE-UP	AT		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						NG FERIOD. 2022/2
LEGAL NAME OF OWN					SYSTEM ID# 20424	Name
CABLE ONE, IN					20424	
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc 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 eac 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	G, identify every ystem during the ons in effect or .61(e)(2) and (.6sis, as explaine stations: With record or a substant and also in spatformation concerm. In station's call associated with -2". Simulcast as channel numbers for example stem carried the in each case v	y television standard accounting an June 24, 1984), or 76.63 (red in the next prespect to any attitute basis. In the standard account of the station account of the station account of the station account of the station account of the station. Whether the station whether the station.	period, except of the period, except of the permitting the permitting the permitting to 76.61 permittions: It in space I (the permittion was carried ute basis station permittion to the permit	(1) stations carried e carriage of certa (e)(2) and (4))]; and (e)(2) and (f)(2); and (f)(and low power television stations) d only on a part-time basis under in network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify ion. For example, report multi- in stream separately; for example on for broadcasting over-the-air in may be different from the channel	G Primary Transmitters: Television
(for independent multic For the meaning of the Column 4: If the sta planation of local servic Column 5: If you had cable system carried the distant static For the retransmiss of a written agreement the cable system and a stion "E" (exempt). For sexplanation of these the Column 6: Give the	cast), "E" (for no se terms, see pation is outside ce area, see paure entered "Yeare distant static ion on a part-tirion of a distant entered into on a primary transisimulcasts, also ree categories, e location of ea canadian statio	oncommercial page (v) of the the local servage (v) of the ges" in column on during the ame basis becamulticast streen or before Jumitter or an aspender "E". If yeep page (v) ch station. Forns, if any, give	educational), of a general instruc- price area, (i.e. "of general instruction accounting perioduse of lack of a sam that is not some 30, 2009, because of lack of the general in the counting perioduse of the general in the counting perioduse.	r "E-M" (for noncountions located in the listant"), enter "Ye ons located in the nolete column 5, std. Indicate by entectivated channel couplect to a royalty tween a cable systemating the primarichannel on any other thannel on any other thannel on structions located ist the community with	paper SA3 form. tating the basis on which your ering "LAC" if your cable system tapacity. payment because it is the subject tem or an association representing y transmitter, enter the designa- ner basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	
Note: If you are utilizin	g multiple char	• •	EL LINE-UP		channel line-up.	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
	NOWDER	STATION		(II Distallt)		

FORM SA3E. PAGE 3.					•	
LEGAL NAME OF OWNER OF CABLE				SYSTEM ID#	Name	
CABLE ONE, INC. d/b/a	SPARKLIGHT			20424	Name	
PRIMARY TRANSMITTERS: TELEVI	ISION					
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-lime basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as sociated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M" (for						
	CHANNE	EL LINE-UP	ΔV			
1. CALL 2. B'CAST CHANN NUMBE	3. TYPE EL OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name
CABLE ONE, IN	IC. d/b/a SP	ARKLIGHT			20424	Numb
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as sociated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network). "N-M" (for network multicast), "" (for independent)," "Infor in						
		CHANN	EL LINE-UP	AW		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

ACCOUNTING PERIOD: 2022/2 FORM SA3E. PAGE 4.

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC. d/b/a SPARKLIGHT

SYSTEM ID#
20424

Н

PRIMARY TRANSMITTERS: RADIO

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 Transmitters: Radio Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form.

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	 						
	 						
	 						
							
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FORM SA3E. PAGE 5.						ACCOUNTING	PERIOD: 2022/2					
LEGAL NAME OF OWNER OF (CABLE ONE, INC. d/b/s						SYSTEM ID#	Mama					
CABLE ONE, INC. 0/b/s	a SPARKI	-IGH I				20424						
In General: In space I, identi substitute before during the ac	fy every non	network televisi riod, under spec	on program broadcast by a cific present and former FC0	distant statior C rules, regula	ations, or authorizations.	For a further	Substitute					
explanation of the programm				general instru	uctions located in the pa	per SA3 form.	Substitute Carriage:					
1. SPECIAL STATEMENT							Special					
During the accounting peri- broadcast by a distant stat	ion?	-		-	Yes	ork television program Yes XNo						
Note: If your answer is "No"	', leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ust complete the progra	m						
log in block 2. 2. LOG OF SUBSTITUTE	PROGRA	MS					†					
In General: List each subst clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re- SA3 form for futher informal titles, for example, "I Love L Column 2: If the progran Column 3: Give the call s	itute progra ce, please a of every nor distant stati gulations, o tion. Do no ucy" or "NB n was broad sign of the s dcast statio	m on a separa attach additiona network televi on and that your authorizations tuse general cast live, enterstation broadca on's location (the	al pages. sion program (substitute pur cable system substituteds. See page (vi) of the genategories like "movies", or 76ers vs. Bulls." "Yes." Otherwise enter "N sting the substitute prograte community to which the	rogram) that, d for the prog eral instructio "basketball". lo." m. station is lice	during the accounting ramming of another stans located in the pape List specific program	ation r						
			em carried the substitute p			nth						
first. Example: for May 7 giv	re "5/7."		·	•								
Column 6: State the time to the nearest five minutes.			gram was carried by your o			эly						
stated as "6:00–6:30 p.m."	схатріс. а	program cam	od by a system from 0.01.	10 p.m. to 0.2	o.oo p.m. should be							
Column 7: Enter the letter to delete under FCC rules a			was substituted for progra			ed						
gram was substituted for pro												
effect on October 19, 1976.												
				WHI	EN SUBSTITUTE		†					
S	UBSTITUT	E PROGRAM			IAGE OCCURRED	7. REASON FOR						
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION						
					_							
					_							
}							•					
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ACCOUNTING PERIOD: 2022/2 FORM SA3E. PAGE 6.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 20424 CABLE ONE, INC. d/b/a SPARKLIGHT PART-TIME CARRIAGE LOG In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-J time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in Part-Time column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. · Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give • State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.- 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.— 12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN** HOURS HOURS DATE TO DATE **FROM** TO **FROM**

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

	SA3E. PAG	DE 7. OWNER OF CABLE SYSTEM:			SYSTEM ID:	#
		E, INC. d/b/a SPARKLIGHT			20424	Namo
all a (as page	mounts (g identifed in e (vii) of th Gross red during the	CEIPTS The figure you give in this space determines the form you fle and the amount y gross receipts) paid to your cable system by subscribers for the system's secon n space E) during the accounting period. For a further explanation of how to corne general instructions. ceipts from subscribers for secondary transmission service(s) e accounting period. : You must complete a statement in space P concerning gross receipts.	dary tr	ansmiss this amo	sion service	K Gross Receipts
• Con • Con • If you fee: • If you accompany to the second	nctions: Us inplete bloo inplete bloo bur system from block bur system ompanying	ROYALTY FEE se the blocks in this space L to determine the royalty fee you owe: ck 1, showing your minimum fee. ck 2, showing whether your system carried any distant television stations. n did not carry any distant television stations, leave block 3 blank. Enter the amount of block 4, and calculate the total royalty fee. n did carry any distant television stations, you must complete the applicable parting this form and attach the schedule to your statement of account.	ts of th	e DSE S	Schedule	L Copyright Royalty Fee
	art 8 or pai ck 3 below	rt 9, block A, of the DSE schedule was completed, the base rate fee should be	entere	d on line	e 1 of	
	art 6 of the elow.	e DSE schedule was completed, the amount from line 7 of block C should be en	tered o	on line 2	in block	
	art 7 or pai block 4 be	rt 9, block B, of the DSE schedule was completed, the surcharge amount shoul elow.	d be er	ntered o	n line	
Block 1	least the system's Line 1. E Line 2. M	M FEE: All cable systems with semiannual gross receipts of \$527,600 or more a minimum fee, regardless of whether they carried any distant stations. This fee gross receipts for the accounting period. Inter the amount of gross receipts from space K fultiply the amount in line 1 by 0.01064 Enter the result here.				
		This is your minimum fee.	\$		29,735.09	
Block 2	space G. "Yes" in t Did you X Yes-	T TELEVISION STATIONS CARRIED: Your answer here must agree with the ir. If, in space G, you identifed any stations as "distant" by stating "Yes" in column this block. It cable system carry any distant television stations during the accounting period —Complete the DSE schedule. No—Leave block 3 below blank and colors. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	1 4, you 1?	u must c	heck	_
3		3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero			0.00	
	_	Add lines 1 and 2 and enter here	\$		1,295.07	
Block 4	f v	BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger		\$	29,735.09	Cable systems
	(SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter			0.00	submitting additional
	Line 3. L	zero. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)			0.00	deposits under Section 111(d)(7) should contact the Licensing
	Line 4. F	FILING FEE		\$	725.00	additional fees. Division for the appropriate
	_	ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. 5 1, 2 and 3 of block 4 and enter total here	\$		30,460.09	form for submitting the additional fees.
		Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (S general instructions located in the paper SA3 form for more information.)	ee pag	je (i) of t	he	

ACCOUNTING PERIOD: 2022/2
FORM SA3E PAGE 8

r		FURIVI SAJE. PAGE 8.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT	SYSTEM ID# 20424
M	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	stations
Channels	Enter the total number of channels on which the cable system carried television broadcast stations	. 80
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	274
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
Be Contacted for Further Information	Name JENAE HECK Telephone	602-364-6092
	Address 210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite number)	
	PHOENIX, AZ 85012 (City, town, state, zip) Email JENAE.HECK@CABLEONE.BIZ Fax (optional) 602-364-	6012
	Email JENAE.HECK@CABLEONE.BIZ Fax (optional) 602-364-	-0013
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regul	lations.)
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space	B; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or	system as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own in line 1 of space B.	ner of the cable system
	• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contains are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	ed herein
	X /s/ Quynh Tran	
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus comp.	
	Typed or printed name: QUYNH TRAN	
	Title: VICE PRESIDENT & TREASURER (Title of official position held in corporation or partnership)	
	Date: February 23, 2023	

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC. d/b/a SPARKLIGHT	20424	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding to lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the beservice of providing secondary transmissions of primary broadcast transmitters, the system shall not incluseribers and amounts collected from subscribers receiving secondary transmissions pursuant to section	easic ude sub-	P Special Statement Concerning
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in paper SA3 form.	n the	Gross Receipts Exclusion
During the accounting period did the cable system exclude any amounts of gross receipts for secondary transm made by satellite carriers to satellite dish owners?	issions	
X NO		
YES. Enter the total here and list the satellite carrier(s) below		
Name Name		
Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underposer an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	ayment.	Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
x		
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-	
x	days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-	
x 0.00)274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	_	
(interest	charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	e please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce please list below the owner, address, first community served, accounting period, and ID number as given in the filing.		
Owner Address		
First community served		
Accounting period		
ID number		

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

ACCOUNTING PERIOD: 2022/2

DSE SCHEDULE. PAGE 10.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE

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

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

 1.064% of gross receipts
 Each of the second, third, and fourth DSEs
 0.701% of gross receipts

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

0.330% of gross receipts

· If any of the stations were partially distant:

The fifth and each additional DSE

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

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

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

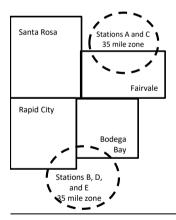
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

EXAMPLE:

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

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



Distant Stations Carr	ied	Identification	Identification of Subscriber Groups					
STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS				
A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS				
B (independent)	1.0	Santa Rosa	Stations A, B, C, D ,E	\$310,000.00				
C (part-time)	0.083	Rapid City	Stations A and C	100,000.00				
D (part-time)	0.139	Bodega Bay	Stations A and C	70,000.00				
E (network)	<u>0.25</u>	Fairvale	Stations B, D, and E	120,000.00				
TOTAL DSEs	2.472		TOTAL GROSS RECEIPTS	\$600.000.00				

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 \$6.384.00

		φο,σοσο			
First Subscriber Group		Second Subscriber Group		Third Subscriber Group	
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)	
0	#040 000 00	0	#470 000 00	0	# 400 000 00
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00
DSEs	2.472	DSEs	1.083	DSEs	1.389
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03

Total Base Rate Fee: \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94

In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

ACCOUNTING PERIOD: 2022/2

DSE SCHEDULE. PAGE	11. (CONTINUED)										
1	LEGAL NAME OF OWNER OF CABLE	SYSTEM:			S'	YSTEM ID#					
1	CABLE ONE, INC. d/b/a	SPARKLIGH [*]	Γ			20424					
	SUM OF DSEs OF CATEGOR	Y "O" STATION	IS:								
	 Add the DSEs of each station. 										
	Enter the sum here and in line 1 of part 5 of this schedule.										
2	Instructions:	imm?! list the sell	l signs of all distant stations i	dentified by the	a latter "O" in column F						
<u> </u>	In the column headed "Call S of space G (page 3).	ign : list the call	i signs of all distant stations i	denumed by the	e letter O in column 5						
Computation	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"											
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
	WTIU	0.250									
	WIPX	1.000									
	WII A	1.000									
Add rows as											
necessary.				<u> </u>							
Remember to copy all											
formula into new											
rows.											
Ī.											

Name			IGHT				S	20424
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 1: Lis Column 2 figure should of Column 3 Column 4 be carried out Column 5 give the type-v Column 6 third decimal p	st the call sign of all distart: For each station, give the correspond with the information: For each station, give the Divide the figure in colurat least to the third decimate: For each independent sevalue as ".25."	ne number of hours yn nation given in space ne total number of ho mn 2 by the figure in nal point. This is the station, give the "type lumn 4 by the figure i	our cable system of J. Calculate only ours that the station column 3, and given the system of carriage versions of carriage versions as "1.0." Functions of the system of	carried the station one DSE for each a broadcast over the the result in decralue" for the station each network over the result in converting the convertion of the station of the station each network over the result in convertion of the station of	during the accounting perstation. the air during the account timals in column 4. This firm. In noncommercial education on the second to no less.	ing period. gure must onal station, than the	
Capacity			CATEGORY LA	C STATIONS:	COMPUTATIO	N OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE	ER 3. N JRS C ED BY S	UMBER IF HOURS TATION	4. BASIS OF	5. TYPE		iΕ
			÷					
Tartuctions: CAPACITY 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 give in pages 2. I Caculation of your Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. This figure should correspond with the information give in pages 2. I Caculation of your Column 4: Divide the figure in column 2 by the figure in column 3: For each independent station, give the tryp-value "as "10." 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 be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 6: Multiply the figure in column 6, 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 SA3 form. CATEGORY LAC STATIONS: COMPUTATION OF DSES 1. CALL 2. NUMBER 3. NUMBER 4. BASIS OF CARRIAGE VALUE VALUE SYSTEM ON AIR **A ** ** ** ** ** ** ** ** ** ** ** **								
As Computation of CABLE ONE, INC. drive SPARKLIGHT Instructions: CAPACITY Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure is routine recording yeth in page 2: 1, 2 calculate only not period. The station 2: For each station, give the flush marked or hours to the the station handcast love the side driving the accounting period. Column 3: For each station, give the flush marked or hours to the the station handcast love the side unique period. This figure is routine 2: by the figure in column 3, and give the routin destinate in column 4. This figure must be a calculated or hours to the station handcast love the side driving the column 6: For each station, give the "type-value" as "1.0." For each network or nuncommercial educational station, give the high revision as "1.0." For each network or nuncommercial educational station, give the high revision as "1.0." For each network or nuncommercial educational station, give the high revision as "1.0." For each network or nuncommercial educational station, give the high revision of the figure in column 4: pit the figure in column 4: pit the figure in column 4: pit the figure in column 5: And give the result in column 6. Roard no no less than the first decimal point. This is the stations DSE (For more information on rounding, soo page (viii) of the general instructions: CARRIGORY LAC STATIONS: COMPUTATION OF DSEs 1: CALL S. NUMBER S.								
			÷	=		x		
							=	
	Add the DSEs	of each station.		,		0.00		
Computation of DSEs for Substitute-	Column 1: Giv • Was carried tions in effe • Broadcast o space I). Column 2: at your option. Column 3: Column 4:	I by your system in substited on October 19, 1976 (anne or more live, nonnetwoner each station give the This figure should correst Enter the number of days Divide the figure in colum	tution for a program as shown by the lette ork programs during t number of live, nonn pond with the inform in the calendar year n 2 by the figure in c	that your system war "P" in column 7 chat optional carriagetwork programs cation in space I. : 365, except in a lolumn 3, and give	as permitted to de f space I); and e (as shown by the arried in substitut eap year. the result in colum	elete under FCC rules and e word "Yes" in column 2 of ion for programs that wer an 4. Round to no less tha	e deleted an the third	
		Sl	JBSTITUTE-BAS	SIS STATIONS		TION OF DSEs		
		OF	OF DAYS	4. DSE		OF	OF DAYS	4. DSE
		-	÷	=		÷		=
		-	÷	=		÷		=
		-	÷	=		÷		=
		-	÷	=		÷		=
	Add the DSEs	of each station.		,		0.00		
_	number of DSEs	s applicable to your system		in parts 2, 3, and 4	of this schedule a	and add them to provide th		
of DSEs	2. Number	of DSEs from part 3 ●			>			
	3. Number	of DSEs from part 4 ●			>		0.00	
	TOTAL NUMBE	R OF DSEs						1.25

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2022/2

CABLE ONE, I							S'	YSTEM ID# 20424	Name
Instructions: Blod In block A: • If your answer if schedule. • If your answer if	'Yes," leave the re	mainder of pa	elow.			complete part {	3, (page 16) of the		6
				TELEVISION MA					Computation of 3.75 Fee
	1981?	schedule—D0		er markets as defin			C rules and regula	tions in	
		BLO	CK B: CARR	SIAGE OF PERM	MITTED DS	Es			
Column 1: CALL SIGN	FCC rules and re instructions for th Satellite Television	gulations prione DSE Schedon Extension a	r to June 25, 1 ule. (Note: The and Localism A	,	planation of p ers to an exe	ermitted station	ns, see the	,	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommeric D Grandfatherec instructions fo E Carried pursus *F A station pre	les and regulared pursuant to on as defined al educational I station (76.6 r DSE scheduant to individuational) the station with the station will result to station will restation will result to station will restation	ations cited below the FCC marking 76.5(kk) (76 station [76.59 5) (see paragralle). all waiver of FC don a part-time thin grade-B cotton at the station grade-B cotton at the station at the station grade-B cotton at the station at the station grade-B cotton at the station grade-B cotton at the station at	e or substitute basis ontour, [76.59(d)(5)	e in effect on 357, 76.59(b), (1), 76.63(a) is a stitution of grass prior to June	June 24, 1981.) 76.61(b)(c), 76 referring to 76.6 to 76.61(d)] ndfathered staff	.63(a) referring to 61(e)(1) tions in the		
Column 3:	*(Note: For those this schedule to c	e stations ider determine the	tified by the le	parts 2, 3, and 4 of tter "F" in column 2			1	l of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
WTIU	C	0.25	5.5.1	27.10.10		5.5.1	27 10.0		
WIPX	D	1.00							
	1			I		Ш		1.25	
		Е	LOCK C: CC	MPUTATION OF	3.75 FEE				
Line 1: Enter the	total number of	DSEs from բ	oart 5 of this s	schedule					
Line 2: Enter the	sum of permitte	d DSEs from	block B abo	ve				_	
Line 3: Subtract (If zero, I				of DSEs subject 7 of this schedule		ate.			
Line 4: Enter gro	ess receipts from	space K (pa	ge 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ine 4 by 0.0375 a	and enter sui	n here				x		permited/ partially nonpermitted carriage?
Line 6: Enter tota	al number of DSE	Es from line	3						If yes, see part 9 instructions.
Line 7: Multiply li	ine 6 by line 5 an	d enter here	and on line 2	2, block 3, space	L (page 7)			0.00	

	WNER OF CABLE S NC. d/b/a SPAI						S	YSTEM ID# 20424	Name
				SION MARKETS			1		•
CALL IGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
 									Computation of 3.75 Fee
 									5 5.1 55

ACCOUNTING PERIOD: 2022/2

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. d/b/a SPARKLIGHT 20424 Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) 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. Computating Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. the DSE Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Schedule for Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). Carriage B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S-Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B. column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 6. PERMITTED 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT SIGN DSE **PERIOD CARRIAGE** DSE DSE Instructions: Block A must be completed. 7 In block A: Computation If your answer is "Yes," complete blocks B and C, below. of the If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. **Syndicated BLOCK A: MAJOR TELEVISION MARKET Exclusivity** Surcharge Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? Yes—Complete blocks B and C. No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Is any station listed in block B of part 6 the primary stream of a Was any station listed in block B of part 7 carried in any commucommercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer to former FCC rule 76.159) or in part, over the cable system? Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE X No-Enter zero and proceed to part 8. X No—Enter zero and proceed to part 8. CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE 0.00 0.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT	SYSTEM ID# 20424	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	2,794,651.59	7
Section 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 Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defned by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	E	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge.		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1) ▶ _\$		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
Section 4a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
40	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	E	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name		ne of owner of cable system: CABLE ONE, INC. d/b/a SPARKLIGHT	SYSTEM ID# 20424									
7	Section											
•	4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.										
Computation of the		A. Enter 0.00300 of gross receipts (the amount in section 1)										
Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1)										
Surcharge		C. Multiply line B by 3.000 and enter here										
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$										
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.										
		F. Multiply line D by line E and enter here										
		G. Add lines A, C, and F. This is your surcharge.										
		Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge										
		Syndicated Exclusivity Surcharge. \$										
	Instruc	ctions:										
8	You must complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part 6 was checked "Yes," use the total number of DSEs from part 5.											
	• In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.											
Computation	-	• If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.										
of Base Rate Fee	If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below blank.											
Base Nate i ee		blank. What is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers										
		were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area." see page (v) of the general instructions										
	service	service area," see page (v) of the general instructions.										
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS										
	• Did vo	our cable system retransmit the signals of any partially distant television stations during the accounting period?										
	_	X Yes—Complete part 9 of this schedule. No—Complete the following sections.										
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE										
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶\$										
	Section	Enter the total number of permitted DSEs from block B, part 6 of this schedule.										
	2	(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.) ▶										
	Section											
	3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.										
		A. Enter 0.01064 of gross receipts (the amount in section 1)										
		B. Enter 0.00701 of gross receipts (the amount in section 1) ▶										
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here -										
		D. Multiply line B by line C and enter here										
		E. Add lines A, and D. This is your base rate fee. Enter here										
		and in block 3, line 1, space L (page 7)	0.00									
		Base Rate Fee										

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 20424 CABLE ONE, INC. d/b/a SPARKLIGHT 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.

DSE SCH	IEDU	LE. PAGE 17.				ACCOUNTIN	G PERIOD: 2022/2
		OF OWNER OF CABLE SYSTEM: ONE, INC. d/b/a SPARKLIGHT				SYSTEM ID# 20424	Name
Section 4	If the	e figure in section 2 is more than 4.000, compute your base r	rate fee here	and leave section 3 bl	ank.		
7	A.	Enter 0.01064 of gross receipts (the amount in section 1)		> \$			8
	В.	Enter 0.00701 of gross receipts (the amount in section 1)	<u> </u>				Computation of
	C.	Multiply line B by 3.000 and enter here		<u>▶</u> \$			Base Rate Fee
	D.	Enter 0.00330 of gross receipts (the amount in section 1)	\$				
	E.	Subtract 4.000 from total DSEs (the figure in section 2) and enter here	.				
	F.	Multiply line D by line E and enter here					
	G.	Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee			> \$	0.00	
	l be r	IT: It is no longer necessary to report television signals reported on a community-by-community basis (subscrit					9
receipt	s froi	: If any of the stations you carried were partially distant m subscribers located within the station's local service you must:					Computation of Base Rate Fee
station DSEs a	or thand t	e all of your subscribers into subscriber groups, each g ne same group of stations. Next: Treat each subscriber he portion of your system's gross receipts attributable t d up the separate base rate fees for each subscriber g	group as if to that group	it were a separate o o, and calculate a se	able system. l eparate base r	Determine the number of rate fee for each group.	and Syndicated Exclusivity Surcharge
-		ny portion of your cable system is located within the top	•			•	for Partially

also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, if your cable system is wholly located outside all major television markets, complete block A only.

How to Identify a Subscriber Group for Partially Distant Stations

Step 1: For each community served, determine the local service area of each wholly distant and each partially distant station you carried to that community.

Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by the same token, the station is distant to the subscriber.)

Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable system will have only one subscriber group when the distant stations it carried have local service areas that coincide.

Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber groups.

In each section:

- Identify the communities/areas represented by each subscriber group.
- · Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the subscribers in the group.
- 1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and 4 of this schedule; or,
- 2) any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, part 6 of this schedule.
- · Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.
- · Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions in the paper SA3 form.
- · Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form.

Distant Stations, and for Partially Permitted Stations

LEGAL NAME OF OWNER CABLE ONE, INC.						S	YSTEM ID# 20424	Name
E	BLOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
	FIRST	SUBSCRIBER GROU	Р		SECOND	SUBSCRIBER GROU	Р	0
COMMUNITY/ AREA	KNOX	CENTRAL, LAWR	NCE &	COMMUNITY/ AREA	KNOX N	ORTH AND MART	IN CO'	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						_		Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
						-		Partially
								Distant
								Stations
						-		
	<u></u>		ļ		<u> </u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	coup	s 1,021	070.01	Gross Receipts Second	d Group	s 4	12,584.99	
Gloss Receipts First Gr	oup	ÿ 1,021	070.01	Gross Receipts Second	и Огоир	· ·	12,304.33	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	P		FOURTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA	GIBSO	N AND PIKE CO. N	IORTH	COMMUNITY/ AREA	LAWRE	NCE CO. SOUTH		
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	\$ 527	243.57	Gross Receipts Fourth	Group	\$ 10	06,310.34	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Raca Pata Essa Add th	o hace ret	for each subscri	ner group c	s shown in the boxes abo	nvo.			
Enter here and in block			oor group a	o onown in the boxes and	,vo.	\$	1,295.07	

LEGAL NAME OF OWNE CABLE ONE, INC.						S	20424	Name
E				ATE FEES FOR EACH				
COMMUNITY/ AREA		SUBSCRIBER GROUND PARKE CO'	JP	COMMUNITY/ AREA	VIGO CO	SUBSCRIBER GROU	JP	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
				WTIU	0.25			Base Rate Fee
								and Syndicated
	···				<u> </u>			Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
	···							
Total DSEs			0.00	Total DSEs			0.25	
Gross Receipts First G	roup	\$ 304	491.23	Gross Receipts Secon	d Group	\$	45,628.77	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	121.37	
		SUBSCRIBER GROU	IP			SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	VERMIL	LION COUNTY		COMMUNITY/ AREA	HENDRI	CKS CO.		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WTIU	0.25							
					<u> </u>			
	···							
Total DSEs			0.25	Total DSEs			0.00	
Gross Receipts Third G	Group	\$ 248	673.33	Gross Receipts Fourth	Group	\$	30,632.09	
Base Rate Fee Third G	Group	\$	661.47	Base Rate Fee Fourth	ı Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			ber group a	II as shown in the boxes ab	oove.	\$		

LEGAL NAME OF OWNER CABLE ONE, INC.						S	20424	Name
B COMMUNITY/ AREA	NINTH	COMPUTATION OF SUBSCRIBER GROUN, BARTHOLOME	JP	TE FEES FOR EACH		SUBSCRIBER GROU	JP	9
OOMMONT IT TAKEN	D. COTT.	, <i>D</i> , (111020112		OCIVIIVICI II I / / I / L	0.0.10.			Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	<u></u>			WIPX	1.00			Base Rate Fee
	<u></u>							and Syndicated
	<u></u>							Exclusivity
	<u> </u>							Surcharge
								for
	<u> </u>							Partially
								Distant
								Stations
								
	<u> </u>							
Total DSEs		_	0.00	Total DSEs		_	1.00	
Gross Receipts First Gr	oup	\$ 28	,602.09	Gross Receipts Second	d Group	\$	48,141.16	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	512.22	
E	LEVENTH	SUBSCRIBER GROU	JP		TWELVTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	LAWRE	ENCE CO. SOUTH		COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>							
	<u></u>							
	<u> </u>							
								
	<u></u>							
	<u> </u>							
	<u>.</u>		ļ					
								
Total DSEs			0.00	Total DSEs	<u> </u>		0.00	
Gross Receipts Third G	roup	\$ 21	,274.01	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group a	s shown in the boxes abo	ove.	\$		

LEGAL NAME OF OWN						5	20424	Name
CABLE ONE, INC							20424	
т		COMPUTATION C SUBSCRIBER GRO		ATE FEES FOR EAC		BER GROUP SUBSCRIBER GROU	IP	
COMMUNITY/ AREA		CODOCINDEN GRO	0	COMMUNITY/ ARE.	0	9		
CALL CICN	DOE	II CALL SIGN	DOE	CALL SIGN	Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
				-		-		and
								Syndicated
								Exclusivity
								Surcharge
				-				for Partially
			••••	-				Distant
								Stations
				-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First		\$	0.00	Base Rate Fee Sec		\$	0.00	
		SUBSCRIBER GRO				SUBSCRIBER GROU	JP 0	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					•••••	H		
			••••	-				
						_		
				-				
				-		H		
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	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	
				н				
Base Rate Fee: Add Enter here and in blo			criber group a	as shown in the boxes	above.	\$		
Line nere and in bio	on 0, IIIIC 1, S	pace L (page 1)				٧		

LEGAL NAME OF OWN						5	20424	Name
							20727	
SF\		SUBSCRIBER GRO		ATE FEES FOR EAC		BER GROUP SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0	9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
						_		Syndicated
								Exclusivity
						 		Surcharge for
								Partially
								Distant
								Stations
				-				
Total DSEs		-	0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO		II		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE/				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-		<u> </u>		
						H		
				-				
				-				
				-				
Total DSEs			0.00	Total DSEs	-		0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
				**				
Base Rate Fee: Add Enter here and in blo			criber group a	as shown in the boxes	above.	\$		
	, 1, 0	(r~g~'/						

LEGAL NAME OF OWN						S	SYSTEM ID#	Name
CABLE ONE, INC							20424	
T\\/!		COMPUTATION C		ATE FEES FOR EAC		BER GROUP SUBSCRIBER GROU	IP	
COMMUNITY/ AREA		CODOCNIDEN GRO	0	COMMUNITY/ AREA	0	9		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	Computation of			
CALL SIGN	DSL	CALL SIGN	DOL	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fee
								and
						-		Syndicated
								Exclusivity
				-				Surcharge for
						<u> </u>		Partially
								Distant
								Stations
						_		
				-		H		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco		\$	0.00	
		SUBSCRIBER GRO		ll .		SUBSCRIBER GROU	JP 0	
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	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	
				Ш				
			criber group a	as shown in the boxes a	above.			
Enter here and in bloo						\$		

LEGAL NAME OF OWNE						S	SYSTEM ID#	Name	
CABLE ONE, INC.							20424		
				TE FEES FOR EAC		BER GROUP SUBSCRIBER GROU	ID		
COMMUNITY/ AREA	NIY-FIFIH	SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	0	9			
OOMMONT IT THE				CONNOTATI I TALE	COMMONT IT AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
	<mark>.</mark>					_		Base Rate Fee	
								and	
	····							Syndicated Exclusivity	
						-		Surcharge	
								for	
								Partially	
						-		Distant Stations	
	····		····			H		Otations	
						-			
Total DSEs			0.00	Total DSEs			0.00		
	roup	•	0.00	Gross Receipts Seco	and Croup	•	0.00		
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sect	ond Group	\$	0.00		
Base Rate Fee First G	roun	e	0.00	Base Rate Fee Seco	and Group	¢	0.00		
		\$	-			\$			
	SEVENTH	SUBSCRIBER GRO		1		SUBSCRIBER GROU	JP 0		
COMMUNITY/ AREA			0	COMMUNITY/ AREA					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	····					-			
						-			
						-			
	····								
		-							
						-			
Total DSEs		<u> </u>	0.00	Total DSEs		 	0.00		
Gross Receipts Third G	2roup	e	0.00	Gross Receipts Four	th Group	\$	0.00		
Cioss receipts mild e	лоир	\$	0.00	Cross receipts rout	ат Огоар	<u>*</u>	3.00		
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00		
				Ш					
Base Rate Fee: Add th			criber group a	s shown in the boxes a	above.				
Enter here and in block						\$			

CABLE ONE, INC						S	20424	Name
, 12-			F BASE RA	ATE FEES FOR EAC	:H SUBSCRI	BER GROUP		
TWE		SUBSCRIBER GRO				SUBSCRIBER GROU	JP	^
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0	9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						_		Base Rate Fee
						_		and Syndicated
				-				Exclusivity
								Surcharge
						_		for
						_		Partially Distant
						-		Stations
		 				-		
				-		-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
Base Rate Fee First		\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
		SUBSCRIBER GRO		i i		SUBSCRIBER GROU	JP 0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
		-				H		
						-		
				-				
		 				H		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				#				
Base Rate Fee: Add Enter here and in bloo			criber group a	s shown in the boxes a	above.	\$		
1								

LEGAL NAME OF OWN						S	20424	Name
				ATE EEEC EOD EAC	NI CURCO	DED CDOUD	20424	
TH		SUBSCRIBER GRO		ATE FEES FOR EAC		SUBSCRIBER GROU	JP	_
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0	9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				_				Base Rate Fee
				-				and Syndicated
								Exclusivity
								Surcharge
				-				for Partially
			····			H		Distant
								Stations
			<u></u>					
							2.22	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
		SUBSCRIBER GRO		II		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE/				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
				-				
	······							
				-				
			<u></u>			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 Four	th Group	\$	0.00	
				Ш				
Base Rate Fee: Add Enter here and in block			criber group a	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWNE						S	20424	Name
				TE EEE E E E		DED 000110	20424	
		COMPUTATION C SUBSCRIBER GRO		TE FEES FOR EAC		BER GROUP SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate Fee
								and
								Syndicated
				-				Exclusivity Surcharge
	····			-		H		for
								Partially
								Distant
				-				Stations
	····	 		-				
	·····	 	····			H		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Second Group \$ 0.00				
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
THIF	RTY-NINTH	SUBSCRIBER GRO	UP		FORTIETH	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 0	Group	\$	0.00	Gross Receipts Foul	th Group	\$	0.00	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				!!				
Base Rate Fee: Add the Enter here and in block			riber group a	s shown in the boxes	above.	\$		

	EGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 20424								
	ORTY-FIRST	COMPUTATION C SUBSCRIBER GRO	UP	li	TY-SECOND	IBER GROUP 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	
			····			-		Syndicated	
								Exclusivity	
								Surcharge for	
			····					Partially	
								Distant	
								Stations	
			····						
Total DSEs	•		0.00	Total DSEs			0.00		
			0.00	Gross Receipts Second Group \$ 0.00			0.00		
Base Rate Fee First		\$	0.00	Base Rate Fee Seco		\$	0.00		
COMMUNITY/ AREA		SUBSCRIBER GRO	OUP 0	FOR COMMUNITY/ AREA		SUBSCRIBER GROU	JP 0		
COMMONT IT AREA				COMMONT IT AREA					
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	Gross Receipts Third Group \$ 0.00		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 Enter here and in blo			criber group a	as shown in the boxes a	above.	\$			

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 20424								Name
CABLE ONE, INC							20424	
EC		COMPUTATION C		ATE FEES FOR EAC		BER GROUP SUBSCRIBER GROU	IP	
COMMUNITY/ AREA		CODOCINDEN GRO	0	COMMUNITY/ AREA			0	9
	l por	II CALL CION	DOE.		I DOE	II call clost	DOE	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
				-		-		and
								Syndicated
						_		Exclusivity
								Surcharge
				-				for Partially
			••••	-				Distant
								Stations
			•••••				•••••	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Second Group \$ 0.00				
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Sec		\$	0.00	
		SUBSCRIBER GRO		11		SUBSCRIBER GROU	JP 0	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						H		
						-		
				-		H		
						-		
				-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Foun	rth Group	\$	0.00	
				ч				
Base Rate Fee: Add Enter here and in bloo			criber group a	as shown in the boxes	above.	¢		
Line hele and in bloc	JN J, IIII€ I, S	pace L (page 1)				Ψ		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 20424								
	BLOCK A:	COMPUTATION (OF BASE RA	ATE FEES FOR EAC	CH SUBSCR	IBER GROUP		
FOR	RTY-NINTH	SUBSCRIBER GRO	DUP		FIFTIETH	SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
OF ILL STOTA	502	O/ LEE GIGIT	502	OF ILLE STOTE	502	OF REE STOTA	502	Base Rate Fee
	••••		•••••		•••••			and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
						-		
Total DSEs			0.00	Total DSEs			0.00	
		0.00	Gross Receipts Second Group \$ 0.00					
Gross (Vecerpts i iist C	лоир	\$	0.00	Gross Receipts Sect	ond Group	4	0.00	
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FI	FTY-FIRST	SUBSCRIBER GRO	DUP	FIF	TY-SECOND	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u>.</u>							
							·····	
				-			······	
				-		-	······	
	····			1				
	····					- H		
	····		····					
	••••							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	th Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add to	ne base rate	e fees for each subs	criber group a	s shown in the boxes	above.			
Enter here and in block	k 3, line 1, s	pace L (page 7)				\$		

LEGAL NAME OF OWN						\$	20424	Name
							20424	
		SUBSCRIBER GRO		TE FEES FOR EAC		BER GROUP SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0	9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	of			
								Base Rate Fee
								and
								Syndicated
				-		H		Exclusivity Surcharge
		-				H		for
								Partially
								Distant
								Stations
				-		H		
		-				H		
							0.00	
Total DSEs 0.00				Total DSEs				
Gross Receipts First (Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
F	IFTY-FIFTH	SUBSCRIBER GRO	DUP		FIFTY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
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 Four	th Group	\$	0.00	
	•							
Base Rate Fee: Add t	the hase rate	a fees for each subsc	criber group s	is shown in the hoves	ahove			
Enter here and in bloc			group c	S S.IOMI III UIO DONGO		\$		

LEGAL NAME OF OWI						5	20424	Name
CASEL ONE, IN							20424	
FIET		SUBSCRIBER GRO		ATE FEES FOR EAC		BER GROUP SUBSCRIBER GROU	IP	
COMMUNITY/ AREA		TODOGNIDEN ONC	0	COMMUNITY/ AREA 0				9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN DSE CALL SIGN DSE				of
								Base Rate Fee
								and
								Syndicated
				-		H		Exclusivity Surcharge
		-				H		for
								Partially
								Distant
								Stations
				-				
						H		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Group \$ 0.00				Base Rate Fee Sec		\$	0.00	
		SUBSCRIBER GRO				SUBSCRIBER GROU	0	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		<u> </u>				H		
						-		
				-				
		<u> </u>			•••••			
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	Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				Ц				
Base Rate Fee: Add Enter here and in blo			criber group a	as shown in the boxes	above.	\$		
o. nore and in blo	J., O, IIIIO 1, 3	raco = (pago 1)				7		

LEGAL NAME OF OWNE						\$	SYSTEM ID#	Name
CABLE ONE, INC.							20424	
		COMPUTATION C SUBSCRIBER GRO		ATE FEES FOR EAC		BER GROUP SUBSCRIBER GROU	IP	
COMMUNITY/ AREA	X1 1-1 IIXO I	CODOCINIDEN GRC	0 0	COMMUNITY/ AREA		CODOCNIDEN GROU	0	9
						Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
			<u></u>	-				Base Rate Fee
	····		····			H		Syndicated
								Exclusivity
								Surcharge
				-				for Partially
								Distant
								Stations
	···		····					
T			0.00	T			0.00	
Total DSEs 0.00				Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
			2.22					
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ona Group	\$	0.00	
	TY-THIRD	SUBSCRIBER GRO		i e		SUBSCRIBER GROU	JP 0	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
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	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	
				Ш				
Base Rate Fee: Add th	ne base rate	e fees for each subso	criber group a	s shown in the boxes	above.			
Enter here and in block			J			\$		

_		BER GROUP	SUBSCRI	TE FEES FOR EACH	F BASE RA	COMPUTATION C	BLOCK A:	
0	JP	SUBSCRIBER GROU	(TY-SIXTH	Siz	JP	SUBSCRIBER GRO	XTY-FIFTH	SIX
9 Computati	0		COMMUNITY/ AREA	0			COMMUNITY/ AREA	
Computation	DSE	CALL SIGN DSE CALL SIGN DSE				CALL SIGN	DSE	CALL SIGN
Base Rate I					DSE			
and								
Syndicate								
Exclusivit								
Surcharg								
for							····	
Partially Distant								
Stations								
					·			
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$ 0.00		Gross Receipts Second	0.00	\$	roup	Gross Receipts First G
	0.00	\$	l Group	Base Rate Fee Second	0.00	Base Rate Fee First Group \$ 0.00		
	JP	SUBSCRIBER GROU	Y-EIGHTH	SIXT	JP	SUBSCRIBER GRO	-SEVENTH	SIXTY
	COMMUNITY/ AREA 0							COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
					<u> </u>			
					•••••••••••			
							····	
							····	
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00			
		·		and the second second			P	
	0.00			Base Rate Fee Fourth		Base Rate Fee Third Group \$ 0.00		

CABLE ONE, INC						\$	20424	Name	
	IXTY-NINTH	COMPUTATION C SUBSCRIBER GRO	UP	Ti .	SEVENTIETH	IBER GROUP 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	
								Syndicated	
								Exclusivity	
								Surcharge for	
			···		·····			Partially	
								Distant	
								Stations	
			···		••••				
Total DSEs	•		0.00	Total DSEs	•		0.00		
			0.00	Gross Receipts Seco	Gross Receipts Second Group \$ 0.00				
Base Rate Fee First		\$	0.00	Base Rate Fee Seco		\$	0.00		
		SUBSCRIBER GRO		11		SUBSCRIBER GROU	JP 0		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	OOMMONT! / AREA				
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 Enter here and in bloo			criber group a	as shown in the boxes a	above.	\$			

LEGAL NAME OF OWNI						8	SYSTEM ID#	Name	
							20424		
		COMPUTATION C SUBSCRIBER GRO		ATE FEES FOR EAC		BER GROUP SUBSCRIBER GROU	ID		
COMMUNITY/ AREA	WIT-IHIND	OUDOCINDER GRO	0	COMMUNITY/ AREA		CODOCNIBEN GROU	0	9 Computation	
CALL SIGN	DSE	CALLSION	Dec	CALLSION	CALL SIGN DSE CALL SIGN DSE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee	
								and	
						_		Syndicated	
						_		Exclusivity Surcharge	
				-				for	
								Partially	
								Distant	
								Stations	
				-					
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Group \$ 0.00				Gross Receipts Second Group \$ 0.00					
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Seco	ond Group	\$	0.00		
	NTY-FIFTH	SUBSCRIBER GRO		ii e		SUBSCRIBER GROU	JP 0		
COMMUNITY/ AREA			0	COMMUNITY/ AREA					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
				-					
	····		····		•••••	H			
	····					_			
						_			
						-			
				-					
Total DSEs		<u> </u>	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 t Enter here and in bloc			riber group a	s shown in the boxes a	above.	\$			
I		•							

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 20424								
CABLE ONE, INC							20424	
QE\/ENIT		COMPUTATION C		ATE FEES FOR EAC		BER GROUP SUBSCRIBER GROU	IP	
COMMUNITY/ AREA		CODOCINDEN GRO	0	COMMUNITY/ AREA		CODOCNIDEN GNO	0	9
CALL SIGN	Dec	I CALL SICN	Dec	CALLSION	Dec	CALL SIGN	DOE	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
								and
								Syndicated
		 						Exclusivity
	·····			-				Surcharge for
				1		H		Partially
								Distant
								Stations
						<u> </u>		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Second	ond Group	\$	0.00	
SEVE	NTY-NINTH	SUBSCRIBER GRO	UP		EIGHTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
						H		
				-				
			••••			H		
				-				
						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 Four	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group a	as shown in the boxes	above.	\$		

CABLE ONE, INC						S	20424	Name
			NE DA OE DA	TE EEEO EOO EAO	LI OLIDOODI	DED ODOLID	20424	
		SUBSCRIBER GRO		TE FEES FOR EACH		SUBSCRIBER GROUP	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
		+						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First C	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
EIG	HTY-THIRD	SUBSCRIBER GRO)UP	EIGH	ITY-FOURTH	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 Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				Ш			_	
Base Rate Fee: Add t Enter here and in bloc			criber group a	s shown in the boxes a	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 20424								
CABLE ONE, INC							20424	
FIG		COMPUTATION C SUBSCRIBER GRO		ATE FEES FOR EAC		BER GROUP SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
				-		H		Exclusivity Surcharge
		-		1		H		for
								Partially
		-				-		Distant
				-				Stations
				-		H		
				-				
				-				
Total DSEs			0.00	Total DSEs			0.00	
			0.00	Gross Receipts Seco	Es 0.00 ecceipts Second Group \$ 0.00			
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
		SUBSCRIBER GRO		ii .		SUBSCRIBER GROU	_	
COMMUNITY/ AREA			0	COMMUNITY/ ARE/	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
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			<u></u>					
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						_		
				1				
Total DSEs			0.00	Total DSEs			0.00	
	Crou	•			th Crave	•	•	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Foul	uı Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				Н				
Base Rate Fee: Add Enter here and in blo			criber group a	as shown in the boxes a	above.	\$		
							-	

	EGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 20424									
				ATE FEES FOR EAC	H SUBSCR	IBER GROUP				
		SUBSCRIBER GRO				SUBSCRIBER GROU		9		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	······		0	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate Fee		
		-						and		
								Syndicated Exclusivity		
		H			••••			Surcharge		
								for		
		-						Partially		
		-						Distant Stations		
		 	<u></u>					Otations		
		 								
Total DSEs	1		0.00	Total DSEs	1		0.00			
Gross Receipts First Group \$ 0.00				Gross Receipts Seco	and Group	\$	0.00			
Base Rate Fee First		\$	0.00	Base Rate Fee Seco		\$	0.00			
		SUBSCRIBER GRO		TI .		SUBSCRIBER GROU	JP 0			
COMMUNITY/ AREA			0	COMMUNITY/ AREA						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
		-								
		-								
		-								
		<u> </u>	<u></u>							
Total DSEs			0.00	Total DSEs			0.00			
	0	_			th. O	•	_			
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	ui Group	\$	0.00			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00			
Base Rate Fee: Add Enter here and in bloo			criber group a	as shown in the boxes a	above.	\$				

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 20424									
	BLOCK A:	COMPUTATION (OF BASE RA	ATE FEES FOR EAC	CH SUBSCR	IBER GROUP			
NIN	ETY-THIRD	SUBSCRIBER GRO	OUP	NINE	TY-FOURTH	SUBSCRIBER GRO	JP	•	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	9 Commutation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
O/ LEE OTOTY	BOL	O/ILL CIGIT	DOL	OF LEE GIGIT	DOL	OTTEL CICIT	BOL	Base Rate Fee	
			····					and	
						-		Syndicated	
			•••••					Exclusivity	
								Surcharge	
								for	
								Partially	
								Distant	
								Stations	
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Group \$ 0.0		0.00	Gross Receipts Sec	ond Group	\$	0.00			
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
NIN	ETY-FIFTH	SUBSCRIBER GRO	OUP	N	INETY-SIXTH	SUBSCRIBER GRO	JP		
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	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 t Enter here and in bloc	he base rate k 3, line 1, s	e fees for each substance L (page 7)	criber group a	s shown in the boxes	above.	\$			

LEGAL NAME OF OWNE						S	20424	Name
				TE EEE EOD E 4 O	H CHROOP	IRED CROUD	20727	
		SUBSCRIBER GRO		TE FEES FOR EAC		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
			····	-		-		Otations
		H						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Seco		\$	0.00	
	TY-NINTH	SUBSCRIBER GRO		TI .		SUBSCRIBER GROU	JP 0	
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	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add th							I	

CABLE ONE, INC.						S	20424	Name
		COMPUTATION O		ATE FEES FOR EAC		BER GROUP SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge for
								Partially Distant
				-				Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDF	RED THIRD	SUBSCRIBER GRO	UP 0	ONE HUNDR		SUBSCRIBER GROU	JP 0	
COMMONITY AREA			<u> </u>	COMMONT 1/ AREA				
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 0	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
D D 5				#	h			
Base Rate Fee: Add the Enter here and in block			noer group a	as snown in the boxes a	ibove.	\$		

CABLE ONE, INC.						S	20424	Name
	BLOCK A:	COMPUTATION C		ATE FEES FOR EAC				
ONE HUNDI COMMUNITY/ AREA	RED FIFTH	SUBSCRIBER GRO	UP 0	ONE HUNI COMMUNITY/ AREA		SUBSCRIBER GROU	JP 0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
OALE OIGH	DOL	OALL GIOIV	DOL	OALE GIOIV	DOL	OALL GIGIT	DOL	Base Rate Fee
				-				and
				-				Syndicated Exclusivity
								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	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	SEVENTH	SUBSCRIBER GRO		ii .		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 (Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third 0	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group a	as shown in the boxes a	above.	\$		

	EGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 20424								
		COMPUTATION C		ATE FEES FOR EAC		BER GROUP SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee	
								and	
								Syndicated Exclusivity	
								Surcharge for	
								Partially	
								Distant Stations	
Total DSEs	Dun. 100		0.00	Total DSEs Gross Receipts Seco	and Craus	•	0.00		
Gross Receipts First C	эгоир	\$	0.00	Gross Receipts Seco	ли Стоир	\$	0.00		
Base Rate Fee First C		\$	0.00	Base Rate Fee Seco		\$	0.00		
ONE HUNDRED COMMUNITY/ AREA	ELEVENTH	SUBSCRIBER GRO	OUP 0	ONE HUNDRE		SUBSCRIBER GROU	JP 0		
					CALL SIGN DSE CALL SIGN DSE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
						-			
Total DSEs		<u>II</u>	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		
				Ш					
Base Rate Fee: Add t Enter here and in bloc			riber group a	as shown in the boxes a	above.	\$			

CABLE ONE, INC.						S	3YSTEM ID# 20424	Name	
		COMPUTATION O		ATE FEES FOR EAC		BER GROUP SUBSCRIBER GROU			
COMMUNITY/ AREA	THE CONTRACTOR OF THE CONTRACT	CODOCINDEN GRO	0	COMMUNITY/ AREA		CODOCADEN GAOL	0	9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee	
								and	
								Syndicated Exclusivity	
								Surcharge for	
								Partially	
								Distant Stations	
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	and Group	\$	0.00		
Base Rate Fee First G		\$	0.00	Base Rate Fee Seco		\$	0.00		
ONE HUNDRED F COMMUNITY/ AREA	FIFTEENTH	SUBSCRIBER GRO	UP 0	ONE HUNDRED COMMUNITY/ AREA		SUBSCRIBER GROU	JP 0		
		I			CALL SIGN DSE CALL SIGN DSE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs			0.00	Total DSEs	1		0.00		
Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00		
Base Rate Fee Third 0	Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00		
				Ш					
Base Rate Fee: Add the Enter here and in block			riber group a	as shown in the boxes a	ibove.	\$			

	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 20424										
E	BLOCK A:	COMPUTATION O		ATE FEES FOR EAC	H SUBSCRI	BER GROUP					
ONE HUNDRED SEVE	NTEENTH	SUBSCRIBER GRO		ii .		SUBSCRIBER GROU		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 Syndicated			
		-	<u></u>			H		Exclusivity			
								Surcharge			
								for			
					<u>.</u>			Partially			
				-	·····			Distant Stations			
		<u> </u>		-				Stations			
Total DSEs			0.00	Total DSEs			0.00				
Gross Receipts First Gr	nun.	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00				
Cross recorpts r list of	очр		0.00	Cross recorpts coo	na Group	<u>*</u>	0.00				
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00				
ONE HUNDRED NI	NTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED	TWENTIETH	SUBSCRIBER GROU	JP				
COMMUNITY/ AREA			0	COMMUNITY/ AREA			CALL SIGN DSE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
			<u></u>								
		-				 					
	···	 	<u> </u>			H					
	<u></u>										
	···		····								
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 a	s shown in the boxes a	bove.	\$					

CABLE ONE, INC						5	20424	Name	
		COMPUTATION O		ATE FEES FOR EAC		BER GROUP SUBSCRIBER GROUP			
COMMUNITY/ AREA	LIVI I-FIRST		0	COMMUNITY/ AREA		CODOCNIDER GROUP	0	9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee	
								and	
								Syndicated Exclusivity	
								Surcharge	
								for Partially	
								Distant 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	and Group	\$	0.00		
ONE HUNDRED TWI	ENTY-THIRD	SUBSCRIBER GROUP	0	ONE HUNDRED TWE		SUBSCRIBER GROUP	0		
OOMMONT IT AREA				COMMONT IT AREA	CALL SIGN DSE CALL SIGN DSE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
			2.00				0.00		
Total DSEs Gross Receipts Third (Group	•	0.00	Total DSEs Gross Receipts Four	th Group	<u> </u>	0.00		
Cross Necelbis IIIII (σισαρ	\$	<u> </u>	Ologa Medelpis Four	Group	\$	<u> </u>		
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00		
			.,						
Base Rate Fee: Add to Enter here and in block			nber group a	as snown in the boxes a	adove.	\$			

	3YSTEM ID# 20424	5					IER OF CABLE C. d/b/a SP	CABLE ONE, INC.
	20424	RED GROUD	SI IBSCEI	ATE FEES FOR EAC	E BASE DA			
•		SUBSCRIBER GROUP				SUBSCRIBER GROUP		
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and Syndicated			<u> </u>	-	<u></u>			
Exclusivity								
Surcharge								
for Partially								
Distant			<u> </u>	-	<u> </u>			
Stations								
		 			<u> </u>			
	2.22							
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Seco	0.00	\$	Group	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Seco	0.00	\$	Group	Base Rate Fee First G
		SUBSCRIBER GROUP	ITY-EIGHTH	ONE HUNDRED TWE)	SUBSCRIBER GROUP	TY-SEVENTH	
	•				•	NE HUNDRED TWENTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA		
	0			COMMUNITY/ AREA	0	MUNITY/ AREA		COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	COMMUNITY/ AREA	DSE	CALL SIGN	DSE	COMMUNITY/ AREA CALL SIGN
		CALL SIGN	DSE			CALL SIGN		
		CALL SIGN	DSE			CALL SIGN		
		CALL SIGN	DSE			CALL SIGN		
		CALL SIGN	DSE			CALL SIGN		
		CALL SIGN	DSE			CALL SIGN		
		CALL SIGN	DSE			CALL SIGN		
		CALL SIGN	DSE			CALL SIGN		
		CALL SIGN	DSE			CALL SIGN		
		CALL SIGN	DSE			CALL SIGN		
		CALL SIGN	DSE			CALL SIGN		
		CALL SIGN	DSE			CALL SIGN		
		CALL SIGN	DSE			CALL SIGN		
		CALL SIGN	DSE			CALL SIGN		CALL SIGN
	DSE	CALL SIGN		CALL SIGN	DSE	CALL SIGN	DSE	

LEGAL NAME OF OWNE						\$	20424	Name
			F BASE D/	ATE FEES FOR EAC	H SLIRSCPI	RER GROUP		
		SUBSCRIBER GROUP				SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
								Exclusivity
								Surcharge
				-				for Partially
	····							Distant
								Stations
				-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED TH	IRTY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED THI	RTY-SECOND	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 C	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
				!!				
Base Rate Fee: Add the Enter here and in block			iber group a	s shown in the boxes a	bove.	\$		

CABLE ONE, INC.						\$	20424	Name
E	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCRI	BER GROUP		
ONE HUNDRED TH	RTY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED THI	RTY-FOURTH	SUBSCRIBER GROUP		•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
				-				and Syndicated
	····					H		Exclusivity
								Surcharge
						-		for
	<mark></mark>							Partially
	····							Distant Stations
		<u> </u>		-				Stations
		±						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
		-			·			
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
	IRTY-FIFTH	SUBSCRIBER GROUP				SUBSCRIBER GROUP	0	
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 Fourt	th Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
				#				
Base Rate Fee: Add the Enter here and in block			iber group a	s shown in the boxes a	bove.	\$		

LEGAL NAME OF OWNER CABLE ONE, INC. o						SY	STEM ID# 20424	Name
Bl	OCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
ONE HUNDRED THIRTY-	SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED THIS	RTY-EIGHTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
						-		for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	ир	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro		\$	0.00	Base Rate Fee Second		\$	0.00	
	TY-NINTH	SUBSCRIBER GROUP		11	FORTIETH	SUBSCRIBER GROUP	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-	<u> </u>	
						-		
							<mark></mark>	
							<mark>-</mark>	
Total DSEs	 !		0.00	Total DSEs	•	••	0.00	
Gross Receipts Third Gro	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
·	-				*			
Base Rate Fee Third Gro	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3	base rate	e fees for each subscrib pace L (page 7)	per group a	s shown in the boxes ab	ove.	\$		

CABLE ONE, INC							20424	Name
ONE HUNDRED F		COMPUTATION O SUBSCRIBER GROUP		ATE FEES FOR EAC		BER GROUP SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge for
								Partially
								Distant Stations
Total DSEs	•		0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED F COMMUNITY/ AREA		SUBSCRIBER GROUP	0	ONE HUNDRED FO		SUBSCRIBER GROUP	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	
Dana Bata E		face from a column		ale arrow to the	-have			
Enter here and in bloc			niber group a	as shown in the boxes a	above.	\$		

CABLE ONE, INC						\$	SYSTEM ID# 20424	Name
ONE HUNDRED F		COMPUTATION O SUBSCRIBER GROUF		ATE FEES FOR EAC		BER GROUP SUBSCRIBER GROUP		
COMMUNITY/ AREA		- COBCONDENT CINCON	0	COMMUNITY/ AREA		COBCONIBEN CINCON	0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for Partially
								Distant Stations
								Otations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
		SUBSCRIBER GROUP		11		SUBSCRIBER GROUP	_	
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	
				Ц				
Base Rate Fee: Add a Enter here and in bloo			riber group a	as shown in the boxes a	above.	\$		

CABLE ONE, INC						S	20424	Name
ONE HUNDRED FO				ATE FEES FOR EAC		BER GROUP SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs		ll.	0.00	Total DSEs			0.00	
Gross Receipts First 0	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First (\$	0.00	Base Rate Fee Seco		\$	0.00	
ONE HUNDRED F COMMUNITY/ AREA	IFTY-FIRST	SUBSCRIBER GRO	0 0	ONE HUNDRED FIF		SUBSCRIBER GROU	JP 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	
				Ш				
Base Rate Fee: Add t Enter here and in bloc			criber group a	s shown in the boxes a	above.	\$		

CABLE ONE, INC.						Ş	20424	Name
			F BASE RA	ATE FEES FOR EAC	H SUBSCRI	BER GROUP		
ONE HUNDRED FIR	TY-THIRD	SUBSCRIBER GRO	UP	ONE HUNDRED FIF	TY-FOURTH	SUBSCRIBER GROU	JP	^
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
				-		<u> </u>		Syndicated
		 						Exclusivity
								Surcharge
								for
				-				Partially Distant
		<u> </u>						Stations
				-				
				-				
				1	•••••			
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	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED FI	FTY-FIFTH	SUBSCRIBER GRO	UP	ONE HUNDRED I	FIFTY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	١		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
			···			H		
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
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Base Rate Fee: Add the Enter here and in block			riber group a	as shown in the boxes a	above.	\$		
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LEGAL NAME OF OWNE CABLE ONE, INC.						S	20424	Name
E	BLOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	H SUBSCRI	BER GROUP		
	/-SEVENTH	SUBSCRIBER GROUP		ii e	IFTY-EIGHTH	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
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								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
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	···							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Oroso recorpto i not of	оцр			Cross rescipts ecoor	ій Огойр		0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED F	IFTY-NINTH	SUBSCRIBER GROUP		ONE HUNDR	ED SIXTIETH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
			ber group a	as shown in the boxes at	oove.			
Enter here and in block	ع, iine 1, s	bace ∟ (page /)				Ф		

CABLE ONE, INC.						\$	20424	Name
E	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EACH	SUBSCR	IBER GROUP		
	FIRST	SUBSCRIBER GRO	UP		SECOND	SUBSCRIBER GROU	JP	^
COMMUNITY/ AREA	KNOX	CENTRAL, LAWF	RENCE &	COMMUNITY/ AREA	KNOX	NORTH AND MAR	LIN CO.	9 Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
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T DOF			0.00	T			0.00	
Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts First Gr	oup	\$ 1,02	1,070.01	Gross Receipts Second	d Group	\$ 4	112,584.99	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	GIBSO	N AND PIKE CO.	NORTH	COMMUNITY/ AREA	LAWRE	NCE CO. SOUTH		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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						-	•••••	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$ 527	7,243.57	Gross Receipts Fourth	Group	\$ 1	06,310.34	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group a	as shown in the boxes ab	ove.	\$	0.00	

COMMUNITY/ AREA C	FIFTH S	COMPUTATION OF SUBSCRIBER GROUND PARKE CO'		ATE FEES FOR EACH		IBER GROUP I SUBSCRIBER GROU	IP	
	LAY A		JP		SIXTH	I SUBSCRIBER GROU	IP	
		ND PARKE CO'		11	20,(111	T CODOCITIBLIT CITO	, ı	^
CALL SIGN I	DSE			COMMUNITY/ AREA	VIGO C	0.		9 Computatio
		CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs	-		0.00	Total DSEs			0.00	
Gross Receipts First Group) <u> </u>	\$ 304	,491.23	Gross Receipts Second	d Group	\$	45,628.77	
	Ī							
Base Rate Fee First Group)	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
SE\	VENTH S	SUBSCRIBER GRO	JP		EIGHTH	I SUBSCRIBER GROU	JP	
		LION COUNTY		COMMUNITY/ AREA		ICKS CO.		
CALL SIGN I	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs	<u> </u>	11	0.00	
	-						-	
Gross Receipts Third Grou	p ·	\$ 248	,673.33	Gross Receipts Fourth	Group	\$	30,632.09	
Base Rate Fee Third Grou	р	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	

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COMMUNITY/ AREA		COMPUTATION O	F BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
COMMUNITY/ AREA	NINTH	SUBSCRIBER GRO	UP		TENTH	SUBSCRIBER GROU	JP	0
	BROWN	I, BARTHOLOME	EW & JO	COMMUNITY/ AREA	COMMUNITY/ AREA ORANGE CO.			9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Total DSEs			0.00	Total DSEs		Ш	0.00	
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Gross Receipts First Grou	ıp	\$ 28	3,602.09	Gross Receipts Second	d Group	\$	48,141.16	
Base Rate Fee First Grou	ıp	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ELE	VENTH	SUBSCRIBER GRO	UP		TWELVTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	LAWRE	NCE CO. SOUTH	1	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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T (LD05	•		0.00	Total DSEs	•		0.00	
Total DSEs	un	s 21	,274.01	Gross Receipts Fourth	Group	\$	0.00	
		<u>* </u>	,	C. 000 i toocipio i ouitii	Croup	*	3.00	
Gross Receipts Third Gro	ир						 1	

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				ATE FEES FOR EAC			ID	
		SUBSCRIBER GRO	<u>0</u>	COMMUNITY/ ARE		SUBSCRIBER GROU	0	9
COMMUNITY/ AREA			<u> </u>	COMMUNITY ARE				Computation
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otal DSEs			0.00	Total DSEs			0.00	
Fross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	FIETEENTH	SUBSCRIBER GRO	JI IP		SIXTEENTH	SUBSCRIBER GROU	ID	
OMMUNITY/ AREA		COBCONIDENCIA	0	COMMUNITY/ ARE		COBCONIBEN CINC	0	
OWINDNIT T/ AREA			U	COMMUNITY ARE	₹.			
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fotal DSEs		CALL SIGN			DSE	CALL SIGN	DSE	
Total DSEs	Group		0.00	Total DSEs Gross Receipts Fou	DSE	\$	DSE	
fotal DSEs	Group		0.00	Total DSEs	DSE		DSE	

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	ID.			TE FEES FOR EACH				
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	ase Rate Fee First G
	JP	I SUBSCRIBER GROU	WENTIETH	Т	UP	SUBSCRIBER GRO	INTEENTH	N
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	DSE			CALL SIGN Total DSEs	0.00			Fotal DSEs
	DSE		Group	CALL SIGN Total DSEs	0.00		Group	CALL SIGN CALL SIGN Fotal DSEs Gross Receipts Third (

<u></u>				ATE FEES FOR EAC				
		SUBSCRIBER GRO		11		SUBSCRIBER GROU		9
OMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
ase Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
TWE	NTY-THIRD	SUBSCRIBER GRO	DUP	TWEN	ITV FOURT	SUBSCRIBER GROU	.D	
					IIY-FOURIF	I SUBSCRIBER GROU	JP	
OMMUNITY/ AREA			0	11		SUBSCRIBER GROU	0	
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				ATE FEES FOR EAC				
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COMMUNITY/ ARE	4		0	COMMUNITY/ ARE	Α		0	Computation
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otal DSEs			0.00	Total DSEs		•	0.00	
ross Receipts Firs	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee Firs	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
							-	
		SUBSCRIBER GRO		11		SUBSCRIBER GROU		
OMMUNITY/ ARE	Α		0	COMMUNITY/ ARE	Α		0	
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otal DSEs			0.00	Total DSEs			0.00	
	d Group				rth Group			
	d Group	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00	
otal DSEs Gross Receipts Thir		\$ \$	0.00	Gross Receipts Fou			0.00	
		\$				\$		

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				ATE FEES FOR EAC				
		SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	4		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
07.122 0.0.1	302	07122 07011	202	07.122.01.01.1	332	07.22 0.0.1	332	Base Rate F
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otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
TI	IIRTY-FIRST	SUBSCRIBER GRO	OUP	THIF	RTY-SECOND	SUBSCRIBER GROU	JP	
OMMUNITY/ AREA			0	COMMUNITY/ ARE	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		+			 			
				Total DOEs			0.00	
otal DSEs			0.00	Total DSEs			0.00	
	Group	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00	
	Group				rth Group	\$		
Total DSEs Gross Receipts Third		\$	0.00	Gross Receipts Fou			0.00	
		\$				\$		

Name							. d/b/a SP	
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	Y-FOURTH	ii —		SUBSCRIBER GRO	RTY-THIRD	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00	Ψ	и Огоир	Gross receipts occor	0.00	4	лоцр	orosa receipta i irat e
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	3ase Rate Fee First G
	IP	SUBSCRIBER GROU	RTY-SIXTH	THI	UP	SUBSCRIBER GRO	RTY-FIFTH	THII
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSFs	0.00			Fotal DSFs
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	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Fotal DSEs Gross Receipts Third (

SPARKLIGHT	TEM ID# Name
K A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	
NTH SUBSCRIBER GROUP THIRTY-EIGHTH SUBSCRIBER GROUP	<u> </u>
O COMMUNITY/ AREA	0 Computati
E CALL SIGN DSE CALL SIGN DSE CALL SIGN	DSE of
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\$ 0.00 Gross Receipts Second Group \$	0.00
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NTH SUBSCRIBER GROUP FORTIETH SUBSCRIBER GROUP	
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O COMMUNITY/ AREA	0
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Name								
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	/-SECOND			SUBSCRIBER GRO	RTY-FIRST	
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of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			Total DSEs
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			·	·			•	•
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	iroup	Base Rate Fee First G
	JP	SUBSCRIBER GROU	Y-FOURTH	FORT	UP	SUBSCRIBER GRO	RTY-THIRD	FOF
	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
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		I SUBSCRIBER GROU	TY-EIGHTH	FOR COMMUNITY/ AREA		SUBSCRIBER GRO	SEVENTH	
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9		SUBSCRIBER GROU	FIF FIETH	COMMUNITY/ADEA		SUBSCRIBER GRO	KTY-NINTH	
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ase Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
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9		SUBSCRIBER GROU	TY-EIGHTH			SUBSCRIBER GRO	-SEVENTH	
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9		SUBSCRIBER GROU	Y-FOURTH	1		SUBSCRIBER GRO	ITY-THIRD	
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9	JP	SUBSCRIBER GROU	Y-EIGHTH	ii .	UP	SUBSCRIBER GRO	-SEVENTH	SEVENTY-
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of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F	332	07.122.07.07.1	202	07.122 0.0.1	202	57.22 5.5.t	332	0,122 0.011
and								
Syndicated								
Exclusivity								
Surcharge								
for								
Partially								
Distant		-						
Stations			<u> </u>					
		-						
			-					
			-		••••••••••			
		-						
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	JP	SUBSCRIBER GROU	EIGHTIETH		UP	SUBSCRIBER GRO	NTY-NINTH	SEVEN
	0				0			COMMUNITY/ AREA
				COMMUNITY/ AREA				
	DSE	CALL SIGN	DSE	COMMUNITY/ AREA 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
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	DSE	CALL SIGN	DSE			CALL SIGN	DSE	CALL SIGN
		CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	0.00			CALL SIGN Total DSEs	0.00	CALL SIGN		Fotal DSEs
		\$		CALL SIGN	DSE	CALL SIGN		CALL SIGN CALL SIGN Fotal DSEs Gross Receipts Third C

		SYSTEM: ARKLIGHT				•	20424	Name
B	LOCK A:	COMPUTATION (OF BASE RA	ATE FEES FOR EAC	CH SUBSCR	IBER GROUP		
	TY-FIRST	SUBSCRIBER GRO		11		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	٩		0	Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
	<u>.</u>							Syndicat
								Exclusiv Surchar
	·							for
								Partiall
								Distant
	<u>-</u>							Station
	-							
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 Sec		\$	0.00	
	ry-third	SUBSCRIBER GRO		11		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	٩		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Fotal DSEs			0.00	Total DSEs			0.00	
			0.00	Total DSEs	th Group		0.00	
Fotal DSEs Gross Receipts Third G	roup	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00	

		SYSTEM: ARKLIGHT				•	3YSTEM ID# 20424	Name
BL	OCK A: (COMPUTATION C	F BASE RA	ATE FEES FOR EAC	H SUBSCR	IBER GROUP		
	Y-FIFTH	SUBSCRIBER GRO		11		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	4		0	Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
						-		Syndicat Exclusiv
								Surchar
								for
								Partially
								Distant Station
								Gtation
Total DSEs		1	0.00	Total DSEs		11	0.00	
Gross Receipts First Grou	ın	•	0.00	Gross Receipts Sec	and Group	\$	0.00	
Bioss Receipts First Giot	ηþ	\$	0.00	Gloss Receipts Sect	ond Group	3	0.00	
Base Rate Fee First Grou	пb	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
EIGHTY-SE	EVENTH	SUBSCRIBER GRO	UP	EIG	HTY-EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	
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	CALL SIGN		CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN	DSE	
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CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN	DSE	
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CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN	DSE	
	DSE	CALL SIGN	DSE	Total DSEs		CALL SIGN	DSE	
Fotal DSEs		CALL SIGN			DSE	CALL SIGN		
CALL SIGN CALL SIGN Total DSEs Gross Receipts Third Gro			0.00	Total DSEs	DSE		0.00	

				ATE FEES FOR EACH				
9	JP 0	SUBSCRIBER GROU	NINTIETH	COMMUNITY ADDA		SUBSCRIBER GRO	H I'Y-NINTH	
Computati				COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicate								
Exclusivi						-		
Surcharg								
for								
Partially Distant								
Stations	·····	-		-				
Otations	·····					-		
	····			-				
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Seco	0.00	\$	roup	Gross Receipts First G
	0.00	Ψ	и Огоир	Gross receipts occor	0.00	4	лоцр	noss receipts i list e
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	ase Rate Fee First G
	JP	SUBSCRIBER GROU	Y-SECOND	NINE)UP	SUBSCRIBER GRO	ETY-FIRST	NIN
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			<mark></mark>					
	·····							
	0.00			Total DSEs	0.00			Fotal DSEs
	0.00	\$	i Group	Total DSEs Gross Receipts Fourt	0.00	\$	Group	
		\$	n Group			\$	Group	
		\$				\$		Total DSEs Gross Receipts Third (

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	ID.			TE FEES FOR EACH				
9		I SUBSCRIBER GROU	Y-FOURTE	1		SUBSCRIBER GRO	=TY-THIRD	
Computati	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicate								
Exclusivi								
Surcharg								
for								
Partially	·····							
Distant Stations								
Stations			···				····	
		-	····		···			
			•••••••••••					
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roun	ross Receipts First G
	0.00	Ψ	id Oroup	Oross receipts occor	0.00	4	поир	1033 Neccipis I ii si e
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	iroup	ase Rate Fee First G
	JP	I SUBSCRIBER GROU	ETY-SIXTH	NIN	UP	SUBSCRIBER GRO	ETY-FIFTH	NIN
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN
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	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	
		CALL SIGN		CALL SIGN Total DSEs		CALL SIGN		fotal DSEs
	0.00			CALL SIGN	0.00			Fotal DSEs
	0.00		n Group	CALL SIGN Total DSEs	0.00		Group	CALL SIGN CALL SIGN Fotal DSEs Gross Receipts Third (

	SYSTEM ID#	S					NER OF CABL	CABLE ONE, INC
	20424							
	UP	BER GROUP SUBSCRIBER GROU		ATE FEES FOR EACH		COMPUTATION O SUBSCRIBER GRO		
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fo								
and		_						
Syndicated Exclusivity								
Surcharge			<u>-</u>		<u></u>			
for								
Partially								
Distant								
Stations								
			<mark></mark>		<u></u>			
			<u></u>	-	<u></u>			
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	Group	Gross Receipts First (
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	Base Rate Fee First (
	UP	SUBSCRIBER GROU	INDREDTH	ONE H	UP	SUBSCRIBER GRO	NETY-NINTH	NIN
	0			COMMUNITY/ AREA	0		A	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
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	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	0.00	CALL SIGN	DSE	Total DSEs	DSE	CALL SIGN	DSE	CALL SIGN Total DSEs
		CALL SIGN				CALL SIGN		Total DSEs
	0.00			Total DSEs	0.00			

	10			TE FEES FOR EACH				
9		SUBSCRIBER GROU	D SECOND			SUBSCRIBER GRO	RED FIRST	
Computati	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
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for		-						
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	0.00			Total DSEs	0.00			otal DSEs
	0.00	¢	d Croup	Gross Receipts Seco	0.00	•	roup	ross Receipts First G
	0.00	\$	u Group	Gloss Receipts Secon	0.00	\$	Toup	ioss Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	ase Rate Fee First G
	JP	\$ I SUBSCRIBER GROU		ONE HUNDRE	UP	SUBSCRIBER GRO		ONE HUNDR
								ONE HUNDR
	JP 0	SUBSCRIBER GROU	D FOURTH	ONE HUNDRE	UP 0	SUBSCRIBER GRO	RED THIRD	ONE HUNDR
	JP			ONE HUNDRE	UP			ONE HUNDR
	JP 0	SUBSCRIBER GROU	D FOURTH	ONE HUNDRE	UP 0	SUBSCRIBER GRO	RED THIRD	ONE HUNDR
	JP 0	SUBSCRIBER GROU	D FOURTH	ONE HUNDRE	UP 0	SUBSCRIBER GRO	RED THIRD	ONE HUNDR
	JP 0	SUBSCRIBER GROU	D FOURTH	ONE HUNDRE	UP 0	SUBSCRIBER GRO	RED THIRD	ONE HUNDR
	JP 0	SUBSCRIBER GROU	D FOURTH	ONE HUNDRE	UP 0	SUBSCRIBER GRO	RED THIRD	ONE HUNDR
	JP 0	SUBSCRIBER GROU	D FOURTH	ONE HUNDRE	UP 0	SUBSCRIBER GRO	RED THIRD	ONE HUNDR
	JP 0	SUBSCRIBER GROU	D FOURTH	ONE HUNDRE	UP 0	SUBSCRIBER GRO	RED THIRD	ONE HUNDR
	JP 0	SUBSCRIBER GROU	D FOURTH	ONE HUNDRE	UP 0	SUBSCRIBER GRO	RED THIRD	ONE HUNDR
	JP 0	SUBSCRIBER GROU	D FOURTH	ONE HUNDRE	UP 0	SUBSCRIBER GRO	RED THIRD	ONE HUNDR
	JP 0	SUBSCRIBER GROU	D FOURTH	ONE HUNDRE	UP 0	SUBSCRIBER GRO	RED THIRD	ONE HUNDR
	JP 0	SUBSCRIBER GROU	D FOURTH	ONE HUNDRE	UP 0	SUBSCRIBER GRO	RED THIRD	ONE HUNDR
	JP 0	SUBSCRIBER GROU	D FOURTH	ONE HUNDRE	UP 0	SUBSCRIBER GRO	RED THIRD	ONE HUNDR
	JP 0	SUBSCRIBER GROU	D FOURTH	ONE HUNDRE	UP 0	SUBSCRIBER GRO	RED THIRD	ONE HUNDR
	JP 0	SUBSCRIBER GROU	D FOURTH	ONE HUNDRE	UP 0	SUBSCRIBER GRO	RED THIRD	ONE HUNDR
	JP 0	SUBSCRIBER GROU	D FOURTH	ONE HUNDRE	UP 0	SUBSCRIBER GRO	RED THIRD	ONE HUNDR COMMUNITY/ AREA CALL SIGN
	DSE O.00	CALL SIGN	DSE	ONE HUNDRE COMMUNITY/ AREA CALL SIGN Total DSEs	DSE O.00	CALL SIGN	DSE	ONE HUNDR OMMUNITY/ AREA CALL SIGN otal DSEs
	DSE	SUBSCRIBER GROU	DSE	ONE HUNDRE COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GRO	DSE	ONE HUNDR COMMUNITY/ AREA CALL SIGN Fotal DSEs
	DSE O.00	CALL SIGN	DFOURTH	ONE HUNDRE COMMUNITY/ AREA CALL SIGN Total DSEs	DSE O.00	CALL SIGN	DSE	COMMUNITY/ AREA

ME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#	Name
ONE, INC. d/b/a SPARKLIGHT		20424	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCONE HUNDRED FIFTH SUBSCRIBER GROUP ONE HUNDRED SIXT	RIBER GROUP TH SUBSCRIBER GROUP	Þ	
ITY/ AREA 0 COMMUNITY/ AREA		0	9 Computation
GN DSE CALL SIGN DSE CALL SIGN DSE	CALL SIGN	DSE	of
			Base Rate F
			and
			Syndicated
			Exclusivity Surcharge
			for
			Partially
			Distant
			Stations
s 0.00 Total DSEs		0.00	
ceipts First Group \$ 0.00 Gross Receipts Second Group	\$	0.00	
Base Rate Fee Second Group	\$	0.00	
<u> </u>	\$ TH SUBSCRIBER GROUP	-	
<u> </u>		-	
HUNDRED SEVENTH SUBSCRIBER GROUP ONE HUNDRED EIGHT		P	
HUNDRED SEVENTH SUBSCRIBER GROUP ONE HUNDRED EIGHT ITTY/ AREA OCOMMUNITY/ AREA	TH SUBSCRIBER GROUP	0	
HUNDRED SEVENTH SUBSCRIBER GROUP ONE HUNDRED EIGHT ITTY/ AREA OCOMMUNITY/ AREA	TH SUBSCRIBER GROUP	0	
HUNDRED SEVENTH SUBSCRIBER GROUP ONE HUNDRED EIGHT ITTY/ AREA OCOMMUNITY/ AREA	TH SUBSCRIBER GROUP	0	
HUNDRED SEVENTH SUBSCRIBER GROUP ONE HUNDRED EIGHT ITTY/ AREA OCOMMUNITY/ AREA	TH SUBSCRIBER GROUP	0	
HUNDRED SEVENTH SUBSCRIBER GROUP ONE HUNDRED EIGHT ITTY/ AREA OCOMMUNITY/ AREA	TH SUBSCRIBER GROUP	0	
HUNDRED SEVENTH SUBSCRIBER GROUP ONE HUNDRED EIGHT ITTY/ AREA OCOMMUNITY/ AREA	TH SUBSCRIBER GROUP	0	
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HUNDRED SEVENTH SUBSCRIBER GROUP ONE HUNDRED EIGHT ITTY/ AREA OCOMMUNITY/ AREA	TH SUBSCRIBER GROUP	0	
HUNDRED SEVENTH SUBSCRIBER GROUP ONE HUNDRED EIGHT COMMUNITY/ AREA O CALL SIGN DSE CALL	TH SUBSCRIBER GROUP	DSE	
E HUNDRED SEVENTH SUBSCRIBER GROUP ONE HUNDRED EIGHT COMMUNITY/ AREA O COMMUNITY/ AREA DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Total DSEs	CALL SIGN	0 DSE	

		ARKLIGHT					20424	
				ATE FEES FOR EAC				
	RED NINTH	SUBSCRIBER GRO		Ti .		I SUBSCRIBER GROU		9
DMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
SALE GIGIN	DOL	O/ LEE CIGIT	DOL	O'TEE GIGIT	DOL	OTTEL CICIY	DOL	Base Rate F
								and
								Syndicated
								Exclusivit
								Surcharge
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								Partially
								Distant
								Stations
	····						·····	
otal DSEs			0.00	Total DSEs			0.00	
oss Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First G		\$	0.00	Base Rate Fee Sec		\$	0.00	
ONE HUNDRED E	ELEVENTH	SUBSCRIBER GRO	DUP	ONE HUNDRE	D TWELVTH	SUBSCRIBER GROU	JP	
OMMUNITY/ AREA			0	COMMUNITY/ ARE	4		0	
CALL SIGN		CALL SIGN	DSE	CALL SIGN	T	II		
	DSE		DOL		DSE	CALL SIGN	DSE	
	DSE		DOL		DSE	CALL SIGN	DSE	
	DSE		BOL		DSE	CALL SIGN	DSE	
	DSE		502		DSE	CALL SIGN	DSE	
	DSE		502		DSE	CALL SIGN	DSE	
	DSE		562		DSE	CALL SIGN	DSE	
	DSE				DSE	CALL SIGN	DSE	
	DSE		502		DSE	CALL SIGN	DSE	
	DSE		502		DSE	CALL SIGN	DSE	
	DSE				DSE	CALL SIGN	DSE	
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	DSE				DSE	CALL SIGN	DSE	
	DSE				DSE	CALL SIGN	DSE	
	DSE				DSE	CALL SIGN	DSE	
otal DSEs	DSE		0.00	Total DSEs	DSE	CALL SIGN	DSE	
		\$				CALL SIGN		
otal DSEs		\$	0.00	Total DSEs Gross Receipts Four			0.00	
ross Receipts Third 0	Group	\$	0.00	Gross Receipts Foul	th Group	\$	0.00	
	Group	\$	0.00		th Group		0.00	

	Name
OMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	
ONE HUNDRED FOURTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA O	9
	omputatio
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Basi	of ase Rate F
	and
	Syndicate
	Exclusivit Surcharg
	for
	Partially
	Distant Stations
	Stations
0.00 Total DSEs	
Gross Receipts Second Group \$ 0.00	
Base Rate Fee Second Group \$ 0.00	
ONE HUNDRED SIXTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA O	
COMMONITY AREA	
CALL SIGN DSE CALL SIGN DSE DSE	
0.00 Total DSEs 0.00	
0.00 Total DSEs 0.00 Gross Receipts Fourth Group \$ 0.00	

LEGAL NAME OF OWI			-			;	SYSTEM ID# 20424	Name
				ATE FEES FOR EAC	DH CHBCCD	IDED CDOUD	20424	
ONE HUNDRED SI		SUBSCRIBER GROU				IBER GROUP I SUBSCRIBER GROUP)	_
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
				-				and Syndicated
		 						Exclusivity
								Surcharge
		-		-				for
				-				Partially Distant
								Stations
				-				
				-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED	NINTEENTH	SUBSCRIBER GRO	DUP	ONE HUNDRED	TWENTIETH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	4		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	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				<u> </u>				
Base Rate Fee: Add	the base rate	e fees for each subs	criber aroup a	as shown in the boxes	above.			
Enter here and in blo			onbor group a	ac shown in the boxes	abovo.	\$		

LEGAL NAME OF OWNER CABLE ONE, INC. d			•	Time on o otali		SY	STEM ID# 20424	Name
			BASE RA	TE FEES FOR EACH				
ONE HUNDRED TWEN	TY-FIRST	SUBSCRIBER GROUP	0	ONE HUNDRED TWENT COMMUNITY/ AREA	Y-SECOND	SUBSCRIBER GROUP	0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
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Gross Receipts First Gro	up	\$	0.00	Gross Receipts Second	Group	\$	0.00	
Base Rate Fee First Gro	up	\$	0.00	Base Rate Fee Second	Group	\$	0.00	
ONE HUNDRED TWEN	TY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED TWENT	Y-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gro	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gro	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			ber group a	s shown in the boxes abo	ve.	s		

	0424 Name
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	
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SYSTEM ID# 20424 Name					OWNER OF CABL	CABLE ONE, INC.
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	BLE SYSTEM: SPARKLIGHT				\$	3YSTEM ID# 20424	Name
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Total DSEs		0.00	Total DSEs			0.00	
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	JP 0	SUBSCRIBER GROU	FORTIETH	ONE HUNDRED	UP 0	SUBSCRIBER GRO	RTY-NINTH	ONE HUNDRED THIR
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SYSTEM ID# 20424									
	E HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP				BLOCK A: COMPUTATION OF BASE R. ONE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP				
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Total amount of	Number of SAs rec'd	Initials
remittance		

		Date of remittance			
Cable ID #				Amount	Initials
Examined by	Reviewed by	Date examination completed	Allocation number		
Space A Accounting Period					
Space B Owner					
Space D Area Served					
Space E Secondary Transission Service Subscribers: and Rates					
Space G Primary Transmitters: Television					
Space H Primary Transmitters: Radio					

1
Space I
Substitute
Carriage
Space J
Part-time
Carriage Log
(SA3 only)
(
Space K
Gross Receipts
·
Space L
Copyright Filing
and Royalty Fees
Space M
Space M Channels
Channels
Channels Space O
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Space O Certification Space P Statement of
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