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				
B Owner	rate	tructions: Give the full legal name of the owner of the cable system. If the owner is a stitle of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busine if there were different owners during the accounting period, only the owneringle statement of account and royalty fee payment covering the entire acco	ss of the cable syste r on the last day of th nunting period.	m. ne accounting period should su	•	61739
	LE	EGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM				
		CABLE ONE, INC. d/b/a SPARKLIGHT				
					6173	920222
					61739	2022/2
		210 E. EARLL DRIVE PHOENIX, AZ 85012				
С		STRUCTIONS: In line 1, give any business or trade names used to i	,	. ,		
	nar	nes already appear in space B. In line 2, give the mailing address o	f the system, if diff	erent from the address give	en in space	B.
System	1	IDENTIFICATION OF CABLE SYSTEM: SPARKLIGHT				
	2					
		POPLAR BLUFF, MO 63901 (City, town, state, zip code)				
D	Ins	tructions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and re	list on page	e 1b
Area	wit	h all communities.				
Served		CITY OR TOWN	STATE			
First Community		POPLAR BLUFF/BUTLER CO.	МО			
Community	В	delow is a sample for reporting communities if you report multiple characters of TOWN (ON TOWN)			0	
	Ale	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUE	3 GRP#
Sample	Αld	a ance	MD MD	A B		2
		ring	MD	В		3
1						

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#						
CABLE ONE, INC. d/b/a SPARKLIGHT			61739						
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses									
below the identified city or town.									
If all communities receive the same complement of television broadcast stations (i.e., on all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each rel designated by a number (based on your reporting from Part 9).	e column blank. If	you report any st	tations						
When reporting the carriage of television broadcast stations on a community-by-comm	a subscriber grou								
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	-					
POPLAR BLUFF/BUTLER CO.	MO	OTTENAL OF	OOD OIN #	- First					
FOFLAR BLOFF/BUILER CO.	IVIO			Community					
				Community					
				See instructions for					
				additional information					
				on alphabetization.					
				Add rows as necessary.					

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC. d/b/a SPARKLIGHT

SYSTEM ID#
61739

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.

NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE SUBSCRIBERS Residential: Service to first set 467 \$ 42.00 IPTV ECONOMY 45		RATE
• Service to first set 467 \$ 42.00 IPTV ECONOMY 45	\$	54.00
	\$ \$	54.00
		34.00
Service to additional set(s)		
• FM radio (if separate rate)		
Motel, hotel		
Commercial 116 \$ 56.00		
Converter		
• Residential		
Non-residential		

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

		BLOCK 2					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE		CATEGORY OF SERVICE	F	RATE	
Continuing Services:		Installation: Non-residential					
Pay cable	10.99-19.99	Motel, hotel			STANDARD	\$	67.75
 Pay cable—add'l channel 		Commercial			DIGITAL VALUE PACK	\$	16.00
Fire protection		Pay cable			IPTV STANDARD	\$	67.75
•Burglar protection		Pay cable-add'l channel			HISPANIC TIER	\$	6.00
Installation: Residential		Fire protection					
First set	0-90.00	Burglar protection					
Additional set(s)		Other services:					
• FM radio (if separate rate)		Reconnect	0-90.00				
Converter		Disconnect					
		Outlet relocation	\$ 30.00	-			
		Move to new address	\$ 30.00	•			
				1			

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 61739 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 ex-

planation 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	AA		
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	
КРОВ	15.1	N	No		POPLAR BLUFF, MO	
WPSD	19.1	N	No		PADUCAH, KY	Se
KSDK	35	N	Yes	0	ST. LOUIS, MO	ad
KBSI	36	I	No		CAPE GIRARDEAU, MO	on
KTEJ	20.1	E	Yes	0	JONESBORO, AR	
KBSI-2	36.2	I-M	No		CAPE GIRARDEAU, MO	
KFVS	11.1	N	No		CAPE GIRARDEAU, MO	
KFVS-2	11.2	I-M	No		CAPE GIRARDEAU, MO	
KFVS-3	11.3	I-M	No		CAPE GIRARDEAU, MO	
WPSD-3	19.3	I-M	No		PADUCAH, KY	
KBSI-3	36.3	I-M	No		CAPE GIRARDEAU, MO	
WDKA-4	25.4	I-M	No		PADUCAH, KY	
KFVS-4	11.4	I-M	No		CAPE GIRARDEAU, MO	
KFVS-5	11.5	I-M	No		CAPE GIRARDEAU, MO	
KPOB-3	15.3	I-M	No		POPLAR BLUFF, MO	
KPOB-4	15.4	I-M	No		POPLAR BLUFF, MO	
WDKA-2	25.2	I-M	No		PADUCAH, KY	
WDKA-3	25.3	I-M	No		PADUCAH, KY	

ee instructions for dditional information n alphabetization.

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 75,59(0)(2) and (4), 76,51(e)(2) and (4), 76,51(e)(2) and (4), 76,51(e)(2) and (4), 76,51(e)(2) and (4); 3, and (2) 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: 1. Sun of list the station here, and also in space (1, the 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 multicast). "E" (for noncommercial educational multicast), "E" (for noncommercial educational and multicast), "E" (for noncommercial educational and multicast), "E" (for noncommercial educational and multicast), "E" (for noncommercia	Name	SYSTEM ID#			STEM:	ER OF CABLE SY	LEGAL NAME OF OWN
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(g)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))); and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: 10 not list the station here, and also in space 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 streams was VieTA-2. Simulcast streams must be reported in column 1 (list each stream separately, for example WETA-simulcast). Column 2: 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 multicast). "E" (for noncommercial educational station, or soutised the local service area, (i.e. "distant"), enter "ves." find, 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 ente	Name	61739			ARKLIGHT	IC. d/b/a SP	CABLE ONE, IN
Gerried 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					N	RS: TELEVISIO	PRIMARY TRANSMITTE
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 CONTD 1. CALL SIGN 2. B'CAST CHANNEL OF 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CARRIAGE	G Primary Transmitters Television	only on a part-time basis under in network programs [sections and (2) certain stations carried on a able system on a substitute program and and Program Log)—if the stee basis and also on some other the general instructions located such as HBO, ESPN, etc. Identify on. For example, report multistream separately; for example on for broadcasting over-the-air in may be different from the channel sendent station, or a noncommercial st), "I" (for independent), "I-M" mercial educational multicast). The paper SA3 form. S". If not, enter "No". For an expaper SA3 form. Lating the basis on which your earing "LAC" if your cable system apacity.	t (1) the c 61(e) as ca sthe S ed boons, on pr ver-t columnation for "E current of the ctions ctions active	period, except (81, permitting the eferring to 76.61 paragraph. distant stations orizations: at it in space I (the attion was carried ute basis station eport origination cording to its overbe reported in column as assigned to the annel 4 in Washin attion is a network etwork), "N-M" (for educational), or egeneral instructive area, (i.e. "digeneral instruction accounting perioduse of lack of accounting perioduse of lack of accounting to 76.61.	e accounting June 24, 198), or 76.63 (re in the next passpect to any compositions, or autho —but do list tute basis. Lee I, if the state rming substitut lign. Do not re a station account treams must I write FCC ha WRC is Chale e station. hether the stater "N" (for nee incommercial age (v) of the the local servi ge (v) of the g s" in column 4 in during the an ine basis because	ystem during the consine effect on .61(e)(2) and (4 sis, as explained tations: With records with records with records associated with -2". Simulcast see channel numble. For example stem carried the in each case we entering the letter associated with in each case we entering the letter to use terms, see pation is outside the effect area, see pation on a part-time of the set terms.	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 4: If the st planation of local servi Column 5: If you ha cable system carried th carried the distant stati
SIGN CHANNEL OF (Yes or No) CARRIAGE		/ transmitter, enter the designa- ner basis, enter "O." For a further I in the paper SA3 form. Ito which the station is licensed by the which the station is identifed.	esen cha linst list the c spa	ssociation repres you carried the c of the general ir r U.S. stations, li e the name of the use a separate s	nitter or an assenter "E". If y see page (v) of h station. For s, if any, give nel line-ups, u	a primary transr simulcasts, also ree categories, e location of eac Canadian statior	the cable system and a tion "E" (exempt). For s explanation of these th Column 6 : Give the FCC. For Mexican or C
SIGN CHANNEL OF (Yes or No) CARRIAGE		6 LOCATION OF STATION	5	4 DISTANT?	3 TYPE	2 B'CAST	1 CALL
		IS. ESSATISTED OF STATIST			-	_	
					()-	(,HANINE)	SIGN
KPOB-2 15.2 I-M No POPLAR BLUFF, MO				(Tes of No)	STATION	NUMBER	SIGN

		CHANN	EL LINE-UP	AA CONTD	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KPOB-2	15.2	I-M	No		POPLAR BLUFF, MO

FORM SA3E. PAGE 3. LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Namo			
CABLE ONE, IN	IC. d/b/a SP	ARKLIGHT	•		61739	Naille			
PRIMARY TRANSMITTE	RS: TELEVISIO	N							
carried by your cable si FCC rules and regulation	n General: In space G, identify every television station (including translator stations and low power television stations) arried by your cable system during the accounting period, except (1) stations carried 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								
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					on for broadcasting over-the-air in may be different from the channel				
on which your cable sy Column 3: Indicate			ation is a netwo	rk station, an indep	pendent station, or a noncommercial				
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planation of local service	ce area, see pa	ge (v) of the	general instructi	ons located in the	s". If not, enter "No". For an ex- paper SA3 form. tating the basis on which your				
cable system carried th carried the distant stati	ne distant statio on on a part-tin	n during the a	accounting perionuse of lack of a	od. Indicate by ente ctivated channel c	ering "LAC" if your cable system apacity.				
					payment because it is the subject tem or an association representing				
					y transmitter, enter the designa-				
explanation of these th	ree categories,	see page (v)	of the general i	nstructions located	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 utilizing				•					
		CHANN	EL LINE-UP	AB					
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)		_			

ER OF CABLE SYS	STEM:			SYSTEM ID#	Name
C. d/b/a SPA	ARKLIGHT			61739	
RS: TELEVISION	١				
ystem during the ons in effect on 61(e)(2) and (4 is, as explained tations: With re C rules, regulationer in space Conly on a substitution of the condition of	e accounting June 24, 198), or 76.63 (re in the next p espect to any ions, or autho —but do list tute basis. ee I, if the sta erning substitu ign. Do not re a station acc treams must er the FCC ha	period, except (al., permitting the eferring to 76.61 paragraph. distant stations prizations: it in space I (the tion was carried at the basis station eport origination cording to its over the bereported in case assigned to the station experted in case assigned to the station experience.	(1) stations carried e carriage of certa (e)(2) and (4))]; and carried by your case Special Statemes both on a substitute, see page (v) of a program services er-the-air designation of the television station in the program services are the servi	only on a part-time basis under in network programs [sections and (2) certain stations carried on a lable system on a substitute program and Program Log)—if the late basis and also on some other the general instructions located such as HBO, ESPN, etc. Identify ion. For example, report multistream separately; for example on for broadcasting over-the-air in	G Primary Transmitters: Television
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	• •	•		mariner into up.	
CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
	RS: TELEVISION i, identify every yestem during the one in effect on 61(e)(2) and (4 is, as explained tations: With re C rules, regulat here in space Conly on a substitute and also in space formation concerns. In station's call seasociated with -2". Simulcast seasociated with -2". Simulcast seasociated with each case with each each case with each case with each case with each each case with eac	RS: TELEVISION i, identify every television starts as explained in the next postations: With respect to any C rules, regulations, or author there in space G—but do list and also in space I, if the starts aromation concerning substitutes and also in space I, if the starts aromation concerning substitutes. In station's call sign. Do not reasociated with a station accept. Simulcast streams must be channel number the FCC has the carried the station. In each case whether the starts aromation concerning substitutes. In each case whether the starts aromation concerning substitutes. In each case whether the starts aromation concerning substitutes. In each case whether the starts are carried the station. In each case whether the starts are the letter "N" (for neast), "E" (for noncommercial set terms, see page (v) of the station is outside the local service area, see page (v) of the station is outside the local service area, see page (v) of the station is outside the local service area, see page (v) of the station is outside the local service area, see page (v) of the station of a distant multicast streentered into on or before Junion of a distant multicast streentered into on or before Junion of a distant multicast streentered into on or before Junion of each station. For anadian stations, if any, give growthild channel line-ups, to CHANNII. 2. B'CAST CHANNII 2. B'CAST CHANNIII 3. TYPE CHANNIII	RS: TELEVISION is, identify every television station (including the vistem during the accounting period, except (consin effect on June 24, 1981, permitting the incl(e)(2) and (4), or 76.63 (referring to 76.61 is, as explained in the next paragraph. Itations: With respect to any distant stations: Corules, regulations, or authorizations: here in space G—but do list it in space I (the only on a substitute basis. In and also in space I, if the station was carried formation concerning substitute basis station in the station's call sign. Do not report origination associated with a station according to its over 2°. Simulcast streams must be reported in concerning the letter "N" (for network), "N-M" (for each case whether the station is a network entering the letter "N" (for network), "N-M" (for eath, "E" (for noncommercial educational), or set erms, see page (v) of the general instruction is outside the local service area, (i.e. "does area, see page (v) of the general instruction is outside the local service area, (i.e. "does area, see page (v) of the general instruction is outside the local service area, (i.e. "does area, see page (v) of the general instruction on a part-time basis because of lack of an on of a distant multicast stream that is not sentered into on or before June 30, 2009, bethe primary transmitter or an association repressimulcasts, also enter "E". If you carried the core categories, see page (v) of the general instruction of each station. For U.S. stations, I anadian stations, if any, give the name of the grandlan stations, if any, give the name of the grandlan stations, if any, give the name of the grandlan stations, if any, give the name of the grandlan stations are separated. CHANNEL LINE-UP 2. B'CAST (S. TYPE (PANNEL LINE-UP)	RS: TELEVISION is, identify every television station (including translator stations system during the accounting period, except (1) stations carried ons in effect on June 24, 1981, permitting the carriage of certa (61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; at is, as explained in the next paragraph. tations: With respect to any distant stations carried by your cate of crules, regulations, or authorizations: here in space G—but do list it in space I (the Special Stateme only on a substitute basis. and also in space I, if the station was carried both on a substitution or concerning substitute basis stations, see page (v) of firm. In station's call sign. Do not report origination program services associated with a station according to its over-the-air designating. 2". Simulcast streams must be reported in column 1 (list each other channel number the FCC has assigned to the television statice. For example, WRC is Channel 4 in Washington, D.C. This restem carried the station. In each case whether the station is a network station, an independent of the station. In each case whether the station is a network station, an independent of the station is outside the local service area, (i.e. "distant"), enter "Yee area, see page (v) of the general instructions located in the stee on on a part-time basis because of lack of activated channel con of a distant multicast stream that is not subject to a royalty entered "Yes" in column 4, you must complete column 5, see the distant station during the accounting period. Indicate by entering the primary transmitter or an association representing the primary imulcasts, also enter "E". If you carried the channel on any of the categories, see page (v) of the general instructions located in the continual of a categories, see page (v) of the general instructions located in the primary transmitter or an association representing the primary imulcasts, also enter "E". If you carried the channel on any of the categories, see page (v) of the general instructions l	RS: TELEVISION It, identify every television station (including translator stations and low power television stations) ystem during the accounting period, except (1) stations carried only on a part-time basis under ons in effect on June 24, 1981, permitting the carriage of certain network programs [sections 61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a is, as explained in the next paragraph. tations: With respect to any distant stations carried by your cable system on a substitute program C rules, regulations, or authorizations: Whe respect to any distant stations carried by your cable system on a substitute program C rules, regulations, or authorizations: Whe report of the station of the program Log—if the only on a substitute basis. and also in space I, if the station was carried both on a substitute basis and also on some other formation concerning substitute basis stations, see page (v) of the general instructions located m. In station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify associated with a station according to its over-the-air designation. For example, report multi-2". Simulcast streams must be reported in column 1 (list each stream separately; for example channel number the FCC has assigned to the television station for broadcasting over-the-air in e. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel stem carried the station. In each case whether the station is a network station, an independent station, or a noncommercial entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "-M" assit, "E" (for noncommercial educational multicast). se terms, see page (v) of the general instructions located in the paper SA3 form. tition is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an excee area, see page (v) of the general instructions located in the paper SA3 form. on a part-time basis becau

FORM SA3E. PAGE 3.									
LEGAL NAME OF OWN					SYSTEM II	Name			
CABLE ONE, IN	IC. d/b/a SP	ARKLIGHT	•		6173	19			
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 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									
•	and also in spa	ce I, if the sta			ute basis and also on some other the general instructions located				
each multicast stream cast stream as "WETA- WETA-simulcast).	h station's call sassociated with -2". Simulcast s	a station acc streams must	cording to its over be reported in o	er-the-air designati column 1 (list each	such as HBO, ESPN, etc. Identify on. For example, report multi- stream separately; for example on for broadcasting over-the-air in				
its community of licens on which your cable sy	e. For example stem carried th	e, WRC is Cha e station.	nnel 4 in Washi	ington, D.C. This n	nay be different from the channel				
Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the steplanation of local servic Column 5: If you ha cable system carried the distant stati For the retransmissiof a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the	in each case we entering the let east), "E" (for no se terms, see pation is outside ce area, see pation entered "Ye de distant station on on a part-tinion of a distant entered into or a primary transmissimulcasts, also ree categories, e location of each canadian station	whether the stater "N" (for ne concommercial page (v) of the the local servinge (v) of the concommercial page (v) page (etwork), "N-M" (freducational), or general instructional, it is a general instructional, you must confere a counting perioduse of lack of a counting perioduse a counting peri	or network multica r "E-M" (for noncor- tions located in the istant"), enter "Yes- ons located in the nplete column 5, si d. Indicate by ente- ctivated channel c- ubject to a royalty tween a cable syst senting the primary channel on any other instructions located ist the community e community with space G for each of	s". If not, enter "No". For an expaper SA3 form. tating the basis on which your ering "LAC" if your cable system apacity. payment because it is the subject em or an association representing y transmitter, enter the designater basis, enter "O." For a further I in the paper SA3 form. to which the station is licensed by the which the station is identifed.				

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN					SY	STEM ID#	Name
CABLE ONE, IN	IC. d/b/a SP	ARKLIGHT	•			61739	
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 thons in effect on .61(e)(2) and (4 .is, as explained	ne accounting June 24, 198 I), or 76.63 (red in the next p	period, except (81, permitting the eferring to 76.61 paragraph.	(1) stations carried e carriage of certa (e)(2) and (4))]; a	and low power television stations l 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 • Do not list the station	C rules, regula here in space	tions, or autho G—but do list	orizations:		able system on a substitute progr nt and Program Log)—if the	am	Television
basis. For further in	and also in spa formation conc	ce I, if the sta			ute basis and also on some other the general instructions located		
	h station's call s	-			such as HBO, ESPN, etc. Identi ion. For example, report multi-	fy	
			-	-	stream separately; for example		
	e. For example	, WRC is Cha	•		on for broadcasting over-the-air in nay be different from the channel		
Column 3: Indicate	in each case w	hether the sta			pendent station, or a noncommer st), "I" (for independent), "I-M"	cial	
(for independent multic	ast), "E" (for no se terms, see p	oncommercial page (v) of the	educational), or e general instruc	r "E-M" (for nonco	mmercial educational multicast).		
	ave entered "Ye	es" in column	4, you must con	nplete column 5, s	tating the basis on which your		
carried the distant stati	on on a part-tin	ne basis beca	use of lack of a	ctivated channel c	· ·		
					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 b	y the	
FCC. For Mexican or C Note: If you are utilizing				•	which the station is identifed. channel line-up.		
		CHANN	EL LINE-UP	AE			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	U. EGGATION OF GTATION		
	NUMBER	STATION		(If Distant)			
				†			

FORM SA3E. PAGE 3.					OVOTEM ID#			
CABLE ONE, IN					SYSTEM ID# 61739	Name		
PRIMARY TRANSMITTE								
In General: In space (carried by your cable s	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 bas	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							
	here in space	G—but do list		e Special Stateme	nt and Program Log)—if the			
basis. For further in	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 "WET <i>A</i> WETA-simulcast).	ch station's call associated with A-2". Simulcast s	a station acc streams must	cording to its over be reported in o	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			
its community of licens on which your cable sy	se. For example stem carried th	, WRC is Cha e station.	nnel 4 in Wash	ington, D.C. This r	nay be different from the channel			
educational station, by (for independent multion (for the meaning of the Column 4: If the st	entering the legast), "E" (for no ese terms, see pation is outside	tter "N" (for ne oncommercial page (v) of the the local serv	etwork), "N-M" (f educational), o e general instruc ice area, (i.e. "c	or network multicar "E-M" (for noncor ctions located in th listant"), enter "Ye	s". If not, enter "No". For an ex-			
cable system carried t	ave entered "Ye he distant statio	es" in column on during the a	4, you must con	nplete column 5, s d. Indicate by ente	tating the basis on which your ering "LAC" if your cable system			
of a written agreement	sion of a distant entered into or	multicast stre or before Jui	am that is not s ne 30, 2009, be	ubject to a royalty tween a cable syst	apacity. payment because it is the subject em or an association representing y transmitter, enter the designa-			
tion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or 0	simulcasts, also nree categories, e location of eac Canadian station	enter "E". If y see page (v) ch station. For ns, if any, give	you carried the of of the general in r U.S. stations, I ge the name of th	channel on any oth nstructions located ist the community e community with	ner basis, enter "O." For a further I in the paper SA3 form. to which the station is licensed by the which the station is identifed.			
Note: If you are utilizir	ng multiple chan		•		channel line-up.			
	o DIOAGT		EL LINE-UP		O LOCATION OF STATION			
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	Name		
CABLE ONE, IN	IC. d/b/a SP	ARKLIGHT			617	39		
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 specifc FC • Do not list the station	C rules, regula here in space	tions, or autho G—but do list	orizations:		nt and Program Log)—if the			
basis. For further in	and also in spa formation conc	ce I, if the sta			ite basis and also on some other the general instructions located			
each multicast stream a cast stream as "WETA: WETA-simulcast).	h station's call sassociated with -2". Simulcast s	a station acc streams must	ording to its over be reported in o	er-the-air designati column 1 (list each	such as HBO, ESPN, etc. Identify on. For example, report multi- stream separately; for example on for broadcasting over-the-air in			
its community of licens on which your cable sy	e. For example stem carried th	, WRC is Cha e station.	ınnel 4 in Washi	ington, D.C. This r	nay be different from the channel			
educational station, by (for independent multic For the meaning of the Column 4: If the sta planation of local servic Column 5: If you ha cable system carried th carried the distant stati For the retransmissi of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the FCC. For Mexican or C	entering the leteraty, "E" (for no se terms, see pation is outside ce area, see pation entered "Ye ne distant station on a part-tinion of a distant entered into or a primary transr simulcasts, also ree categories, e location of eactandian station	tter "N" (for ne concommercial page (v) of the the local servinge (v) of the concommercial page (v) of the station. For ner, if any, given	etwork), "N-M" (freducational), or general instructional ageneral in the general in the gener	or network multicar "E-M" (for noncortions located in the listant"), enter "Yerons located in the nplete column 5, sod. Indicate by entectivated channel cubject to a royalty tween a cable systemating the primarchannel on any other tructions located ist the community with	s". If not, enter "No". For an expaper SA3 form. tating the basis on which your ering "LAC" if your cable system apacity. payment because it is the subject em or an association representing transmitter, enter the designater basis, enter "O." For a further I in the paper SA3 form. to which the station is licensed by the which the station is identifed.			
Note: If you are utilizing	y multiple chan	• •	·	•	manner inte-up.			
	T	CHANN	EL LINE-UP	AG				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION			
	NUMBER	STATION		(If Distant)				

FORM SA3E. PAGE 3.	NER OF CABLE SY				SYS	TEM ID#	Name		
CABLE ONE,	INC. d/b/a SP	ARKLIGH1				61739			
PRIMARY TRANSMIT	TERS: TELEVISIO	N							
carried by your cable	n 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								
substitute program b	(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 F Do not list the station	FCC rules, regula on here in space	itions, or auth G—but do list	orizations:		ent and Program Log)—if the				
basis. For further	e, and also in spa information conc	ice I, if the sta			ute basis and also on some other the general instructions located				
in the paper SA3 Column 1: List ea		sign. Do not r	eport origination	program services	such as HBO, ESPN, etc. Identify	,			
			•	•	ion. For example, report multi- stream separately; for example				
WETA-simulcast). Column 2: Give t	he channel numb	per the FCC h	as assigned to t	he television stati	on for broadcasting over-the-air in				
•	•		annel 4 in Wash	ington, D.C. This i	may be different from the channel				
on which your cable Column 3: Indica	•		ation is a netwo	rk station, an inde	pendent station, or a noncommerci	ial			
,	, ,	,	,,		st), "I" (for independent), "I-M" mmercial educational multicast).				
For the meaning of t									
Column 4: If the	station is outside	the local serv	/ice area, (i.e. "d	listant"), enter "Ye	s". If not, enter "No". For an ex-				
planation of local ser Column 5: If you					tating the basis on which your				
cable system carried	the distant station	on during the	accounting perio	d. Indicate by ent	ering "LAC" if your cable system				
carried the distant st For the retransmi	•				apacity. 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.				
Column 6: Give t	he location of ea	ch station. Fo	r U.S. stations, l	list the community	to which the station is licensed by	the			
FCC. For Mexican or Note: If you are utiliz		, ,, 0		,	which the station is identifed.				
Note: If you are utiliz	ing multiple char	• •	EL LINE-UP	•	латте те-ар.				
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION				
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	0. EGOATION OF GTATION				
	NUMBER	STATION	,	(If Distant)					
	····								
									
	<u>.</u>								
	<u></u>								
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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			61739	Name
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 h 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 explained tations: 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 is outside con on a part-tire ion of a distant entered into or a primary transistimulcasts, also ree categories, elocation of each	r television standard to the accounting a June 24, 198 4), or 76.63 (may be accounted as a June 24, 198 4), or 76.63 (may be accounted as a station accounted as a station. The accounted as a station are unable as a station and a station are basis because (v) of the accounted as a station and a station are basis because a station and a station are a station. The accounted as a station are a station as a station are a station. The accounted as a station are a station as a station are a station.	period, except of all, permitting the eferring to 76.61 paragraph. In distant stations orizations: It it in space I (the station was carried ute basis station cording to its over be reported in or as assigned to the station is a network etwork), "N-M" (freducational), or egeneral instruction of lack of a example of lack of	(1) stations carried e carriage of certa (e)(2) and (4))]; and (e)(2) and (f)(2); and (f)(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	inel line-ups, i	use a separate s	space G for each o	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	
				, ,		
				†		
						
					ļ	

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN					SYSTEM ID# 61739	Name	
CABLE ONE, IN					61739		
carried by your cable s	6, identify every ystem during th	television state	period, except	(1) stations carried	and low power television stations) I only on a part-time basis under iin network programs [sections	G	
substitute program bas	sis, as explaine	d in the next p	oaragraph.	. , , , , , , , , , , , , , , , , , , ,	nd (2) certain stations carried on a	Primary Transmitters:	
basis under specifc FC	C rules, regula here in space	tions, or autho G—but do list	orizations:		able system on a substitute program ent and Program Log)—if the	Television	
basis. For further in	and also in spa formation conc	ce I, if the sta			ute basis and also on some other the general instructions located		
	h station's call	-			s such as HBO, ESPN, etc. Identify ion. For example, report multi-		
cast stream as "WETA WETA-simulcast).	-2". Simulcast s	streams must	be reported in o	column 1 (list each	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		
	in each case w	hether the st			pendent station, or a noncommercial ast), "I" (for independent), "I-M"		
(for independent multic For the meaning of the	east), "E" (for no se terms, see p	oncommercial page (v) of the	educational), o	r "E-M" (for nonco ctions located in th	mmercial educational multicast). e paper SA3 form.		
planation of local servi	ce area, see pa	ige (v) of the	general instructi	ons located in the	s". If not, enter "No". For an ex- paper SA3 form. tating the basis on which your		
	ne distant statio	n during the a	accounting perio	d. Indicate by ent	ering "LAC" if your cable system		
of a written agreement	entered into or	or before Ju	ne 30, 2009, be	tween a cable sys	payment because it is the subject tem or an association representing		
tion "E" (exempt). For s	simulcasts, also	enter "E". If	you carried the o	channel on any oth	y transmitter, enter the designa- ner basis, enter "O." For a further d in the paper SA3 form.		
Column 6: Give the	location of each	ch station. Fo	r U.S. stations, l	list the community	to which the station is licensed by the which the station is identified.		
Note: If you are utilizing	g multiple chan	•	•		channel line-up.		
	<u> </u>	CHANN	EL LINE-UP	AJ			
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)			
				•			

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			61739	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 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 retwork multicast), "I" (for independent), "I-M" (for inde							
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	AK			
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	ER OF CABLE SY	STEM:			SYSTEM ID#	Name		
CABLE ONE, IN	IC. d/b/a SP	ARKLIGHT			61739	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 specife FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "E" (for independent), "I-M" (for inde								
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	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			
				•				

Fig. 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, as explained in the next paragraph. 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 here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO. ESPN, etc. Identify seach multicast stream associated with a station according to its over-the-air designation. For example, report multi-least stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example NETA-simulcast). Column 3: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in the 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 craimed the station. Column 4: If the station is outside the local service area, i.e. "distant", enter "Yes" in oclumn 1. "How for independent multicast). "E" (for noncommercial educational), or "E.M" (for network), "N-M" (for network), "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 capa	FORM SA3E. PAGE 3.					Accoon	TING FERIOD. 2022/		
RIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) arrived by your cable system during the accounting period, except (1) stations carried only on a part-time basis under 76.594(91) 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 or program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific PCC rules, regulations, or authorizations: 10 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. 1. List the station here, and also in space I, if the sitation was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify seach multicast stream as a "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in to 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 independent multicast), "Fe for homeomercial educational station during the letter "N" (for network), "D-M" (for network multicast), "for independent), "I-M" for independent multicast), "Fe				_			Namo		
General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under rCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections r6.59(4)2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis, as explained in the next paragraph. 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 acach 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 tso community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational multicast). "Core 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, 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	CABLE ONE, IN	C. d/b/a SP	ARKLIGH1			61739			
CG rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections r6.59(d)(2) and (4), 76.51(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, as explained in the next paragraph. Do not list the station here, and also in space (I the Special Statement and Program Log)—if the station was carried only on a substitute basis. For further information concerning substitute basis stations, see page (V) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast streams were 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 distant multicast). "Ci for network multicast), "Ti (for independent), "I-M" for independent multicast), "Ci for network multicast), "To for independent multicast), "Ci for network multicast), "Ti (for independent multicast), "Ci for network multicast), "To not explain a station, by entering the letter "N" (for retwork), "N-M" (for network multicast), "Ti (for independent), "I-M" for independent multicast), "Ci for noncommercial educational, or "E-M" for noncommercial educational, or "E-M" for noncommercial educations	PRIMARY TRANSMITTE	RS: TELEVISIO	N						
Transmitters: 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 seach multicast stream associated with a station according to its over-the-air designation. For example, report multi-bast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example NETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in the community of license. For example, 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, between the station. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subj	carried by your cable s	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							
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 multi-east 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 noncommercial educational 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". In oth, enter "No". For an exalphation 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	substitute program basis, as explained in the next paragraph.								
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 multi-past 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). "To 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 exalanation 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 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 represe	Do not list the station	here in space	G—but do list		e Special Stateme	nt and Program Log)—if the			
Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-exast 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 ts 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 exball expert 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 primary transmitter or an association representing the primary transmitter, enter the designation of these three categories, see page (v) of t	List the station here, a basis. For further inf	and also in spa formation conc	ce I, if the sta						
cast 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). 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 identified. Wote: If you are	Column 1: List each	n station's call	-			•			
WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in ts 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 noncommercial educational 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 "CC. For Mexican or Canadian stations, if any, give the name of the community with which the station is dentified. Note: If you are utilizing multiple channel line-ups, use a separate space G for				•	•	·			
Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in the community of license. For example, 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 aducational 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 apart-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 "CC. For Mexican or Canadian stations, if any		-2". Simulcast s	streams must	be reported in a	column 1 (list each	stream separately; for example			
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 "CC. 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 AM 1. CALL 2. B'CAST 3. TYPE 4.		channel numb	er the FCC h	as assigned to t	he television station	on for broadcasting over-the-air in			
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 ritten experiment 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 to 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 AM 1. CALL SIGN SIGN COLUMNEL SIGN COLUMNEL COLUMNEL COLUMNEL COLUMNEL CO	,	•		annel 4 in Wash	ington, D.C. This r	nay be different from the channel			
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 GCC. 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 AM 1. CALL SIGN 2. B'CAST OF 4. DISTANT? (Yes or No) CARRIAGE				ation is a netwo	rk station. an inde	pendent station, or a noncommercial			
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 he 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 AM 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CARRIAGE	educational station, by	entering the le	tter "N" (for ne	etwork), "N-M" (f	or network multica	st), "I" (for independent), "I-M"			
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 entered in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list 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 AM 1. CALL 2. B'CAST CHANNEL 3. TYPE 4. DISTANT? 5. BASIS OF CARRIAGE 6. LOCATION OF STATION CARRIAGE	\	,, (,,	`	,			
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 effect. 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 AM 1. CALL SIGN 2. B'CAST CHANNEL 3. TYPE 4. DISTANT? 5. BASIS OF CARRIAGE 6. LOCATION OF STATION CARRIAGE		· ·	0 ()	0		• •			
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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 AM 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL CHANNE	,		•	٠.	•	• • •			
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 AM 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL		•							
ion "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 AM 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL CHANNEL (Yes or No) CARRIAGE	of a written agreement	entered into or	n or before Ju	ne 30, 2009, be	tween a cable syst	tem or an association representing			
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 AM 1. CALL 2. B'CAST SIGN 3. TYPE 4. DISTANT? (Yes or No) CARRIAGE 6. LOCATION OF STATION CARRIAGE									
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 AM 1. CALL 2. B'CAST SIGN 3. TYPE 4. DISTANT? (Yes or No) CARRIAGE 6. LOCATION OF STATION CHANNEL (Yes or No)									
Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AM 1. CALL 2. B'CAST SIGN 2. B'CAST CHANNEL OF (Yes or No) CARRIAGE 6. LOCATION OF STATION CARRIAGE									
CHANNEL LINE-UP AM 1. CALL 2. B'CAST SIGN 2. B'CAST OF (Yes or No) CARRIAGE 6. LOCATION OF STATION CARRIAGE					•				
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF CARRIAGE 6. LOCATION OF STATION (Yes or No) CARRIAGE	Note: If you are utilizing	g multiple chan	inel line-ups,	use a separate s	space G for each o	channel line-up.			
SIGN CHANNEL OF (Yes or No) CARRIAGE			CHANN	EL LINE-UP	AM		_		
	1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
NUMBER STATION (If Distant)	SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE				
		NUMBER	STATION		(If Distant)				
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			l		<u> </u>	ļ			
						ļ			

LECAL NIME OF CARLE SYSTEM CABLE ONE, INC. dl/b/a SPARKLIGHT PRIMARY TRANSMITTERS: TELEVISION IN General: in space G. sidentify every television station (including translator stations and low power television stations) are carried by your called 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 76,56(d)); and (4), 76 6.5((e)); and (4), 76 6	FORM SA3E. PAGE 3.	neess	NG PERIOD: 2022/2
PRIMARY TRANSMITTERS: TELEVISION In Generat: 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(i)(2) and (4), 76.61(e)(2) and (4), 76.63 (referring to 76.61(e)(2) and (4)); and (2) cardian stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: 10 not list the station here, and also in space (1) the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as H80, ESPN, etc. Identify each stream associated with a station according to its over-the-air designation. For example, report multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream associated with a station according to its over-the-air designation or 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, benefit in the station is for the part of the second part of th		SYSTEM ID#	Nama
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(ql/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 ((the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "I" (for network), "N-M" (for network multicast). "F(for independent),"-I-M" (for independent multicast). "For for homeomerical educational instructions located in the paper SA3 form. Column 4: If the station is outside the local service area,	CABLE ONE, INC. d/b/a SPARKLIGHT	61739	Name
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(a)(2) and (4)), 76.61(e)(2) and (4)), 76.61(e)(2) and (4)); and (2) certain stations carried on a substitute program basis under specific FCC rules, regulations, or authorizations: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: 10 not list the station here, and also in space 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 "MCTA-2". Simulcast is reams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: 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), 'T' (for independent), 'I-M' (for independent multicast), 'T' (for independent multicast). 'T' (for independent multicast), 'T' (for	PRIMARY TRANSMITTERS: TELEVISION		
Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AN 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF CHANNEL OF (Yes or No) CARRIAGE 6. LOCATION OF STATION	In General: In space G, identify every television station (including translator stations and carried by your cable system during the accounting period, except (1) stations carried or FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain r 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable 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 a 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. For further information concerning substitute basis stations, see page (v) of the in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services sue each multicast stream associated with a station according to its over-the-air designation. cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each str WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station fits community of license. For example, WRC is Channel 4 in Washington, D.C. This may on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an indepen educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational) station, by entering the letter "N" (for network), "N-M" (for network multicast), planation of local service area, see page (v) of the general instructions located in the page of a wirth meaning of these terms, see page (v) of the general instructions located in the page of the meaning of these terms, see page (v) of the general instructions located in the pa	anly on a part-time basis under network programs [sections] (2) certain stations carried on a le system on a substitute program and Program Log)—if the e basis and also on some other ne general instructions located uch as HBO, ESPN, etc. Identify n. For example, report multitream separately; for example for broadcasting over-the-air in a be different from the channel undent station, or a noncommercial network of the channel independent, "I-M" mercial educational multicast). paper SA3 form. If not, enter "No". For an exaper SA3 form. If not, enter "No" if your cable system pacity. The channel is the subject mor an association representing transmitter, enter the designaric basis, enter "O." For a further in the paper SA3 form.	Primary Transmitters:
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF (Yes or No) CARRIAGE	, ,		
SIGN CHANNEL OF (Yes or No) CARRIAGE	CHANNEL LINE-UP AN		
	SIGN CHANNEL OF (Yes or No) CARRIAGE	S. LOCATION OF STATION	

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SY	STEM ID#	Nome
CABLE ONE, IN	NC. d/b/a SP	ARKLIGHT	•			61739	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N					
PRIMARY TRANSMITTE In General: In space (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 4: If the s planation of local servi Column 5: If you h cable system carried ti carried the distant stat For the retransmiss of a written agreement the cable system and a	ers: TELEVISIO G, identify every system during the ions in effect or 6.61(e)(2) and (4 sis, as explained in the ions in expansion of a distant station. The stations: With recommendation of the ions are in space only on a substant and also in space of the ions are in the station's call associated with a second in each case we entering the least), "E" (for no experience is outside the case, see passion of a distant static ion on a part-tire ion of a distant a primary transical in the second in the ion of a distant are intered into or a primary transical in the ion of a distant and in the ion of a distant are intered into or a primary transical in the ion of a distant and in the ion of a distant are intered into or a primary transical in the ion of a distant and in the ion of a distant are intered into or a primary transical interest intered into or a primary transical interest interest into or a primary transical interest inte	r television state accounting June 24, 1964, or 76.63 (r d in the next pespect to any tions, or auth G—but do list itute basis. ce I, if the state rining substitute basis. The state of the local services are the FCC has the station. The state of the local services (v) of the local services in column and during the amount of the local services in column and during the amount of the local services in column and during the amount of the local services in column and during the amount of the local services in column and during the amount of the local services in column and during the amount of the local services in column and during the amount of the local services in column and during the amount of the local services in	ation (including to period, except 31, permitting the eferring to 76.67 paragraph. It distant stations orizations: It it in space I (the ation was carried ute basis station cording to its over the period of the effect of the e	(1) stations carried e carriage of certa (e)(2) and (4))]; and (e)(2) and (f)(2); and (f)(2); are especial Statement of both on a substitute, see page (v) of a program services er-the-air designate column 1 (list each the television static ington, D.C. This result in the second of the television static ington, D.C. This result in the second of the television static ington, p.C. This result in the second of the television static ington, p.C. This result is the second of the television static ington, p.C. This result is the second of the television socated in the second of the second o	s". If not, enter "No". For an ex- paper SA3 form. tating the basis on which your ering "LAC" if your cable system apacity. payment because it is the subjectem or an association representir by transmitter, enter the designa-	a amam . iffy n I ccial	G Primary Transmitters: Television
explanation of these the Column 6: Give the	nree categories, e location of ea	see page (v) ch station. Fo	of the general i r U.S. stations,	nstructions located list the community	ner basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed b		
FCC. For Mexican or C Note: If you are utilizing					which the station is identifed. channel line-up.		
		CHANN	EL LINE-UP	AO	·		
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)	0. LOCATION OF STATION		

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	Namo			
CABLE ONE, INC. d/b/a SPARKLIG	НТ		61739				
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 a • Do not list the station here in space G—but do	o list it in space I (th	e Special Stateme	nt and Program Log)—if the				
 station was carried only on a substitute basi List the station here, and also in space I, if the basis. For further information concerning su in the paper SA3 form. 	e station was carried						
Column 1: List each station's call sign. Do reach multicast stream associated with a station cast stream as "WETA-2". Simulcast streams nWETA-simulcast). Column 2: Give the channel number the FO	according to its over nust be reported in o	er-the-air designati column 1 (list each	ion. For example, report multi- stream separately; for example				
its community of license. For example, WRC is on which your cable system carried the station. Column 3: Indicate in each case whether th	Channel 4 in Wash	ington, D.C. This r rk station, an indep	may be different from the channel pendent station, or a noncommercial				
educational station, by entering the letter "N" (for (for independent multicast), "E" (for noncomme For the meaning of these terms, see page (v) or Column 4: If the station is outside the local planation of local service area, see page (v) of	rcial educational), o f the general instruc service area, (i.e. "c	r "E-M" (for noncoretions located in the distant"), enter "Ye	mmercial educational multicast). e paper SA3 form. s". If not, enter "No". For an ex-				
Column 5: If you have entered "Yes" in colucable system carried the distant station during carried the distant station on a part-time basis I For the retransmission of a distant multicast	imn 4, you must cor the accounting peric pecause of lack of a stream that is not s	mplete column 5, s od. Indicate by ente octivated channel c subject to a royalty	tating the basis on which your ering "LAC" if your cable system apacity. payment because it is the subject				
of a written agreement entered into on or before the cable system and a primary transmitter or a tion "E" (exempt). For simulcasts, also enter "E explanation of these three categories, see page Column 6: Give the location of each station	n association represon. If you carried the earth of the general i	senting the primary channel on any oth nstructions located	y transmitter, enter the designa- ner basis, enter "O." For a further d in the paper SA3 form.				
FCC. For Mexican or Canadian stations, if any, Note: If you are utilizing multiple channel line-u	give the name of th	ne community with	which the station is identifed.				
СНА	NNEL LINE-UP	AP		1			
1. CALL 2. B'CAST 3. TYPE SIGN CHANNEL OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	1			
NUMBER STATE	` ,	(If Distant)					
]			
				_			
			I .				

FORM SA3E. PAGE 3.							,	
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SY	STEM ID#	Name	
CABLE ONE, IN	IC. d/b/a SP	ARKLIGHT	•			61739	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 specifc FC • Do not list the station station was carried	here in space	G—but do list		e Special Stateme	nt and Program Log)—if the			
List the station here, basis. For further in	and also in spa formation conc	ce I, if the sta			ute basis and also on some othe the general instructions located			
in the paper SA3 for Column 1: List each		sign. Do not r	eport origination	program services	such as HBO, ESPN, etc. Iden	tify		
cast stream as "WETA WETA-simulcast).	-2". Simulcast s	streams must	be reported in o	column 1 (list each	on. For example, report multi- stream separately; for example			
its community of licens on which your cable sy	e. For example stem carried th	, WRC is Cha e station.	nnel 4 in Wash	ington, D.C. This r	on for broadcasting over-the-air in the channel of	el		
educational station, by	entering the le	tter "N" (for ne	etwork), "N-M" (f	or network multica	pendent station, or a noncomme st), "I" (for independent), "I-M" mmercial educational multicast).			
For the meaning of the	se terms, see pation is outside	page (v) of the the local serv	e general instruc rice area, (i.e. "d	tions located in th	e paper SA3 form. s". If not, enter "No". For an ex-			
Column 5: If you ha	ave entered "Ye	es" in column	4, you must con	nplete column 5, s	tating the basis on which your ering "LAC" if your cable system			
carried the distant stati	•				apacity. payment because it is the subje	oot		
					em or an association representi			
,			•	•	y transmitter, enter the designa- ner basis, enter "O." For a furthe			
explanation of these th	ree categories,	see page (v)	of the general in	nstructions located	in the paper SA3 form.			
					to which the station is licensed which the station is identifed.	by the		
Note: If you are utilizin								
		CHANN	EL LINE-UP	AQ				
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	o. Econtrol of onthol			
	NUMBER	STATION		(If Distant)				
				1				

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM II	Name
CABLE ONE, IN	IC. d/b/a SP	ARKLIGHT	•		6173	39
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 for Column 1: List eacl 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 d 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	s, identify every eystem during the consine effect on .61(e)(2) and (4) isi, as explained tations: With rich crules, regular here in space only on a substand also in spatformation concern. In station's call associated with -2". Simulcast see channel numbers explained the in each case we entering the legists, "E" (for no see terms, see pattern is outside the carea, see pattern is outside the distant station on a part-timion of a distant entered into or a primary transresimulcasts, also ree categories,	r television stane accounting a June 24, 1984), or 76.63 (d) in the next pespect to any tions, or authors, or a station account of the station. The station account of the station account of the station. The station account of the station account of the station. The station account of the station acc	period, except (81, permitting the eferring to 76.61 paragraph. distant stations orizations: it in space I (the tition was carried ute basis station eport origination cording to its over be reported in compart of the effect o	(1) stations carried e carriage of certa (e)(2) and (4))]; all carried by your carried by your carried by your carried by for a substitute, see page (v) of a program services er-the-air designation of the television static ington, D.C. This not station, an indeport network multicate "E-M" (for noncorriems located in the listant"), enter "Yes on located in the noted that the column 5, so the citivated channel cubject to a royalty tween a cable system in the primary channel on any other structions located on the primary channel on any other structions located to a royalty the primary channel on any other structions located to a royalty the primary channel on any other structions located to a royalty the primary channel on any other structions located to a royalty the primary channel on any other structions located to a royalty the primary channel on any other structions located to a royalty the primary channel on any other structions located to a royalty the primary channel on any other structions located to a royalty the primary channel on any other structions located to a royalty the primary channel on any other structions located to a royalty the primary channel on any other structions located to a royalty the structure the structure that the structure	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 utilizing					which the station is identifed. hannel line-up.	
		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.							
LEGAL NAME OF OWN					SY	STEM ID#	Name
CABLE ONE, IN	IC. d/b/a SP	ARKLIGHT	•			61739	
PRIMARY TRANSMITTE	RS: TELEVISIO	N					
carried by your cable started by your cable started FCC rules and regulation 76.59(d)(2) and (4), 76 substitute program bas	ystem during the ons in effect on .61(e)(2) and (4 is, as explained	ne accounting June 24, 198 1), or 76.63 (red 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 l 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	C rules, regula	tions, or autho	orizations:		able system on a substitute progr nt and Program Log)—if the	am	Television
basis. For further in	and also in spa formation conc	ce I, if the sta			ute basis and also on some other the general instructions located		
	h station's call s	-			such as HBO, ESPN, etc. Identi	fy	
			-	-	ion. For example, report multi- 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 w	hether the sta			pendent station, or a noncommer st), "I" (for independent), "I-M"	cial	
(for independent multic	ast), "E" (for no se terms, see p	oncommercial page (v) of the	educational), or e general instruc	r "E-M" (for nonco ctions located in th	mmercial educational multicast).		
planation of local service Column 5: If you ha					paper SA3 form. tating the basis on which your		
cable system carried the					ering "LAC" if your cable system apacity.		
					payment because it is the subjectem or an association representing		
the cable system and a	a primary transr	nitter or an as	sociation repres	senting the primar	y transmitter, enter the designa- ner basis, enter "O." For a further		
explanation of these th	ree categories,	see page (v)	of the general in	nstructions located	In the paper SA3 form. to which the station is licensed b		
FCC. For Mexican or C	anadian statior	ns, if any, give	the name of th	e community with	which the station is identifed.	y tric	
Note: If you are utilizing	g multiple chan	•	•		channer line-up.		
	I	CHANN	EL LINE-UP	AS			
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION		
GIGIN	NUMBER	STATION	(103 01 140)	(If Distant)			

FORM SA3E. PAGE 3.					OVOTEM ID#	
CABLE ONE, II			r		SYSTEM ID# 61739	Name
PRIMARY TRANSMITTI						
carried by your cable	system during th	ne accounting	period, except	(1) stations carried	and low power television stations) d only on a part-time basis under	G
•				•	nin network programs [sections nd (2) certain stations carried on a	Primary
substitute program ba	sis, as explaine	d in the next p	oaragraph.	. , , , , , , , , , , , , , , , , , , ,	. ,	Transmitters:
Substitute Basis st basis under specifc F0				carried by your ca	able system on a substitute program	Television
•	here in space	G—but do list		e Special Stateme	ent and Program Log)—if the	
 List the station here, 	and also in spa formation conc	ce I, if the sta			ute basis and also on some other f the general instructions located	
Column 1: List eac	h station's call	-			s such as HBO, ESPN, etc. Identify	
			•	•	ion. For example, report multi-	
WETA-simulcast).			•	`	n stream separately; for example	
					on for broadcasting over-the-air in	
ts community of licens on which your cable s	•		annel 4 in Wash	ington, D.C. This r	may be different from the channel	
Column 3: Indicate	in each case v	vhether the st			pendent station, or a noncommercial	
					ast), "I" (for independent), "I-M" mmercial educational multicast).	
For the meaning of the	,, (,,	`	,	
				,.	s". If not, enter "No". For an ex-	
planation of local serv					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-	
					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 identified.	
Note: If you are utilizir	ng multiple chan				channel line-up.	
	T	CHANN	EL LINE-UP	AT		
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		

PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream 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 multicast), "Fc" (for noncommercial educational), or "E-M" (for noncommercial ed	61739)
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 seociated 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 i		
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Substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent) multicast). "For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in 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 dist	G	
 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 on a part-time basis because of lack of activated channel capacity.	Primar Transmitt Televisio	ers:
 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 during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time b		
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cast 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 e		
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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 identifed	e	
Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.		
CHANNEL LINE-UP AU		
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)		
	l	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEMIC	Name
CABLE ONE, IN	IC. d/b/a SP	ARKLIGHT			6173	9
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 on .61(e)(2) and (4 is, as explained	e accounting June 24, 198 l), or 76.63 (red in the next p	period, except (81, permitting the eferring to 76.61 paragraph.	(1) stations carried e carriage of certa (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	Primary Transmitters:
basis under specifc FC Do not list the station	C rules, regula here in space	tions, or autho G—but do list	orizations:		ent and Program Log)—if the	Television
basis. For further in	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- WETA-simulcast).	h station's call : associated with -2". Simulcast :	a station acc streams must	cording to its over be reported in o	er-the-air designat column 1 (list each	s such as HBO, ESPN, etc. Identify ion. For example, report multi- stream separately; for example on for broadcasting over-the-air in	
its community of licens on which your cable sy	e. For example stem carried th	, WRC is Cha e station.	nnel 4 in Wash	ington, D.C. This r	may be different from the channel	
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						
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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 designa-						
				•	ner basis, enter "O." For a further d in the paper SA3 form.	
Column 6: Give the	location of each	ch station. For	r U.S. stations, I	ist the community	to which the station is licensed by the	
Note: If you are utilizing				-	which the station is identifed. channel line-up.	
		CHANN	EL LINE-UP	ΔV	·	
4.0011	o Dioagt				C LOCATION OF STATION	
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)		

LEGAL NAME OF OWI	NER OF CABLE SY	STEM:			S'	YSTEM ID#	Name
CABLE ONE, I	NC. d/b/a SP	ARKLIGHT	-			61739	Itallie
PRIMARY TRANSMITT	ERS: TELEVISIO	N					
carried by your cable s FCC rules and regulat	system during th tions in effect on	ne accounting June 24, 198	period, except 31, permitting th	stations carried e carriage of certa	and low power television statior I only on a part-time basis unde in network programs [sections nd (2) certain stations carried or	r ´	G Primary
substitute program ba Substitute Basis \$	sis, as explained Stations: With re	d in the next pespect to any	oaragraph. distant stations	,,,,	able system on a substitute prog		Transmitters Television
pasis under specifc F(Do not list the station station was carried	n here in space (G—but do list		e Special Stateme	nt and Program Log)—if the		
List the station here,	and also in spa nformation conce	ce I, if the sta			ute basis and also on some other the general instructions located		
		•		. •	such as HBO, ESPN, etc. Iden ion. For example, report multi-	tify	
VETA-simulcast).			·	`	stream separately; for example		
s community of licen	se. For example	, WRC is Cha	-		on for broadcasting over-the-air may be different from the chann		
	e in each case w	hether the st			pendent station, or a noncomme	ercial	
	cast), "E" (for no	ncommercial	l educational), o	r "E-M" (for nonco	est), "I" (for independent), "I-M" mmercial educational multicast)		
	tation is outside	the local serv	vice area, (i.e. "d	distant"), enter "Ye	s". If not, enter "No". For an ex-		
Column 5: If you h	nave entered "Ye	es" in column	4, you must cor	mplete column 5, s	tating the basis on which your ering "LAC" if your cable system	1	
arried the distant sta	tion on a part-tin	ne basis beca	ause of lack of a	ctivated channel c	, ,		
of a written agreemen	t entered into on	or before Ju	ne 30, 2009, be	tween a cable sys	tem or an association represent y transmitter, enter the designa-	ing	
ion "E" (exempt). For	simulcasts, also	enter "E". If	you carried the	channel on any oth	ner basis, enter "O." For a furthed in the paper SA3 form.		
Column 6: Give th	e location of eac	ch station. Fo	r U.S. stations,	list the community	to which the station is licensed which the station is identifed.	by the	
Note: If you are utilizi		, , ,		•			
		CHANN	EL LINE-UP	AW			
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)			

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#
61739

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						S	YSTEM ID#	Name
CABLE ONE, INC. d/b/a	a SPARKI	JGHT					61739	Name
SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	IT AND PROGRAM LOG	i				
In General: In space I, identii substitute basis during the ac explanation of the programmi	counting pe	riod, under spec	cific present and former FC0	C rules, regu	ılations, or a	uthorizations. F	or a further	Substitute
1. SPECIAL STATEMENT				generalino	ti dottorio ioc	ated in the pape	27 67 10 11111.	Carriage:
During the accounting periproadcast by a distant state	iod, did you			s, any nonn	etwork tele		X No	Special Statement and Program Log
Note: If your answer is "No" log in block 2.	, leave the	rest of this pag	e blank. If your answer is "	'Yes," you n	nust comple			i rogram Log
2. LOG OF SUBSTITUTE								
In General: List each subst clear. If you need more space				wherever po	ossible, if th	eir meaning is		
			ล pages. sion program (substitute p	rogram) tha	it, during th	e accounting		
period, was broadcast by a							on	
under certain FCC rules, reg SA3 form for futher informat								
titles, for example, "I Love L	ucy" or "NB	A Basketball:	76ers vs. Bulls."		. List spot	ino program		
			· "Yes." Otherwise enter "N sting the substitute progra					
			e community to which the		ensed by th	ne FCC or, in		
the case of Mexican or Can	adian statio	ns, if any, the o	community with which the	station is ide	entified).			
first. Example: for May 7 giv		when your syst	em carried the substitute p	orogram. Us	se numerals	s, with the mont	h	
Column 6: State the time	es when the		gram was carried by your o				1	
to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:01:1	15 p.m. to 6	:28:30 p.m.	should be		
stated as "6:00–6:30 p.m." Column 7: Enter the letter	er "R" if the	listed program	was substituted for progra	mming that	your syster	n was required		
to delete under FCC rules a	nd regulation	ns in effect du	ring the accounting period	; enter the I	etter "P" if t	he listed pro		
gram was substituted for proeffect on October 19, 1976.		that your syste	m was permitted to delete	under FCC	rules and i	egulations in		
enection October 19, 1970.				1 1			1	Į
	LIDOTITLIT				HEN SUBS		7. REASON	
	2. LIVE?	E PROGRAM 3. STATION'S		CARRIAGE OCCURRED FOR DELETION				
TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	•	— то	BEELTION	Į
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ACCOUNTING PERIOD: 2022/2 FORM SA3E. PAGE 6.

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC. d/b/a SPARKLIGHT

SYSTEM ID#
61739

J

Part-Time Carriage Log

PART-TIME CARRIAGE LOG

In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages.

Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G.

Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period.

- Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10."
- State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.—3:15 a.m. app."
- You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.–12:00 p.m."

DATES AND HOURS OF PART-TIME CARRIAGE SE OCCURRED

CALL SIGN	WHEN CARRIAGE OCCURRED		CALL SIGN	WHEN CARRIAGE OCCURRED			
CALL SIGN		H	OURS	CALL SIGN		H	OURS
	DATE	FROM	TO		DATE	FROM	TO
			_				_
							_
			_				_
			_				_
			_				_
			_				_
			_				_
			_				_
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			_				_
				 			

	SA3E. PAGE 7.			SYSTEM ID#	
	AL NAME OF OWNER OF CABLE SYSTEM: BLE ONE, INC. d/b/a SPARKLIGHT			61739	Name
all a (as page	OSS RECEIPTS tructions: The figure you give in this space determines the amounts (gross receipts) paid to your cable system by subsidentified in space E) during the accounting period. For a set (vii) of the general instructions. Gross receipts from subscribers for secondary transmissed during the accounting period. PORTANT: You must complete a statement in space P co	escribers for the system's second further explanation of how to condition service(s)	dary transmission	service , see 596,202.35	K Gross Receipts
• Con • Con • If you fee: • If you accompany to the control of the	YRIGHT ROYALTY FEE uctions: Use the blocks in this space L to determine the respect to block 1, showing your minimum fee. mplete block 2, showing whether your system carried any our system did not carry any distant television stations, leaform block 1 on line 1 of block 4, and calculate the total report system did carry any distant television stations, you mompanying this form and attach the schedule to your state	distant television stations. ave block 3 blank. Enter the amo byalty fee. ust complete the applicable part ement of account.	s of the DSE Scho	edule	L Copyright Royalty Fee
	art 8 or part 9, block A, of the DSE schedule was completed 3 below.	ed, the base rate fee should be e	entered on line 1 c	f	
3 be	art 6 of the DSE schedule was completed, the amount fro elow.				
	art 7 or part 9, block B, of the DSE schedule was complet block 4 below.	ed, the surcharge amount should	d be entered on lir	ie	
Block 1	MINIMUM FEE: All cable systems with semiannual gros least the minimum fee, regardless of whether they carrie system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064	d any distant stations. This fee is			
	Enter the result here. This is your minimum fee.		\$	6,343.59	
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your ans space G. If, in space G, you identifed any stations as "di "Yes" in this block. • Did your cable system carry any distant television station in the property of	stant" by stating "Yes" in column	4, you must chec	k	
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from 4, or part 9, block A of the DSE schedule. If non		\$	3,171.80	
	Line 2. 3.75 Fee: Enter the total fee from line 7, block 0 schedule. If none, enter zero	c, part 6 of the DSE		0.00	
	Line 3. Add lines 1 and 2 and enter here		\$	3,171.80	
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: from block 1 or the sum of the base rate fee / 3. whichever is larger		\$	6,343.59	Cable systems
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: E (block D, section 3 or 4) or part 9 (block B) of th zero.			0.00	submitting additional deposits under
	Line 3. INTEREST CHARGE: Enter the amount (Interest Worksheet)			0.00	Section 111(d)(7) should contact the Licensing
	Line 4. FILING FEE		\$	725.00	additional fees. Division for the
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCO		\$	7,068.59	appropriate form for submitting the additional fees.
	Remit this amount via <i>electronic payment</i> payal general instructions located in the paper SA3 fo		ee page (i) of the		200.000.000

ACCOUNTING PERIOD: 2022/2
FORM SA3F_PAGE 8

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CABLE ONE, INC. d/b/a SPARKLIGHT	61739
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations.	
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	
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) 602-364-6013	
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)	
O Certifcation	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or	
	[(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or	
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.	m
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	
	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 the box and press th button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.	e "F2"
	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 6173	9 Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	Special Statement Concerning Gross Receipts Exclusion
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address Mailing Address	
INTEREST ASSESSMENTS	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest
x	Assessment
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 0.00274	_
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 please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.	
Owner Address	
First community served	
Accounting period	
ID number	

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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:

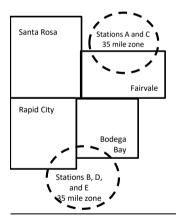
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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 Carried		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

	Ψ0,001.00					
First Subscriber Group		Second Subscriber Group		Third Subscriber Group		
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)		
	Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00
	DSEs	2.472	DSEs	1.083	DSEs	1.389
	Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03
	\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80
	\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23
	Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03

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

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

ACCOUNTING PERIOD: 2022/2

DSE SCHEDULE. PAGE	11. (CONTINUED)						
4	1 LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT SYSTEM ID 6173					YSTEM ID#	
I						61739	
	SUM OF DSEs OF CATEGOR	Y "O" STATION	IS:				
	• Add the DSEs of each station.						
	Enter the sum here and in line		0.50]			
2	Instructions: In the column headed "Call S	ian": list the cal	l signs of all distant stations i	dentified by th	e letter "O" in column 5		
	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3).						
Computation of DSEs for	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."						
Category "O"							
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Stations	KSDK	0.250	67 LEE 01014	202	07 LEE 01011	562	
	KTEJ	0.250					
	IN I LU	0.230					
Add rows as							
necessary.							
Remember to copy all				_			
formula into new							
rows.							
						<u> </u>	
						<u> </u>	
						•	
							
							
							
							
		1				•	

Name		E, INC. d/b/a SPARKL	IGHT				•	61739
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should of Column 3 Column 4 be carried out Column 5 give the type- Column 6	CAPACITY st the call sign of all distar 2: For each station, give the correspond with the inform 3: For each station, give the properties of the correspond with the inform column at least to the third deciment of the corresponding of the co	ne number of he nation given in the total number mn 2 by the figural point. This is tation, give the figuran 4 by the figuran 4 by the figuran 4 by the figuran 5 had not be not be seen as the seen a	ours your cable system space J. Calculate only of hours that the statio ure in column 3, and gives the "basis of carriage" "type-value" as "1.0." Fugure in column 5, and g	carried the station one DSE for each n broadcast over the result in decoration of the station of the station each network controllers and the controllers are sufficiently one of the station of the stat	n during the accounting in station. the air during the accounting the air during the accouncimals in column 4. This iden. or noncommercial education.	nting period. figure must tional station, ss than the	
Capacity	-	(CATEGORY	LAC STATIONS:	COMPUTATIO	ON OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEI	R JRS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAGE VALUE	5. TYPE		SE
						x x		
						x x		
			÷		=	x	=	
						x		
			÷			x	=	
Computation of DSEs for Substitute-Basis Stations	Instructions: Column 1: Giv • Was carried tions in effe • Broadcast of space I). Column 2:	of each station. Im here and in line 2 of particle the call sign of each station by your system in substituct on October 19, 1976 (a one or more live, nonnetwo	art 5 of this school tion listed in spetution for a progas shown by the programs du number of live,	pace I (page 5, the Log of gram that your system whe letter "P" in column 7 or ring that optional carriage nonnetwork programs of the control	of Substitute Prog vas permitted to d of space I); and ge (as shown by the	elete under FCC rules a e word "Yes" in column 2	nd regular-	
	Column 4:	Enter the number of days Divide the figure in colum This is the station's DSE (n 2 by the figur For more inforr	e in column 3, and give mation on rounding, see	the result in colunt page (viii) of the	general instructions in th		
	4 0411			-BASIS STATION				1 205
	1. CALL SIGN	2. NUMBER OF	3. NUMBE OF DAY	'S	1. CALL SIGN	2. NUMBER OF	3. NUMBER OF DAYS	4. DSE
		PROGRAMS -	IN YEAF	=		PROGRAMS	IN YEAR	=
		-		=			:	=
			-	=			.	=
			÷ ÷	=			÷ ÷	=
	Add the DSEs	OF SUBSTITUTE-BASI	S STATIONS:			0.00		-
5		ER OF DSEs: Give the am s applicable to your system		boxes in parts 2, 3, and	4 of this schedule a	and add them to provide	the total	
Total Number	1. Number	of DSEs from part 2 ●			>	·	0.50	
of DSEs		of DSEs from part 3 ●			>	•	0.00	
	3. Number	of DSEs from part 4 ●			>	•	0.00	
	TOTAL NUMBE	ER OF DSEs	,			,	•	0.50

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

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

LEGAL NAME OF O							S	YSTEM ID# 61739	Name
Instructions: Bloc In block A: • If your answer if ' schedule.	·		irt 6 and part 7	of the DSE schedu	ule blank and	complete part 8	3, (page 16) of the		6
• If your answer if '	"No," complete blo	cks B and C t		TELEVISION MA	VDKETS				Computation of
Is the cable systen	n located wholly ou	itside of all m		er markets as defin		tion 76.5 of FC	C rules and regula	tions in	3.75 Fee
effect on June 24, Yes—Com	1981?	schedule—D	•	LETE THE REMAIN			3		
	note pleate B and			RIAGE OF PERM	WITTED DS	:Fe			
Column 1: CALL SIGN	FCC rules and re	of distant sta gulations pric e DSE Scheo	itions listed in p or to June 25, 1 dule. (Note: The	oart 2, 3, and 4 of th 981. For further ex e letter M below ref	his schedule t	hat your systen 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 Noncommerce D Grandfathered instructions fo E Carried pursua *F A station previous control of the cont	les and reguled pursuant to on as defined al educationa I station (76.6 r DSE schedunt to individuationsly carried the station will be station	ations cited be to the FCC mark in 76.5(kk) (76 I station [76.59 5) (see paragrule). all waiver of FC d on a part-time thin grade-B co	e or substitute basi ontour, [76.59(d)(5)	e in effect on 3.57, 76.59(b), (1), 76.63(a) (3) (a) referring the stitution of grass prior to June	June 24, 1981.) 76.61(b)(c), 76 referring to 76.6 to 76.61(d)] ndfathered staf	.63(a) referring to 61(e)(1)	l	
Column 3:		stations ider	ntified by the le	parts 2, 3, and 4 of tter "F" in column 2			ksheet on page 14	1 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	
KTEJ	С	0.25							
	·								
								0.25	
		E	BLOCK C: CC	MPUTATION OF	3.75 FEE				
Line 1: Enter the	total number of	DSEs from լ	oart 5 of this s	schedule					
Line 2: Enter the	sum of permitte	d DSEs fron	n block B abo	ve					
				of DSEs subject 7 of this schedule		ate.			
Line 4: Enter gro	oss receipts from	space K (pa	nge 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ine 4 by 0.0375 a	and enter su	m here				х		permited/ partially nonpermitted
Line 6: Enter tota	al number of DSE	Es from line	3						carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ine 6 by line 5 an	d enter here	and on line	2, block 3, space	L (page 7)			0.00	

	OF OWNER OF CABLE E, INC. d/b/a SPA						S'	YSTEM ID# 61739	Name
4.6	0 250:::===			SION MARKETS		11	0 DEDIVE	0 505	6
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
									Computation of 3.75 Fee
					<u></u>				

ACCOUNTING PERIOD: 2022/2

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. d/b/a SPARKLIGHT 61739 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? No—Proceed to part 8 Yes—Complete blocks B and C . 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# 61739	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	596,202.35	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.		
44	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		IE OF OWNER OF CABLE SYSTEM:	61739
		CABLE ONE, INC. d/b/a SPARKLIGHT	01/39
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation of the		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ \$	
Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1)	
Surcharge		C. Multiply line B by 3.000 and enter here	
		D. Enter 0.00089 of gross receipts (the amount in section 1)	
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here	
		F. Multiply line D by line E and enter here	
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)	
		Syndicated Exclusivity Surcharge	<u></u> .
8 Computation of Base Rate Fee	6 was of In blo In blo If you blank. What if were located to the ware located to the w	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. ck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. r answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. r answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below	N
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	- Did v		
		bur 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		
	Section	Enter the amount of gross receipts from space K (page 7)	
	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	

DSE SCH	IEDU	JLE. PAGE 17.	ACCOUNTING	9 PERIOD: 2022/2
		OF OWNER OF CABLE SYSTEM: ONE, INC. d/b/a SPARKLIGHT	SYSTEM ID# 61739	Name
Section 4	If th	e figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.		0
·	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) \$		Computation of
	C	Multiply line B by 3.000 and enter here >		Base Rate Fee
	D.	Enter 0.00330 of gross receipts (the amount in section 1) \$		
	E.	Subtract 4.000 from total DSEs (the figure in section 2) and enter here		
	F.	Multiply line D by line E and enter here \$		
	G	Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee \$	0.00	
	be	NT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television reported on a community-by-community basis (subscriber groups) if the cable system reported me	<u> </u>	9
receipt	s fro	: If any of the stations you carried were partially distant, the statute allows you, in computing your im subscribers located within the station's local service area, from your system's total gross receip you must:		Computation of Base Rate Fee

First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group. **Finally:** Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.

NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must 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.
- If
- 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.
- $\bullet \ \, \text{Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group. } \\$
- 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.

Computation
of
Base Rate Fee
and
Syndicated
Exclusivity
Surcharge
for
Partially
Distant
Stations, and
for Partially
Permitted
Stations

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61739 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.

CABLE ONE, INC.						\$	61739	Name
E	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACI	H SUBSCR	IBER GROUP		
	FIRST	SUBSCRIBER GROU	Р		SECONE	SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA	POPLA	R BLUFF/BUTLEF	R CO.	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
KTEJ	0.25							Base Rate Fee
KSDK	0.25							and Syndicated Exclusivity
								Surcharge for Partially Distant
								Stations
Total DSEs			0.50	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 596	,202.35	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$ 3	,171.80	Base Rate Fee Seco	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	Р		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 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 th Enter here and in block			ber group a	s shown in the boxes a	above.	\$	3,171.80	

LEGAL NAME OF OWN						S	61739	Name
			E RASE DA	TE FEES FOR EACH	I SUBSCE	IRER GROUD	223	
		SUBSCRIBER GROU		TETELS FOR EACE		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
		H	······································		····			for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	SEVENTH	SUBSCRIBER GROU			EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					····			
			<u> </u>		····			
			<u></u>		····			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
	_							
Base Rate Fee: Add t Enter here and in bloc			riber group a	as shown in the boxes a	bove.	\$		
	. , , -	,						

CABLE ONE, INC.						S	YSTEM ID# 61739	Name
В				ATE FEES FOR EACH				
COMMUNITY/ AREA	NINTH	SUBSCRIBER GROU	JP 0	COMMUNITY/ AREA	TENTH	SUBSCRIBER GROU	P 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 Gr	oup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
·					•			
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
Е	LEVENTH	SUBSCRIBER GROU	JP		TWELVTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						<u> </u>		
						<u> </u>		
	<u> </u>				···			
						1		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
				- !!				
Base Rate Fee: Add th Enter here and in block			iber group	as shown in the boxes a	bove.	\$		

		IBER GROUP	I SUBSCRI			COMPUTATION O	LOCK A: (D
	IP	SUBSCRIBER GROU				SUBSCRIBER GRO		
9	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate	DOE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
and	•••••••••••••••••••••••••••••••••••••••				••••			
Syndicat								
Exclusiv						-		
Surchar								
for Partiall			<u></u>				-	
Distan							·	
Station	•••••••••••••••••••••••••••••••••••••••				••••			
	<u>.</u>		<u></u>					
			<u></u>				-	
							·	
	0.00			Total DSEs	0.00			otal DSEs
					0.00			otal DOES
					0.00	_		5 5
	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	oup	Bross Receipts First Gr
	0.00	\$		Gross Receipts Secor		\$		
		\$			0.00	\$		
	0.00		d Group	Gross Receipts Secon	0.00	\$ SUBSCRIBER GRO	oup	Base Rate Fee First Gro
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	3ase Rate Fee First Gr
	0.00 0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	dase Rate Fee First Gr
	0.00 0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	dase Rate Fee First Gr
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Gross Receipts Secon Base Rate Fee Secon COMMUNITY/ AREA	0.00 UP	SUBSCRIBER GRO	oup	iase Rate Fee First Green File Community/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Gross Receipts Secon Base Rate Fee Secon COMMUNITY/ AREA	0.00 UP	SUBSCRIBER GRO	oup	ase Rate Fee First Green File OMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Gross Receipts Secon Base Rate Fee Secon COMMUNITY/ AREA	0.00 UP	SUBSCRIBER GRO	oup	iase Rate Fee First Green File Community/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Gross Receipts Secon Base Rate Fee Secon COMMUNITY/ AREA	0.00 UP	SUBSCRIBER GRO	oup	iase Rate Fee First Green File Community/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Gross Receipts Secon Base Rate Fee Secon COMMUNITY/ AREA	0.00 UP	SUBSCRIBER GRO	oup	iase Rate Fee First Green File Community/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Gross Receipts Secon Base Rate Fee Secon COMMUNITY/ AREA	0.00 UP	SUBSCRIBER GRO	oup	Gase Rate Fee First Green File COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Gross Receipts Secon Base Rate Fee Secon COMMUNITY/ AREA	0.00 UP	SUBSCRIBER GRO	oup	Gase Rate Fee First Green File COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Gross Receipts Secon Base Rate Fee Secon COMMUNITY/ AREA	0.00 UP	SUBSCRIBER GRO	oup	Base Rate Fee First Green File COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Gross Receipts Secon Base Rate Fee Secon COMMUNITY/ AREA	0.00 UP	SUBSCRIBER GRO	oup	Gase Rate Fee First Green File COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Gross Receipts Secon Base Rate Fee Secon COMMUNITY/ AREA	0.00 UP	SUBSCRIBER GRO	oup	Base Rate Fee First Green File COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Gross Receipts Secon Base Rate Fee Secon COMMUNITY/ AREA	0.00 UP	SUBSCRIBER GRO	oup	Base Rate Fee First Green File COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Gross Receipts Secon Base Rate Fee Secon COMMUNITY/ AREA	0.00 UP	SUBSCRIBER GRO	oup	Gase Rate Fee First Green File COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Gross Receipts Secon Base Rate Fee Secon COMMUNITY/ AREA	0.00 UP	SUBSCRIBER GRO	oup	Base Rate Fee First Green File COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Gross Receipts Secon Base Rate Fee Secon COMMUNITY/ AREA	0.00 UP	SUBSCRIBER GRO	oup	FII COMMUNITY/ AREA CALL SIGN
	0.00 0.00 DSE	\$ SUBSCRIBER GROU	d Group SIXTEENTH DSE	Gross Receipts Secon Base Rate Fee Secon COMMUNITY/ AREA CALL SIGN	0.00 UP O DSE	SUBSCRIBER GRO	DSE	FII COMMUNITY/ AREA CALL SIGN Total DSEs
	0.00 0.00 DSE 0.00	SUBSCRIBER GROU	d Group SIXTEENTH DSE	Gross Receipts Secon Base Rate Fee Secon COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 UP	SUBSCRIBER GRO CALL SIGN	DSE	FII COMMUNITY/ AREA CALL SIGN Total DSEs
	0.00 0.00 DSE 0.00	SUBSCRIBER GROU	d Group	Gross Receipts Secon Base Rate Fee Secon COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 UP	SUBSCRIBER GRO CALL SIGN	DSE DSE	COMMUNITY/ AREA

LEGAL NAME OF OWNE CABLE ONE, INC.						S	YSTEM ID# 61739	Name
B	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
		SUBSCRIBER GROU		TH.		SUBSCRIBER GROU	Р	_
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
	<u></u>							Surcharge for
								Partially
								Distant
								Stations
	<u> </u>							
	<u>-</u>		ļ			-		
	-							
T / 1 DOF			0.00	T	l .		0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
NII	NTEENTH	SUBSCRIBER GROU	IP	T\	VENTIETH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u> </u>					-		
							····	
					·		····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	•	0.00	Gross Receipts Fourth	Group	•	0.00	
Cioss Necelhis IIIII G	ιουμ	\$	0.00	Oross Neceibis Loniu	Group	\$		
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	as shown in the boxes ab	ove.	\$		

	IP	RIBER GROUP				COMPUTATION	BLOCK A: (t
		O SUBSCRIBER G				SUBSCRIBER GRO		
0				COMMUNITY/ AREA	0			OMMUNITY/ AREA
DSE	<u>SN</u>	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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0.00				Total DSEs	0.00			al DSEs
0.00					0.00			al DSEs
		\$	nd Group	Gross Receipts Seco	0.00	\$	roup	ss Receipts First G
0.00			•					
0.00		\$		Base Rate Fee Seco	0.00	\$	roup	e Rate Fee First G
	ER GROUP	\$ H SUBSCRIBER G	nd Group		-	\$ SUBSCRIBER GRO	·	
	ER GROUP		nd Group		-	\$ SUBSCRIBER GRO	·	TWEN
0.00		H SUBSCRIBER G	nd Group	TWEN	UP 0		ITY-THIRD	TWEN
0.00			nd Group	TWEN	UP	SUBSCRIBER GRO	·	TWEN
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0.00 DSE		CALL SIGN	DSE	TWEN COMMUNITY/ AREA CALL SIGN Total DSEs	DSE O.00	CALL SIGN	DSE	TWEN MMUNITY/ AREA ALL SIGN
0.00 O		H SUBSCRIBER G	DSE	TWEN COMMUNITY/ AREA CALL SIGN	DSE		DSE	TWEN MMUNITY/ AREA ALL SIGN al DSEs
0.00 DSE		CALL SIGN	DSE OF Group	TWEN COMMUNITY/ AREA CALL SIGN Total DSEs	DSE O.00	CALL SIGN	DSE DSE DSF	TWENDMMUNITY/ AREA CALL SIGN Ital DSEs OSS Receipts Third Course Rate Fee Third Course

CABLE ONE, INC						S	61739	Name
	BLOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	H SUBSCR	IBER GROUP		
		SUBSCRIBER GRO		li		I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
					····			Surcharge
								for
								Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
		SUBSCRIBER GRO				I SUBSCRIBER GROU	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	•••••							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	
Page Date See Third	Crous		0.00	Page Bate Fee Front	th Craus		0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	ın Group	\$	0.00	
			criber group	as shown in the boxes a	above.	¢		
Enter here and in bloo	JK 3, IINE 1, S	space L (page /)				\$		

	AL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# BLE ONE, INC. d/b/a SPARKLIGHT 61739							Name
TWE		COMPUTATION C		TE FEES FOR EAC		IBER GROUP I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
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Tatal DOEs			0.00	Tetal DCFs			0.00	
Total DSEs	Croun	•	0.00	Total DSEs Gross Receipts Sec	and Craun	•	0.00	
Gross Receipts First	Group	3	0.00	Gross Receipts Sec	ona Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO		11		SUBSCRIBER GROU	_	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs	_		0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				!!				
Base Rate Fee: Add Enter here and in blo			criber group a	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE CABLE ONE, INC.						S	YSTEM ID# 61739	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
		SUBSCRIBER GROU				SUBSCRIBER GROU	P	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
THIR	TY-FIFTH	SUBSCRIBER GROU	JP	THI	RTY-SIXTH	SUBSCRIBER GROU	Р	
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	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
2.200 Noosipto Tilifu O		*		2.000 . to sorpto i out ti	2. ~ P	*	3.00	
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			riber group a	as shown in the boxes al	oove.	\$		

CABLE ONE, INC						S	YSTEM ID# 61739	Name
	BLOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACI	H SUBSCR	IBER GROUP		
		SUBSCRIBER GROU		Ti .		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Tatal DOFa			0.00	Total DCF-			0.00	
Total DSEs			0.00	Total DSEs				
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
TH	IRTY-NINTH	SUBSCRIBER GROU	JP		FORTIETH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
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Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes a	above.	\$		
	o, iiio 1, a	Paso E (Pago 1)				T		

		IBER GROUP	SUBSCRI		- BASE RA	COMPUTATION OF	BLOCK A: (В	
	ROUP	SUBSCRIBER GRO				SUBSCRIBER GROU			
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DSE		CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
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0.00		\$		Base Rate Fee Secon	0.00	\$			
•	ROUP	\$ SUBSCRIBER GRO		FORT	JP	\$ SUBSCRIBER GROU		FOR	
0.00	ROUP	-				\$ SUBSCRIBER GROU		FOR	
•	ROUP	-		FORT	JP	SUBSCRIBER GROU		FOR IMUNITY/ AREA	
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0	ROUP	SUBSCRIBER GRO	Y-FOURTH	FORT COMMUNITY/ AREA	JP 0		TY-THIRD	FOR	
0	ROUP	SUBSCRIBER GRO	Y-FOURTH	FORT COMMUNITY/ AREA	JP 0		TY-THIRD	FOR	
0	ROUP	SUBSCRIBER GRO	Y-FOURTH	FORT COMMUNITY/ AREA	JP 0		TY-THIRD	FOR	
0	ROUP	SUBSCRIBER GRO	Y-FOURTH	FORT COMMUNITY/ AREA	JP 0		TY-THIRD	FOR MMUNITY/ AREA	
0	ROUP	SUBSCRIBER GRO	Y-FOURTH	FORT COMMUNITY/ AREA	JP 0		TY-THIRD	FOR MMUNITY/ AREA	
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0	ROUP	SUBSCRIBER GRO	Y-FOURTH	FORT COMMUNITY/ AREA	JP 0		TY-THIRD	FOR MMUNITY/ AREA	
0	ROUP	SUBSCRIBER GRO	Y-FOURTH	FORT COMMUNITY/ AREA	JP 0		TY-THIRD	FOR MMUNITY/ AREA	
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0	ROUP	SUBSCRIBER GRO	Y-FOURTH	FORT COMMUNITY/ AREA	JP 0		TY-THIRD	FOR MMUNITY/ AREA	
O DSE	ROUP	SUBSCRIBER GRO	Y-FOURTH	FORT COMMUNITY/ AREA	DSE		TY-THIRD	FOR	
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O DSE	ROUP	SUBSCRIBER GRO	y-FOURTH DSE	FORT COMMUNITY/ AREA CALL SIGN	DSE		TY-THIRD DSE	FOR MMUNITY/ AREA	
0 DSE	ROUP	SUBSCRIBER GRO	y-FOURTH DSE	FORT COMMUNITY/ AREA CALL SIGN Total DSEs	DSE DSE	CALL SIGN	TY-THIRD DSE	Se Rate Fee First Gr FOR DMMUNITY/ AREA CALL SIGN tal DSEs oss Receipts Third G	

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		11						
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	0.00		nd Group	Base Rate Fee Secon	0.00	\$ SUBSCRIBER GRO	roup	ase Rate Fee First Gi
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	0.00 0.00	\$ I SUBSCRIBER GROU	nd Group	Base Rate Fee Secon FOR COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GRO	SEVENTH	FORTY-
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	0.00 0.00	\$ I SUBSCRIBER GROU	nd Group	Base Rate Fee Secon FOR COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GRO	SEVENTH	ase Rate Fee First GI FORTY- OMMUNITY/ AREA
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	0.00 0.00	\$ I SUBSCRIBER GROU	TY-EIGHTH DSE	FOR COMMUNITY/ AREA CALL SIGN	0.00 JP O DSE	\$ SUBSCRIBER GRO	SEVENTH	FORTY-OMMUNITY/ AREA CALL SIGN otal DSEs
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		IBER GROUP	SUBSCRI		- RASE KA	COMPUTATION O	LOCK A: (В
	IP	SUBSCRIBER GROU				SUBSCRIBER GRO		
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	0.00 0.00 DSE	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second FIFTY COMMUNITY/ AREA CALL SIGN	0.00 JP O DSE	\$ SUBSCRIBER GRO	oup	FIF COMMUNITY/ AREA
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	0.00 0.00 DSE 0.00	SUBSCRIBER GROU	d Group	Base Rate Fee Second FIFTY COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 JP 0 DSE	SUBSCRIBER GRO CALL SIGN	DSE DSE	COMMUNITY/ AREA
	0.00 0.00 DSE 0.00	SUBSCRIBER GROU	d Group /-SECOND DSE	Base Rate Fee Second FIFTY COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 JP 0 DSE	SUBSCRIBER GRO CALL SIGN	DSE DSE	FIFT COMMUNITY/ AREA CALL SIGN Total DSEs

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1	JP	SUBSCRIBER GROUP		FIFT		SUBSCRIBER GRO		
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	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	0.00 0.00	SUBSCRIBER GRO	oup TY-NINTH	ase Rate Fee First Gro FIFT OMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	0.00 0.00	SUBSCRIBER GRO	oup TY-NINTH	ase Rate Fee First Gro FIFT OMMUNITY/ AREA
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	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	0.00 0.00	SUBSCRIBER GRO	oup TY-NINTH	dase Rate Fee First Gro
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	0.00 0.00 DSE 0.00	SUBSCRIBER GROU	d Group SIXTIETH DSE	Gross Receipts Secon Base Rate Fee Secon COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 UP 0 DSE	SUBSCRIBER GRO	OUP TY-NINTH DSE	TIPE OMMUNITY/ AREA CALL SIGN otal DSEs
	0.00 0.00 DSE	\$ SUBSCRIBER GROU	d Group SIXTIETH DSE	Gross Receipts Secon Base Rate Fee Secon COMMUNITY/ AREA CALL SIGN	0.00 0.00 UP 0 DSE	SUBSCRIBER GRO	OUP TY-NINTH DSE	FIFT COMMUNITY/ AREA CALL SIGN Total DSEs
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CABLE ONE, INC.						S	YSTEM ID# 61739	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
		SUBSCRIBER GROU		TH.		SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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T-4-1 DOF-	l l		0.00	Tatal DOEs			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
SIX	ΓY-THIRD	SUBSCRIBER GROU	IP	SIXT	Y-FOURTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u>.</u>	-		
					<u>-</u>			
Total DSEs			0.00	Total DSEs			0.00	
	roup	•	0.00		Group	•	0.00	
Gross Receipts Third G	συμ	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group a	as shown in the boxes ab	oove.	\$		

CABLE ONE, INC.						S	YSTEM ID# 61739	Name
	BLOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCR	IBER GROUP		
	XTY-FIFTH	SUBSCRIBER GROU		Ti .	XTY-SIXTH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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								and
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	-SEVENTH	SUBSCRIBER GROU			TY-EIGHTH	SUBSCRIBER GROU	P	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
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Book Both Free This 14	Crou-		0.00	Book Bets Fee Fee "	Cro			
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Enter here and in block	к 3, line 1, s	pace L (page 7)				\$		

CABLE ONE, INC.						S	YSTEM ID# 61739	Name
			BASF RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
SEVEN	TY-FIRST	SUBSCRIBER GROU	IP	SEVENTY	/-SECOND	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
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Total DSEs	<u> </u>		0.00	Total DSEs			0.00	
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	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVEI COMMUNITY/ AREA	0.00 JP	SUBSCRIBER GRC	oup	ase Rate Fee First Gro SEVEN OMMUNITY/ AREA	
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	0.00 0.00 DSE 0.00	SUBSCRIBER GROU	d Group NTY-SIXTH DSE	Base Rate Fee Secon SEVEI COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 JP 0 DSE	SUBSCRIBER GRO	OUP TY-FIFTH DSE	SEVEN COMMUNITY/ AREA CALL SIGN	
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LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT 61739									
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CABLE ONE, INC.						S	YSTEM ID# 61739	Name
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					<u>.</u>			Surcharge for
								Partially
								Distant
					<u>.</u>			Stations
					<u>.</u>			
			<u> </u>				<u> </u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	EVENTH	SUBSCRIBER GROU		ii -	TWELVTH	SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u>.</u>			
					<u>.</u>			
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					<u>.</u>			
Total DSEs			0.00	Total DSEs	_		0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
							 -	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes ab	oove.	\$		

4			. 200001	TE FEES FOR EACH	. D, WE IV	SOME STATION C		D		
	P	SUBSCRIBER GROU	URTEENTH	II ONE HUNDRED FO	UP	SUBSCRIBER GRO		ONE HUNDRED THIS		
9	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA		
Computa			······			1				
of Door Date	DSE	CALL SIGN	DSE	CALL SIGN	DSE	GN DSE CALL SIGN				
Base Rate							····			
Syndica							-			
Exclusiv					<u></u>		<u>-</u>			
Surchar	••••									
for										
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Station							-			
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								otal DSEs		
	0.00			Total DSEs	0.00			olai DSES		
			nd Group			s	oup			
	0.00	\$	nd Group	Total DSEs Gross Receipts Secor	0.00	\$	oup			
	0.00			Gross Receipts Secor	0.00	\$		Gross Receipts First Gr		
		\$				\$		oral DSES Gross Receipts First Gr Base Rate Fee First Gr		
	0.00		nd Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gr		
=	0.00	\$	nd Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gr		
	0.00 0.00	\$	nd Group	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED S	0.00 0.00	\$	oup	Gross Receipts First Gross Rate Fee First GroonE HUNDRED FI		
=	0.00 0.00	\$	nd Group	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED S	0.00 0.00	\$	oup	Gross Receipts First Gross Rate Fee First Grone HUNDRED FILE		
=	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED S COMMUNITY/ AREA	0.00 0.00	\$ SUBSCRIBER GRO	oup	ase Rate Fee First Gr ONE HUNDRED FII		
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED S COMMUNITY/ AREA	0.00 0.00	\$ SUBSCRIBER GRO	oup	ase Rate Fee First Gr ONE HUNDRED FII OMMUNITY/ AREA		
=	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED S COMMUNITY/ AREA	0.00 0.00	\$ SUBSCRIBER GRO	oup	ase Rate Fee First Gr ONE HUNDRED FII		
=	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED S COMMUNITY/ AREA	0.00 0.00	\$ SUBSCRIBER GRO	oup	ase Rate Fee First Gr ONE HUNDRED FII OMMUNITY/ AREA		
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED S COMMUNITY/ AREA	0.00 0.00	\$ SUBSCRIBER GRO	oup	ase Rate Fee First Gr ONE HUNDRED FII OMMUNITY/ AREA		
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED S COMMUNITY/ AREA	0.00 0.00	\$ SUBSCRIBER GRO	oup	ase Rate Fee First Gr ONE HUNDRED FII OMMUNITY/ AREA		
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED S COMMUNITY/ AREA	0.00 0.00	\$ SUBSCRIBER GRO	oup	ase Rate Fee First Gr ONE HUNDRED FII		
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED S COMMUNITY/ AREA	0.00 0.00	\$ SUBSCRIBER GRO	oup	Gross Receipts First Gross Rate Fee First GroonE HUNDRED FI		
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED S COMMUNITY/ AREA	0.00 0.00	\$ SUBSCRIBER GRO	oup	Gross Receipts First Gross Rate Fee First Grone HUNDRED FILE		
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED S COMMUNITY/ AREA	0.00 0.00	\$ SUBSCRIBER GRO	oup	Gross Receipts First Gross Rate Fee First Grone HUNDRED FILES		
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED S COMMUNITY/ AREA	0.00 0.00	\$ SUBSCRIBER GRO	oup	Gross Receipts First Gross Rate Fee First Grone HUNDRED FILES		
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED S COMMUNITY/ AREA	0.00 0.00	\$ SUBSCRIBER GRO	oup	Gross Receipts First Gross Rate Fee First Grone HUNDRED FILE		
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED S COMMUNITY/ AREA	0.00 0.00	\$ SUBSCRIBER GRO	oup	Gross Receipts First Gross Rate Fee First Grone HUNDRED FILES		
	0.00 0.00 P 0 DSE	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED S COMMUNITY/ AREA CALL SIGN	0.00 0.00 UP 0 DSE	\$ SUBSCRIBER GRO	oup	Gross Receipts First Gross Rate Fee First Grone HUNDRED FILE COMMUNITY/ AREA		
	0.00 0.00 P DSE 0.00	SUBSCRIBER GROU	DSE	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED S COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 UP 0 0.00 0.00	SUBSCRIBER GRO	oup FTEENTH DSE	Gross Receipts First Gross Rate Fee First Grone HUNDRED FILE COMMUNITY/ AREA CALL SIGN Total DSEs		
	0.00 0.00 P 0 DSE	\$ SUBSCRIBER GROU	DSE	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED S COMMUNITY/ AREA CALL SIGN	0.00 0.00 UP 0 DSE	\$ SUBSCRIBER GRO	OUP FTEENTH DSE	Gross Receipts First Gross Rate Fee First Grone HUNDRED FILE COMMUNITY/ AREA		
	0.00 0.00 P DSE 0.00	SUBSCRIBER GROU	DSE	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED S COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 UP 0 0.00 0.00	SUBSCRIBER GRO	OUP FTEENTH DSE	Gross Receipts First Gross Rate Fee First Grone HUNDRED FILE COMMUNITY/ AREA CALL SIGN Total DSEs		

		IRER CROLID				COMPUTATION O	I OCK V· (
1	JP	SUBSCRIBER GROU						DNE HUNDRED SEVEN		
9	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA		
Computa										
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	IGN DSE CALL SIGN				
Base Rate							<u> </u>			
and										
Syndica		-					<u> </u>			
Exclusiv Surchar										
for			<u></u>		···	-	····			
Partial			<u> </u>		···		 			
Distar										
Station										
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_1	0.00			Total DSEs	0.00			otal DSEs		
					0.00			otal DOL3		
	_									
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gr		
	_	\$	d Group		0.00	\$	oup	Gross Receipts First Gr		
	_	\$			0.00	\$ \$				
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Base Rate Fee First Gro		
	0.00 0.00		d Group	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED T	0.00	\$	oup	ONE HUNDRED NIN		
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	ONE HUNDRED NIN		
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED T COMMUNITY/ AREA	0.00	\$	oup	ONE HUNDRED NIN		
	0.00 0.00	\$	d Group WENTIETH	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED T	0.00 UP	\$ SUBSCRIBER GRO	oup	ONE HUNDRED NIN		
	0.00 0.00	\$ SUBSCRIBER GROU	d Group WENTIETH	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED T COMMUNITY/ AREA	0.00 UP	\$ SUBSCRIBER GRO	oup	ONE HUNDRED NIN		
	0.00 0.00	\$ SUBSCRIBER GROU	d Group WENTIETH	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED T COMMUNITY/ AREA	0.00 UP	\$ SUBSCRIBER GRO	oup	ONE HUNDRED NIN		
	0.00 0.00	\$ SUBSCRIBER GROU	d Group WENTIETH	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED T COMMUNITY/ AREA	0.00 UP	\$ SUBSCRIBER GRO	oup	ONE HUNDRED NIN		
	0.00 0.00	\$ SUBSCRIBER GROU	d Group WENTIETH	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED T COMMUNITY/ AREA	0.00 UP	\$ SUBSCRIBER GRO	oup	ONE HUNDRED NIN		
	0.00 0.00	\$ SUBSCRIBER GROU	d Group WENTIETH	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED T COMMUNITY/ AREA	0.00 UP	\$ SUBSCRIBER GRO	oup	ONE HUNDRED NIN		
	0.00 0.00	\$ SUBSCRIBER GROU	d Group WENTIETH	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED T COMMUNITY/ AREA	0.00 UP	\$ SUBSCRIBER GRO	oup	ONE HUNDRED NIN		
	0.00 0.00	\$ SUBSCRIBER GROU	d Group WENTIETH	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED T COMMUNITY/ AREA	0.00 UP	\$ SUBSCRIBER GRO	oup	ONE HUNDRED NIN		
	0.00 0.00	\$ SUBSCRIBER GROU	d Group WENTIETH	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED T COMMUNITY/ AREA	0.00 UP	\$ SUBSCRIBER GRO	oup	ONE HUNDRED NIN		
	0.00 0.00	\$ SUBSCRIBER GROU	d Group WENTIETH	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED T COMMUNITY/ AREA	0.00 UP	\$ SUBSCRIBER GRO	oup	ONE HUNDRED NINCOMMUNITY/ AREA		
	0.00 0.00	\$ SUBSCRIBER GROU	d Group WENTIETH	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED T COMMUNITY/ AREA	0.00 UP	\$ SUBSCRIBER GRO	oup	ONE HUNDRED NINCOMMUNITY/ AREA		
	0.00 0.00	\$ SUBSCRIBER GROU	d Group WENTIETH	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED T COMMUNITY/ AREA	0.00 UP	\$ SUBSCRIBER GRO	oup	ONE HUNDRED NINCOMMUNITY/ AREA		
	0.00 0.00	\$ SUBSCRIBER GROU	d Group WENTIETH	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED T COMMUNITY/ AREA	0.00 UP	\$ SUBSCRIBER GRO	oup	ONE HUNDRED NIN		
	0.00 0.00 DSE	\$ SUBSCRIBER GROU	d Group WENTIETH	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED T COMMUNITY/ AREA CALL SIGN	0.00 UP O DSE	\$ SUBSCRIBER GRO	oup	ONE HUNDRED NINCOMMUNITY/ AREA		
	0.00 0.00	\$ SUBSCRIBER GROU	d Group WENTIETH	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED T COMMUNITY/ AREA	0.00 UP	\$ SUBSCRIBER GRO	oup	ONE HUNDRED NIN COMMUNITY/ AREA CALL SIGN		
	0.00 0.00 DSE	\$ SUBSCRIBER GROU	d Group WENTIETH DSE	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED T COMMUNITY/ AREA CALL SIGN	0.00 UP O DSE	\$ SUBSCRIBER GRO	DSE	ONE HUNDRED NIN COMMUNITY/ AREA CALL SIGN Total DSEs		
	0.00 0.00 DSE 0.00	SUBSCRIBER GROU	d Group WENTIETH DSE	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED T COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 UP	SUBSCRIBER GRO CALL SIGN	DSE	COMMUNITY/ AREA		
	0.00 0.00 DSE 0.00	SUBSCRIBER GROU	d Group WENTIETH DSE Group	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED T COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 UP	SUBSCRIBER GRO CALL SIGN	OUP NTEENTH :	ONE HUNDRED NIN COMMUNITY/ AREA CALL SIGN Total DSEs		

LEGAL NAME OF OWNE CABLE ONE, INC.						S	YSTEM ID# 61739	Name
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EACH				
COMMUNITY/ AREA			0	COMMUNITY/ AREA		2 1 1 1 2 1 3 1 3 1	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
					<u>.</u>			Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oun	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Cross resolpts rillet Gr	oup			Cross reserves essenti	а отоар	•		
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED TWEE	NTY-THIRD	SUBSCRIBER GROUP	0	ONE HUNDRED TWENT	TY-FOURTH	SUBSCRIBER GROUP	0	
COMMONT IT AREA				COMMONT 17 AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u>.</u>			
			•					
Total DSEs		•	0.00	Total DSEs	C	•	0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
							<u>, </u>	
Base Rate Fee: Add th Enter here and in block			ber group	as shown in the boxes ab	oove.	\$		

EGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								
ONE HUNDRED TWENTY-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA O			SUBSCRIBER GROUP	TY-FIFTH S	ONE HUNDRED TWENT			
COMMONITY AREA					WWWONIT I/ AREA			
DSE CALL SIGN DSE CALL SIGN DSE	CAL	DSE	CALL SIGN	DSE	ALL SIGN			
Ba								
	_							
0.00 Total DSEs	-			•	al DSEs			
0.00 Gross Receipts Second Group \$ 0.00	Gross	0.00	\$	up	oss Receipts First Grou			
0.00 Base Rate Fee Second Group \$ 0.00	Base	0.00	\$	ир	se Rate Fee First Grou			
P ONE HUNDRED TWENTY-EIGHTH SUBSCRIBER GROUP	ONE	P	SUBSCRIBER GROUF	SEVENTH S	HUNDRED TWENTY-S			
O COMMUNITY/ AREA O	COMN	0			MMUNITY/ AREA			
DSE CALL SIGN DSE CALL SIGN DSE	CAL	DSE	CALL SIGN	DSE	ALL SIGN			
				11				
0.00 Total DSEs 0.00	Total	0.00			al DSFs			
0.00 Total DSEs	-		•		al DSEs			
0.00 Total DSEs 0.00 0.00 Gross Receipts Fourth Group \$ 0.00	-		\$	pup	al DSEs			

LEGAL NAME OF OWNE CABLE ONE, INC.						S	YSTEM ID# 61739	Name
F	BLOCK A	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR'	IBER GROUP		
		SUBSCRIBER GROUP		П		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 Secon	d Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	IRTY-FIRST	SUBSCRIBER GROUP			TY-SECOND	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			ļ		<u></u>			
					<u> </u>			
Total DSEs			0.00	Total DSEs	-1		0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fourth	ı Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	
				<u> </u>				
Base Rate Fee: Add th	ne base rate	e fees for each subscr	iber group a	as shown in the boxes at	bove.			
Enter here and in block						\$		

CABLE ONE, INC.						S	YSTEM ID# 61739	Name
E	BLOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCR	IBER GROUP		
ONE HUNDRED THI	RTY-THIRD	SUBSCRIBER GROUP		ii e	TY-FOURTH	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
					<u></u>			Syndicated
						<u> </u>		Exclusivity Surcharge
				-	<u> </u>			for
								Partially
								Distant
								Stations
					<u> </u>			
			0.00				0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	IRTY-FIFTH	SUBSCRIBER GROUP		ii .	IIRTY-SIXTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u> </u>			
		J			<u></u>	H		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			iber group	as shown in the boxes at	oove.	\$		

CABLE ONE, INC.						S	YSTEM ID# 61739	Name
ONE HUNDRED THIRTY			BASE RA	ONE HUNDRED THIS		IBER GROUP SUBSCRIBER GROUP	0	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
	<u></u>			-	<u></u>			Syndicated
								Exclusivity
								Surcharge
					<u> </u>			for Partially
	···········				<u> </u>			Distant
								Stations
	-		<u> </u>					
			<u> </u>	-	-		····	
					<u>-</u>		<u> </u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
·	•				·			
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED THIS	RTY-NINTH	SUBSCRIBER GROUP		ONE HUNDRED	FORTIETH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u> </u>			
	<u></u>				<u></u>			
	<u>-</u>		<u> </u>		<u></u>			
			l		<u>-</u>		<u></u>	
	•							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
		-		Sizzz (SSS.plo) Salur	-:			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				Ш				
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes ab	oove.	\$		

CABLE ONE, INC.						S	YSTEM ID# 61739	Name
ONE HUNDRED FOI		COMPUTATION OF SUBSCRIBER GROUP		1		IBER GROUP SUBSCRIBER GROUP	0	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
	······································				<mark>-</mark>		····	Exclusivity
								Surcharge
					<mark></mark>			for Partially
					<u>.</u>			Distant
								Stations
					<mark></mark>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED FOR	RTY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED FOR	TY-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<mark></mark>			
					<u>.</u>			
					<mark></mark>			
	<u> </u>				<mark></mark>			
						-		
					<u>.</u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	•	0.00	Gross Receipts Fourth	Group	•	0.00	
Closs (receibts 11111)	ioup	\$	0.00	Closs Necelbis Foultil	Огоир	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				- И				
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes ab	oove.	\$		

BLOCK						61739	Name
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED FORTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O							
ONE HUNDRED FORTY-FIF	TH SUBSCRIBER GRO	<u>OUP</u>	#		1 SUBSCRIBER GROUP	0	9
			COMMONT 17 ARE	A			Computa
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate and
							and Syndicat
							Exclusiv
							Surchar
							for Partiall
				·····			Distan
							Station
		0.00				0.00	
otal 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 FORTY-SEVEN	TH SUBSCRIBER GRO	UP	ONE HUNDRED F	ORTY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		•••••					
otal DSEs	I	0.00	Total DSEs			0.00	
Gross Receipts Third Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
							
	s	0.00	Base Rate Fee Fou	rth Group	\$	0.00	

61739 Nan							
ID.	RIBER GROUP I SUBSCRIBER GROUI		TE FEES FOR EACH				ONE HUNDRED FOR
0 9	1 GODGONIDER GROUI	. II IIEIM	COMMUNITY/ AREA	<u> 0</u>	CODOCNIDER GRU	I I FINIIN I M	ONE HUNDRED FOR COMMUNITY/ AREA
Compu							
DSE of	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Ra							
and							
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fo							
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0.00			Total DSEs	0.00			otal DSEs
				0.00	e	roun	D
0.00	\$	Group	Gross Receipts Secon	0.00	\$	loup	ross Receipts First Gr
0.00	\$	Group	Gross Receipts Second	0.00	4	Юир	ross Receipts First Gr
0.00	\$		Base Rate Fee Second	0.00	\$		
0.00	\$	Group	Base Rate Fee Second	0.00	\$	roup	l ase Rate Fee First Gr
0.00		Group	Base Rate Fee Second	0.00	\$ SUBSCRIBER GRO	roup	one Hundred First Gr
0.00	\$	Group	Base Rate Fee Second	0.00	\$	roup	ase Rate Fee First Gr
0.00	\$	Group	Base Rate Fee Second	0.00	\$	roup	ase Rate Fee First Gr ONE HUNDRED FIF OMMUNITY/ AREA
0.00	\$ D SUBSCRIBER GROUI	Group	Base Rate Fee Second ONE HUNDRED FIFTY COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GRO	TY-FIRST	ase Rate Fee First Gr ONE HUNDRED FIF OMMUNITY/ AREA
0.00	\$ D SUBSCRIBER GROUI	Group	Base Rate Fee Second ONE HUNDRED FIFTY COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GRO	TY-FIRST	ONE HUNDRED FIF
0.00	\$ D SUBSCRIBER GROUI	Group	Base Rate Fee Second ONE HUNDRED FIFTY COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GRO	TY-FIRST	ONE HUNDRED FIFOMMUNITY/ AREA
0.00	\$ D SUBSCRIBER GROUI	Group	Base Rate Fee Second ONE HUNDRED FIFTY COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GRO	TY-FIRST	ONE HUNDRED FIFOMMUNITY/ AREA
0.00	\$ D SUBSCRIBER GROUI	Group	Base Rate Fee Second ONE HUNDRED FIFTY COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GRO	TY-FIRST	ase Rate Fee First Gr ONE HUNDRED FIF OMMUNITY/ AREA
0.00	\$ D SUBSCRIBER GROUI	Group	Base Rate Fee Second ONE HUNDRED FIFTY COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GRO	TY-FIRST	ase Rate Fee First Gr ONE HUNDRED FIF OMMUNITY/ AREA
0.00	\$ D SUBSCRIBER GROUI	Group	Base Rate Fee Second ONE HUNDRED FIFTY COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GRO	TY-FIRST	ase Rate Fee First Gr ONE HUNDRED FIF OMMUNITY/ AREA
0.00	\$ D SUBSCRIBER GROUI	Group	Base Rate Fee Second ONE HUNDRED FIFTY COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GRO	TY-FIRST	ase Rate Fee First Gr ONE HUNDRED FIF OMMUNITY/ AREA
0.00	\$ D SUBSCRIBER GROUI	Group	Base Rate Fee Second ONE HUNDRED FIFTY COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GRO	TY-FIRST	ase Rate Fee First Gr ONE HUNDRED FIF OMMUNITY/ AREA
0.00	\$ D SUBSCRIBER GROUI	Group	Base Rate Fee Second ONE HUNDRED FIFTY COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GRO	TY-FIRST	ase Rate Fee First Gr ONE HUNDRED FIF OMMUNITY/ AREA
0.00	\$ D SUBSCRIBER GROUI	Group	Base Rate Fee Second ONE HUNDRED FIFTY COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GRO	TY-FIRST	ONE HUNDRED FIF
0.00	\$ D SUBSCRIBER GROUI	Group	Base Rate Fee Second ONE HUNDRED FIFTY COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GRO	TY-FIRST	ase Rate Fee First Gr ONE HUNDRED FIF OMMUNITY/ AREA
0.00 IP O DSE	\$ D SUBSCRIBER GROUI	Group	Base Rate Fee Second ONE HUNDRED FIFTY COMMUNITY/ AREA CALL SIGN	0.00 JP O DSE	\$ SUBSCRIBER GRO	TY-FIRST	ONE HUNDRED FIFE COMMUNITY/ AREA
0.00	\$ D SUBSCRIBER GROUI	Group	Base Rate Fee Second ONE HUNDRED FIFTY COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GRO	TY-FIRST	ONE HUNDRED FIFE COMMUNITY/ AREA
0.00 IP O DSE	\$ D SUBSCRIBER GROUI	Group SECOND DSE	Base Rate Fee Second ONE HUNDRED FIFTY COMMUNITY/ AREA CALL SIGN	0.00 JP O DSE	\$ SUBSCRIBER GRO	DSE	ONE HUNDRED FIFE COMMUNITY/ AREA
0.00 DSE 0.00	\$ CALL SIGN	Group SECOND DSE	Base Rate Fee Second ONE HUNDRED FIFTY COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 JP O DSE O.00	SUBSCRIBER GRO CALL SIGN	DSE	ONE HUNDRED FIFE COMMUNITY/ AREA CALL SIGN Total DSEs
0.00 DSE 0.00	\$ CALL SIGN	Group DSE Group	Base Rate Fee Second ONE HUNDRED FIFTY COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 JP O DSE O.00	SUBSCRIBER GRO CALL SIGN	DSE DSF	COMMUNITY/ AREA

		IDEN GNOOF			. — . •		LOCK A: (
1 _	JP	SUBSCRIBER GROU		ONE HUNDRED FIFT	JP			ONE HUNDRED FIF
9	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computa	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
and							·	
Syndica								
Exclusi								
Surcha								
for					<u></u>			
Partial								
Distar							<u></u>	
Station							·	
•					<u>-</u>		·	
		-					·	
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<u>"</u> 	0.00			Total DSEs	0.00			otal DSES
 - -		\$	nd Group			\$	oup	
	0.00	\$	nd Group	Total DSEs Gross Receipts Secon	0.00	\$	oup	
-	0.00			Gross Receipts Secon	0.00	\$		iross Receipts First Gr
	0.00	\$	nd Group	Gross Receipts Secon		\$		Gross Receipts First Gr
	0.00		nd Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gr
	0.00	\$	nd Group	Gross Receipts Secon	0.00	\$	oup	otal DSEs Gross Receipts First Gross Rate Fee First Groone HUNDRED FIF
	0.00 0.00	\$	nd Group	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED F	0.00 0.00	\$ SUBSCRIBER GRO	oup	ase Rate Fee First Groons HUNDRED FIF
	0.00 0.00	\$	nd Group	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED F	0.00 0.00	\$	oup	ross Receipts First Grasse Rate Fee First Grasse Rote Fee First Grasse ONE HUNDRED FIF
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Secon ONE HUNDRED F COMMUNITY/ AREA	0.00 0.00 UP	\$ SUBSCRIBER GRO	oup	ase Rate Fee First Groons HUNDRED FIF
- - - - - -	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Secon ONE HUNDRED F COMMUNITY/ AREA	0.00 0.00 UP	\$ SUBSCRIBER GRO	oup	ross Receipts First Grasse Rate Fee First Grasse Rote Fee First Grasse ONE HUNDRED FIF
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Secon ONE HUNDRED F COMMUNITY/ AREA	0.00 0.00 UP	\$ SUBSCRIBER GRO	oup	ross Receipts First Grasse Rate Fee First Grasse Rote Fee First Grasse ONE HUNDRED FIF
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Secon ONE HUNDRED F COMMUNITY/ AREA	0.00 0.00 UP	\$ SUBSCRIBER GRO	oup	ross Receipts First Grasse Rate Fee First Grasse Rote Fee First Grasse ONE HUNDRED FIF
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Secon ONE HUNDRED F COMMUNITY/ AREA	0.00 0.00 UP	\$ SUBSCRIBER GRO	oup	ase Rate Fee First Groons HUNDRED FIF
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Secon ONE HUNDRED F COMMUNITY/ AREA	0.00 0.00 UP	\$ SUBSCRIBER GRO	oup	ase Rate Fee First Groons HUNDRED FIF
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Secon ONE HUNDRED F COMMUNITY/ AREA	0.00 0.00 UP	\$ SUBSCRIBER GRO	oup	oross Receipts First Grasse Rate Fee First Grasse Rate Fee First Grasse ONE HUNDRED FIF
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Secon ONE HUNDRED F COMMUNITY/ AREA	0.00 0.00 UP	\$ SUBSCRIBER GRO	oup	ase Rate Fee First Groons HUNDRED FIF
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Secon ONE HUNDRED F COMMUNITY/ AREA	0.00 0.00 UP	\$ SUBSCRIBER GRO	oup	oross Receipts First Grasse Rate Fee First Grasse Rate Fee First Grasse ONE HUNDRED FIF
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Secon ONE HUNDRED F COMMUNITY/ AREA	0.00 0.00 UP	\$ SUBSCRIBER GRO	oup	Gross Receipts First Gross Rate Fee First Gro
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Secon ONE HUNDRED F COMMUNITY/ AREA	0.00 0.00 UP	\$ SUBSCRIBER GRO	oup	Gross Receipts First Gross Rate Fee First Groone HUNDRED FIF
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Secon ONE HUNDRED F COMMUNITY/ AREA	0.00 0.00 UP	\$ SUBSCRIBER GRO	oup	oross Receipts First Grasse Rate Fee First Grasse Rate Fee First Grasse ONE HUNDRED FIF
	0.00 0.00	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Secon ONE HUNDRED F COMMUNITY/ AREA	0.00 0.00 UP	\$ SUBSCRIBER GRO	oup	Gross Receipts First Gross Rate Fee First Groone HUNDRED FIF
	0.00 0.00 DSE	\$ SUBSCRIBER GROU	nd Group	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED F COMMUNITY/ AREA CALL SIGN	0.00 0.00 UP 0 DSE	\$ SUBSCRIBER GRO	oup	CALL SIGN
	0.00 0.00 DSE 0.00	SUBSCRIBER GROU	DSE	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED F COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 UP 0 0.00 0.00	SUBSCRIBER GRO	OUP TY-FIFTH DSE	Gross Receipts First Gross Rate Fee First Gross Rate Fee First Groon ONE HUNDRED FIF COMMUNITY/ AREA
	0.00 0.00 DSE	\$ SUBSCRIBER GROU	DSE	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED F COMMUNITY/ AREA CALL SIGN	0.00 0.00 UP 0 DSE	\$ SUBSCRIBER GRO	OUP TY-FIFTH DSE	Gross Receipts First Gross Rate Fee First Groone HUNDRED FIF
	0.00 0.00 DSE 0.00	SUBSCRIBER GROU	DSE	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED F COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 UP 0 0.00 0.00	SUBSCRIBER GRO	OUP TY-FIFTH DSE	Gross Receipts First Gross Rate Fee First Gross Rate Fee First Groon ONE HUNDRED FIF COMMUNITY/ AREA

CABLE ONE, INC.						S	YSTEM ID# 61739	Name
		COMPUTATION OF SUBSCRIBER GROUP	BASE RA	ATE FEES FOR EACH		IBER 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
							<u></u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
						·		
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED FI	IFTY-NINTH	SUBSCRIBER GROUP	0	ONE HUNDRE COMMUNITY/ AREA	D SIXTIETH	SUBSCRIBER GROUP	0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DCC-			0.00	Total DCC-			0.00	
Total DSEs Gross Receipts Third G	- Group	\$	0.00	Total DSEs Gross Receipts Fourth	Group	\$	0.00	
C. CCC T. COCIPIS TIMU C	oup	7	3.50	S. SSS ASSSIPES FOURT	. J.Jup	*		
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Boon Boto Form Addition	no hees	food for each out	ibor	oo oboum in the barre	hava			
Enter here and in block			iner group	as shown in the boxes al	oove.	\$		

CABLE ONE, INC.	d/b/a SP	ARKLIGHT					61739	Nam
E				ATE FEES FOR EAC			I.D.	
		SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ AREA	POPLA	R BLUFF/BUTLE	K CO.	COMMUNITY/ AREA			0	Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndica
								Exclusiv
								Surchar
								for Partial
	···		···		·····			Distar
			····		·····			Station
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First G	roup	\$ 596	5,202.35	Gross Receipts Seco	ond Group	\$	0.00	
ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	UP	
OMMUNITY/ AREA			0	COMMUNITY/ AREA	١		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			····	-	·····			
								
					·····			
	•••		•••••••••••••••••••••••••••••••••••••••		·····			
otal DSEs			0.00	Total DSEs			0.00	
iross Receipts Third G	-roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
	J. 5up	*	<u> </u>	Cross Receipts Four	Group	*	<u> </u>	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				<u>II</u>				
ase Rate Fee: Add th	e hase rate	e fees for each subsc	riber group	as shown in the boxes	ahove			
accitate i ee. Auu II		pace L (page 7)	bci gioup	as shown in the boxes	abovo.	\$	0.00	

		RIBER GROUP	SUBSCR	TE FEES FOR EAC	BASE RA	COMPUTATION C	LOCK A:	В
	JP	H SUBSCRIBER GROU				SUBSCRIBER GRO		
,	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Compu	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base R								
ar								
Syndi								
Exclu								
Surch								
fo								
Parti			<mark></mark>					
Dist Stati								
Stati			···		<u>-</u>			
			<u></u>		<u>-</u>			
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Seco	0.00	\$	oup	ross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Seco	0.00	\$	oup	ase Rate Fee First Gr
	JP	H SUBSCRIBER GROU	EIGHTH		JP	SUBSCRIBER GRO	SEVENTH	(
	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			otal DSEs
	0.00	S	1 Group		0.00	\$	roup	
		\$	a Group	Total DSEs Gross Receipts Fourt		\$	roup	otal DSEs Gross Receipts Third G

	SPARKLIGHT					61739
	A: COMPUTATION C		ATE FEES FOR EAC			
OMMUNITY/ AREA	TH SUBSCRIBER GRO	<u>0</u>	COMMUNITY/ ARE		SUBSCRIBER GROU)P
OMMONTI I/ AREA			COMMONT 17 ARE	~		
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
tal DSEs		0.00	Total DSEs		11	0.00
oss Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00
se Rate Fee First Group						
•	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
·	TH SUBSCRIBER GRO	-	Base Rate Fee Sec			•
ELEVEN	TH SUBSCRIBER GRO	OUP		TWELVTH	SUBSCRIBER GROU	•
ELEVEN	TH SUBSCRIBER GRO	-	Base Rate Fee Sec	TWELVTH		JP
ELEVEN		OUP		TWELVTH		JP
ELEVEN'		OUP 0	COMMUNITY/ AREA	TWELVTH	I SUBSCRIBER GROU	JP 0
ELEVEN' MMUNITY/ AREA		OUP 0	COMMUNITY/ AREA	TWELVTH	I SUBSCRIBER GROU	JP 0
ELEVEN' MMUNITY/ AREA		OUP 0	COMMUNITY/ AREA	TWELVTH	I SUBSCRIBER GROU	JP 0
ELEVEN' MMUNITY/ AREA		OUP 0	COMMUNITY/ AREA	TWELVTH	I SUBSCRIBER GROU	JP 0
ELEVEN' MMUNITY/ AREA		OUP 0	COMMUNITY/ AREA	TWELVTH	I SUBSCRIBER GROU	JP 0
ELEVEN MMUNITY/ AREA		OUP 0	COMMUNITY/ AREA	TWELVTH	I SUBSCRIBER GROU	JP 0
ELEVEN' MMUNITY/ AREA		OUP 0	COMMUNITY/ AREA	TWELVTH	I SUBSCRIBER GROU	JP 0
ELEVEN' MMUNITY/ AREA		OUP 0	COMMUNITY/ AREA	TWELVTH	I SUBSCRIBER GROU	JP 0
ELEVEN' MMUNITY/ AREA		OUP 0	COMMUNITY/ AREA	TWELVTH	I SUBSCRIBER GROU	JP 0
ELEVEN		OUP 0	COMMUNITY/ AREA	TWELVTH	I SUBSCRIBER GROU	JP 0
ELEVEN' DMMUNITY/ AREA		OUP 0	COMMUNITY/ AREA	TWELVTH	I SUBSCRIBER GROU	JP 0
ELEVEN' DMMUNITY/ AREA		OUP 0	COMMUNITY/ AREA	TWELVTH	I SUBSCRIBER GROU	JP 0
ELEVEN		OUP 0	COMMUNITY/ AREA	TWELVTH	I SUBSCRIBER GROU	JP 0
ELEVEN DMMUNITY/ AREA CALL SIGN DSE		OUP 0	COMMUNITY/ AREA	TWELVTH	I SUBSCRIBER GROU	JP 0
ELEVEN DMMUNITY/ AREA CALL SIGN DSE	CALL SIGN	DUP DSE DSE 0.00	COMMUNITY/ AREA	DSE	CALL SIGN	DSE DSE O.00
ELEVEN		DUP 0	COMMUNITY/ ARE.	DSE	I SUBSCRIBER GROU	JP 0
ELEVEN DMMUNITY/ AREA CALL SIGN DSE District DSEs	CALL SIGN	DUP DSE DSE 0.00	COMMUNITY/ AREA	TWELVTH	CALL SIGN	DSE DSE O.00

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP THIRTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA CALL SIGN DSE CALL SIGN DSE	DSE of Base Rat and Syndica Exclusi Surcha for Partia Distal Station
COMMUNITY/ AREA COMMUNITY/ AREA	DSE of Base Rat and Syndica Exclusi Surcha for Partia Dista
	DSE of Base Rat and Syndica Exclusi Surcha for Partia Dista
CALL SIGN DSE CALL SIGN DSE	DSE of Base Rat and Syndica Exclusi Surcha for Partia Dista
	and Syndica Exclusi Surcha for Partia
	Syndica Exclusi Surcha for Partia
	Exclusi Surcha for Partia Dista
	Surcha for Partia Dista
	for Partia Dista
	Partia Dista
	Dista
0.00	
otal DSEs Total DSEs	0.00
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$	0.00
	
sase Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$	0.00
FIFTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP	
COMMUNITY/ AREA COMMUNITY/ AREA	0
CALL SIGN DSE CALL SIGN DSE CALL SIGN	DSE
otal DSEs 0.00 Total DSEs	0.00
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$	0.00
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$	0.00

		ARKLIGHT					61739	
				ATE FEES FOR EAC			ID	
COMMUNITY/ AREA	NIEENIH	SUBSCRIBER GRO	0	COMMUNITY/ ARE		SUBSCRIBER GROU	0	9
ONINONII II AILA				COMMONT IT AIRE	······································			Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicate
								Exclusiv
								Surcharg
	<u></u>							for Partially
			····					Distant
		-						Stations
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NI	NTEENTH	SUBSCRIBER GRO)UP		TWENTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	-							
Total DSEs			0.00	Total DSEs			0.00	
otal DSEs	roup	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00	
	roup	\$			rth Group	\$		
		\$				\$		

	b/a SP#	ARKLIGHT					61739
				ATE FEES FOR EAC			
	/-FIRST	SUBSCRIBER GRO		Ti .		SUBSCRIBER GROU	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
			<u></u>				
							
			<u></u>				
otal DSEs	<u> </u>		0.00	Total DSEs		11	0.00
ross Receipts First Grou	ın	\$	0.00	Gross Receipts Seco	and Group	\$	0.00
555 / 1555.ptd / mot 6.55	r			O. 303 N. 303 P. 10 S.	а О. бар	<u>*</u>	
se Rate Fee First Grou	ıp	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00
TWENTY	'-THIRD	SUBSCRIBER GRO	JP	TWEN	TY-FOURTH	SUBSCRIBER GROU	JP
MMUNITY/ AREA			0	COMMUNITY/ AREA			0
				CALL SIGN		11	
ALL SIGN	DSE	CALL SIGN	DSE	1	DSE	CALL SIGN	DSE
LL SIGN	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE
ALL SIGN	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE
ALL SIGN	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE
ALL SIGN	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE
CALL SIGN	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE
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CALL SIGN	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE
CALL SIGN	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE
	DSE	CALL SIGN	0.00	Total DSEs	DSE	CALL SIGN	DSE
otal DSEs		\$				S S	

				ATE FEES FOR EAC				
	ITY-FIFTH	SUBSCRIBER GRO		†		H SUBSCRIBER GRO		9
OMMUNITY/ AREA			0	COMMUNITY/ ARE	4		0	Computat
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
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								Surcharg
								for
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	-							Stations
	-			-				
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otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
TWENTY-	SEVENTH	SUBSCRIBER GRO	OUP	TWE	NTY-EIGHTH	H SUBSCRIBER GRO	UP	
OMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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			0.00	T / L DOF			0.00	
			0.00	Total DSEs			0.00	
otal DSEs		\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
otal DSEs Gross Receipts Third G	roup							
	Group						1	
	·	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	

LEGAL NAME OF OWNE CABLE ONE, INC.						;	61739	Name
		COMPUTATION C SUBSCRIBER GRO		ATE FEES FOR EAC		RIBER GROUP I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		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
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								Stations
								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Seco		\$	0.00	
	RTY-FIRST	SUBSCRIBER GRO		11		SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		U	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u> </u>							
	<u></u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	Froup	\$	0.00	Base Rate Fee Four	tn Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

CABLE ONE, INC. d/b/a SF	PARKLIGHT				5	61739
			ATE FEES FOR EAC			
	SUBSCRIBER GRO		11		SUBSCRIBER GROU	
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
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otal DSEs	-11	0.00	Total DSEs			0.00
ross Receipts First Group	\$	0.00	Gross Receipts Seco	and Group	\$	0.00
ooo mooo,pio maa oroop	<u>, </u>			0.04p	<u>*</u>	
se Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00
THIRTY-FIFTH	SUBSCRIBER GRO	DUP	Th	IIRTY-SIXTE	I SUBSCRIBER GROU	JP
MMUNITY/ AREA		0	COMMUNITY/ AREA			0
	CALL SIGN	DSE	COMMUNITY/ AREA		CALL SIGN	
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TUIDTV				ATE FEES FOR EAC				
	3EVENTH	SUBSCRIBER GRO		†		H SUBSCRIBER GRO		9
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CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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								and
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	1							
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
	- up	<u> </u>		C. 355 1655 p. 15	5a	<u>*</u>		
ase Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
THIR	TY-NINTH	SUBSCRIBER GRO	OUP		FORTIETH	H SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Ą		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-		-				
otal DSEs			0.00	Total DSEs			0.00	
	roup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Gross Receipts Third G								
Gross Receipts Third G								
Gross Receipts Third G Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	

COMMUNITY/ AREA CALL SIGN DSE CALL SIGN DSE CALL SIGN DS CA	OND SUBSCRIBER GROUP Compute CALL SIGN DSE Base Ra an Syndic Exclus Surch fo Parti Dist Statis
COMMUNITY/ AREA CALL SIGN DSE CALL SIGN DSE CALL SIGN DS CALL SIGN DS CALL SIGN DS CALL	Compute CALL SIGN DSE E CALL SIGN DSE Base Ra an Syndia Exclus Surch fo Parti Dist Stati
CALL SIGN DSE CALL SIGN DSE CALL SIGN DS CALL SIGN DSE CA	Compute Sign DSE Sase Rate and Syndic Exclusion Surch for Partit District Station Stat
Total DSEs Total DSEs Total DSEs Gross Receipts First Group Total DSEs Gross Receipts Second Group Base Rate Fee First Group FORTY-THIRD SUBSCRIBER GROUP FORTY-FOLE COMMUNITY/ AREA COMMUNITY/ AREA	E CALL SIGN DSE Base Ra an Syndic Exclus Surch fo Parti Dist Statis O.00 IP \$ 0.00 IRTH SUBSCRIBER GROUP
Total DSEs Total DSEs Total DSEs Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 FORTY-THIRD SUBSCRIBER GROUP FORTY-FOL COMMUNITY/ AREA COMMUNITY/ AREA	Base Ra an Syndic Exclus Surch fo Parti Dist Stati
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group FORTY-THIRD SUBSCRIBER GROUP FORTY-FOLD COMMUNITY/ AREA COMMUNITY/ AREA	Syndic Exclus Surch fo Parti Dist Stati
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group FORTY-THIRD SUBSCRIBER GROUP FORTY-FOLE COMMUNITY/ AREA COMMUNITY/ AREA	Exclus Surch fo Parti Dist Stati
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Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group FORTY-THIRD SUBSCRIBER GROUP FORTY-FOLE COMMUNITY/ AREA COMMUNITY/ AREA	
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group FORTY-THIRD SUBSCRIBER GROUP FORTY-FOLD COMMUNITY/ AREA COMMUNITY/ AREA	0.00 parti Dist Stati
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group FORTY-THIRD SUBSCRIBER GROUP FORTY-FOLE COMMUNITY/ AREA COMMUNITY/ AREA	0.00 up \$ 0.00 up \$ 0.00 up \$ 0.00
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group FORTY-THIRD SUBSCRIBER GROUP FORTY-FOLE COMMUNITY/ AREA COMMUNITY/ AREA	0.00 IP \$ 0.00 IP \$ 0.00
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group FORTY-THIRD SUBSCRIBER GROUP FORTY-FOU OMMUNITY/ AREA 0 COMMUNITY/ AREA	0.00 IP \$ 0.00 IRTH SUBSCRIBER GROUP
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group FORTY-THIRD SUBSCRIBER GROUP FORTY-FOU OMMUNITY/ AREA 0 COMMUNITY/ AREA	\$ 0.00 IP \$ 0.00 IRTH SUBSCRIBER GROUP
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group FORTY-THIRD SUBSCRIBER GROUP FORTY-FOLD COMMUNITY/ AREA COMMUNITY/ AREA	\$ 0.00 IP \$ 0.00 IRTH SUBSCRIBER GROUP
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group FORTY-THIRD SUBSCRIBER GROUP FORTY-FOLD COMMUNITY/ AREA COMMUNITY/ AREA	\$ 0.00 IP \$ 0.00 IRTH SUBSCRIBER GROUP
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group FORTY-THIRD SUBSCRIBER GROUP FORTY-FOLE COMMUNITY/ AREA COMMUNITY/ AREA	\$ 0.00 IP \$ 0.00 IRTH SUBSCRIBER GROUP
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group FORTY-THIRD SUBSCRIBER GROUP FORTY-FOLD COMMUNITY/ AREA COMMUNITY/ AREA	\$ 0.00 IP \$ 0.00 IRTH SUBSCRIBER GROUP
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Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group FORTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA COMMUNITY/ AREA	IRTH SUBSCRIBER GROUP
Sase Rate Fee First Group \$ 0.00 Base Rate Fee Second Group FORTY-THIRD SUBSCRIBER GROUP FORTY-FOU COMMUNITY/ AREA COMMUNITY/ AREA	IRTH SUBSCRIBER GROUP
FORTY-THIRD SUBSCRIBER GROUP FORTY-FOU COMMUNITY/ AREA 0 COMMUNITY/ AREA	JRTH SUBSCRIBER GROUP
OMMUNITY/ AREA 0 COMMUNITY/ AREA	
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Total DSEs Total DSEs	0.00
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group	\$ 0.00
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group	
	0.00

	d/b/a SP	ARKLIGHT					61739
				ATE FEES FOR EAC			
	tTY-FIFTH	SUBSCRIBER GRO		11		SUBSCRIBER GROU	
OMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
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otal DSEs			0.00	Total DSEs			0.00
oss Receipts First G	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00
se Rate Fee First G		\$	0.00	Base Rate Fee Sec		\$	0.00
	SEVENTH	SUBSCRIBER GRO		11		SUBSCRIBER GROU	_
MMUNITY/ AREA			0	COMMUNITY/ ARE	٩		0
ALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
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otal DSEs			0.00	Total DSEs			0.00
	TOUR				rth Group		-
	roup	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00
otal DSEs Gross Receipts Third C	roup	\$			rth Group	\$	

	d/b/a SP	ARKLIGHT					61739
				ATE FEES FOR EAC			
	TY-NINTH	SUBSCRIBER GRO	0 0	COMMUNITY/ADE		SUBSCRIBER GRO	JP 0
OMMUNITY/ AREA			U	COMMUNITY/ ARE	ч		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
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tal DSEs			0.00	Total DSEs			0.00
oss Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00
se Rate Fee First Gr		\$	0.00	Base Rate Fee Sec		\$	0.00
	TY-FIRST	SUBSCRIBER GRO		11		SUBSCRIBER GROU	
MMUNITY/ AREA			0	COMMUNITY/ ARE	4		0
LL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
		1					
tal DSEs			0.00	Total DSEs			0.00
	roup				rth Group		-
otal DSEs ross Receipts Third G	roup	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00

		IBER GROUP	H SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A:	B
	JP	I SUBSCRIBER GROU	TY-FOURTH	FIFT	JP	SUBSCRIBER GROU	TY-THIRD	FIF1
2	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Comp	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base R	302	0,122 0,011	202	57 LE 575.1	202	0,122 0.0.1	302	07.22 0.0.1
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Syndi								
Exclu								
Surch fo			····					
Part			····					
Dist							·	
Stati								
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	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	nd Group	Gross Receipts Secor	0.00	\$	oun	Gross Receipts First Gro
		y	на Огоар	Gross receipts occor	0.00	-	oup	1033 Neccipia i iist Oit
	0.00	\$	nd Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	IP	I SUBSCRIBER GROU	IFTY-SIXTH	F	IP.	SUBSCRIBER GROU	TY-FIFTH	FIF.
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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							 }	
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	h Group	Total DSEs Gross Receipts Fourth	0.00	\$	roup	
	-	\$	h Group			\$ \$	roup	
	-	\$				\$		Total DSEs Gross Receipts Third Gr Base Rate Fee Third Gr

DABLE ONE, INO. u/	b/a SP	E SYSTEM: ARKLIGHT					61739
				ATE FEES FOR EAC			
	VENTH	SUBSCRIBER GRO		Ti .		SUBSCRIBER GROU	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
			<u> </u>				
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			0.00	T / I DOF			0.00
otal DSEs			0.00	Total DSEs			0.00
oss Receipts First Grou	ıp	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00
se Rate Fee First Grou	ıp	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00
FIFTY	′-NINTH	SUBSCRIBER GRO	JP		SIXTIETH	I SUBSCRIBER GROU	JP
	′-NINTH	SUBSCRIBER GRO	JP 0	COMMUNITY/ AREA		I SUBSCRIBER GROU	JP 0
	'-NINTH	SUBSCRIBER GRO		COMMUNITY/ AREA		I SUBSCRIBER GROU	
MMUNITY/ AREA	DSE	SUBSCRIBER GRO		COMMUNITY/ AREA		SUBSCRIBER GROU	
MMUNITY/ AREA			0				0
MMUNITY/ AREA			0				0
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OMMUNITY/ AREA			0				0
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CALL SIGN			DSE				0
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CALL SIGN CALL SIGN otal DSEs ross Receipts Third Gro	DSE		DSE	CALL SIGN	DSE		DSE

LOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	+
	,
TY-FIRST SUBSCRIBER GROUP SIXTY-SECOND SUBSCRIBER GROUP O COMMUNITY/ AREA	0 9
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DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN	DSE of
	Base Rat
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0.00	0.00
0.00 Total DSEs	0.00
pup \$ 0.00 Gross Receipts Second Group \$	0.00
pup \$ 0.00 Base Rate Fee Second Group \$	0.00
Y-THIRD SUBSCRIBER GROUP SIXTY-FOURTH SUBSCRIBER GROUP	•
0 COMMUNITY/ AREA	0
DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN	DSE
O OO Total DSEs	0.00
	0.00
O.00 Total DSEs Oup \$ 0.00 Gross Receipts Fourth Group \$	0.00

	BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP							
				TT				
9		I SUBSCRIBER GROU	IXTY-SIXTH	ii e		SUBSCRIBER GRO	KTY-FIFTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F						0.1221011		<u> </u>
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	roup	Gross Receipts First G
	0.00	\$	nd Group	Base Rate Fee Seco	0.00	\$	roup	Base Rate Fee First G
	JP	SUBSCRIBER GROU	TY-EIGHTH	CI.	IP	SUBSCRIBER GRO	CEV/ENITH	SIXTY-
				31.	<u> </u>	OODOONIDEN ONC	SEVENTH	
	0			COMMUNITY/ AREA	0	ODDONIDEN ONC	SEVENTH.	COMMUNITY/ AREA
	DSE	CALL SIGN	DSE			CALL SIGN	DSE	COMMUNITY/ AREA
		CALL SIGN	DSE	COMMUNITY/ AREA	0			
		CALL SIGN	DSE	COMMUNITY/ AREA	0			
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		CALL SIGN	DSE	COMMUNITY/ AREA	0			
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		CALL SIGN	DSE	COMMUNITY/ AREA	0			
	DSE	CALL SIGN	DSE	CALL SIGN	DSE			CALL SIGN
	DSE			COMMUNITY/ AREA CALL SIGN Total DSEs	0 DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN		CALL SIGN	DSE		DSE	CALL SIGN CALL SIGN Total DSEs
	0.00 0.00	\$	n Group	COMMUNITY/ AREA CALL SIGN Total DSEs Gross Receipts Four	0 DSE	CALL SIGN	DSE	Total DSEs Gross Receipts Third G
	DSE		n Group	COMMUNITY/ AREA CALL SIGN Total DSEs	0 DSE	CALL SIGN	DSE	CALL SIGN Total DSEs

	C. d/b/a SPARKLIGHT 61739 BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP							
				H				
9		I SUBSCRIBER GROU	VENTIETH	†		SUBSCRIBER GRO	TY-NINTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F		0.122		0.122.2.0.1				
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	0.00			Total DSEs	0.00			Total DSEs
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	0.00	\$	d Group	Base Rate Fee Seco	0.00	s	oup	Base Rate Fee First G
	Р	SUBSCRIBER GROU	Y-SECOND	SEVEN ⁻	UP	SUBSCRIBER GRO	ITY-FIRST	SEVEN
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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		CALL SIGN	DSE			CALL SIGN	DSE	
	0.00			Total DSEs	0.00			Total DSEs
		\$				CALL SIGN		Total DSEs
	0.00		n Group	Total DSEs Gross Receipts Fourt	0.00		Group	Total DSEs Gross Receipts Third G
	0.00		n Group	Total DSEs	0.00		Group	Total DSEs

B				BASE RATE FEES FOR EACH SUBSCRIBER GROUP				
OF1 /F11				П			UD.	
	IY-IHIRD	SUBSCRIBER GRO		†		1 SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	4		0	Computat
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicate
								Exclusivi
								Surcharg
								for
								Partially
								Distant Stations
								Stations
	·			-				
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
	·			·	•			
ase Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SEVEN	TY-FIFTH	SUBSCRIBER GRO	DUP	SEV	/ENTY-SIXTH	H SUBSCRIBER GRO	UP	
OMMUNITY/ AREA			0	COMMUNITY/ ARE	Ą		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
								
	·			-				
					·····			
			0.00				0.00	
			0.00	Total DSEs			0.00	
otal DSEs		\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
otal DSEs Gross Receipts Third G	roup			11				
	roup							
	·	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	

		RIBER GROUP	I SUBSCRI	TE FEES FOR EAC	- BASE RA	COMPUTATION OF	LOCK A: (В
	JP	SUBSCRIBER GROU		П		SUBSCRIBER GRO		
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Comp	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base R								
aı								
Syndi								
Exclu								
Surch			<mark>.</mark>					
fo			<mark></mark>					
Parti								
Dist Stati								
Stati			···				·	
							····	
					•••••••••••••••••••••••••••••••••••••••			
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Seco	0.00	\$	oup	ross Receipts First Gr
			•	II			•	·
	0.00	\$	d Group	Base Rate Fee Seco	0.00	\$	oup	ase Rate Fee First Gr
	•	!		Base Rate Fee Seco		\$ SUBSCRIBER GROUND		
	•	\$ H SUBSCRIBER GROU		Base Rate Fee Seco		\$ SUBSCRIBER GROU		SEVEN ⁻
	JP	!			JP	\$ SUBSCRIBER GROU		SEVEN ⁻
	JP	!			JP	SUBSCRIBER GROU		SEVEN'
	JP 0	1 SUBSCRIBER GROU	EIGHTIETH	COMMUNITY/ AREA	JP 0		TY-NINTH	SEVEN'
	JP 0	1 SUBSCRIBER GROU	EIGHTIETH	COMMUNITY/ AREA	JP 0		TY-NINTH	SEVEN'
	JP 0	1 SUBSCRIBER GROU	EIGHTIETH	COMMUNITY/ AREA	JP 0		TY-NINTH	SEVEN'
	JP 0	1 SUBSCRIBER GROU	EIGHTIETH	COMMUNITY/ AREA	JP 0		TY-NINTH	SEVEN'
	JP 0	1 SUBSCRIBER GROU	EIGHTIETH	COMMUNITY/ AREA	JP 0		TY-NINTH	SEVEN'
	JP 0	1 SUBSCRIBER GROU	EIGHTIETH	COMMUNITY/ AREA	JP 0		TY-NINTH	SEVEN'
	JP 0	1 SUBSCRIBER GROU	EIGHTIETH	COMMUNITY/ AREA	JP 0		TY-NINTH	SEVEN'
	JP 0	1 SUBSCRIBER GROU	EIGHTIETH	COMMUNITY/ AREA	JP 0		TY-NINTH	SEVEN'
	JP 0	1 SUBSCRIBER GROU	EIGHTIETH	COMMUNITY/ AREA	JP 0		TY-NINTH	SEVEN'
	JP 0	1 SUBSCRIBER GROU	EIGHTIETH	COMMUNITY/ AREA	JP 0		TY-NINTH	SEVEN' OMMUNITY/ AREA
	JP 0	1 SUBSCRIBER GROU	EIGHTIETH	COMMUNITY/ AREA	JP 0		TY-NINTH	SEVEN' OMMUNITY/ AREA
	JP 0	1 SUBSCRIBER GROU	EIGHTIETH	COMMUNITY/ AREA	JP 0		TY-NINTH	SEVEN'
	JP 0	1 SUBSCRIBER GROU	EIGHTIETH	COMMUNITY/ AREA	JP 0		TY-NINTH	SEVEN'
	DSE	1 SUBSCRIBER GROU	EIGHTIETH	CALL SIGN	DSE		TY-NINTH	SEVEN' OMMUNITY/ AREA CALL SIGN
	DSE O.00	CALL SIGN	DSE	CALL SIGN CALL SIGN Total DSEs	DSE DSE D.00	CALL SIGN	DSE DSE	SEVEN' OMMUNITY/ AREA CALL SIGN otal DSEs
	DSE	1 SUBSCRIBER GROU	DSE	CALL SIGN	DSE		DSE DSE	SEVEN' COMMUNITY/ AREA CALL SIGN otal DSEs
	DSE O.00	CALL SIGN	DSE	CALL SIGN CALL SIGN Total DSEs	DSE DSE D.00	CALL SIGN	TY-NINTH	SEVENTO SEVENT

	/a 5PA	RKLIGHT					61739
				ATE FEES FOR EAC			
	FIRST S	SUBSCRIBER GROU		li		SUBSCRIBER GROU	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0
CALL SIGN D	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
					····		
					····		
tal DSEs	_		0.00	Total DSEs			0.00
oss Receipts First Group	5	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00
	Г						
se Rate Fee First Group	5	<u>; </u>	0.00	Base Rate Fee Seco	nd Group	\$	0.00
EIGHTY-1	THIRD S	SUBSCRIBER GROU	JP	EIGH	TY-FOURTH	SUBSCRIBER GROU	JP
MMUNITY/ AREA			0	COMMUNITY/ AREA			0
ALL SIGN D	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
							DOL
				-			562
							562
							362
							552
otal DSEs			0.00	Total DSEs			0.00
otal DSEs			0.00	Total DSEs Gross Receipts Four	h Group	\$	
					h Group	\$	0.00

		ARKLIGHT			61739 SE RATE FEES FOR EACH SUBSCRIBER GROUP				
				П			ID.		
	II Y-FIF I H	SUBSCRIBER GRO		1		SUBSCRIBER GROU		9	
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computat	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate	
		-						and	
								Syndicate	
								Exclusivi	
								Surcharg	
								for	
								Partially	
								Distant Stations	
	······································							Stations	
				-					
otal DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
·					·				
ase Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
EIGHTY-	SEVENTH	SUBSCRIBER GRO	UP	EIG	HTY-EIGHTH	I SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
CALL SIGN	DSE	CALL SIGN	DSE	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		
	DSE	CALL SIGN			DSE	CALL SIGN			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN CALL SIGN Total DSEs	DSE	CALL SIGN	DSE		
Total DSEs		CALL SIGN				CALL SIGN			
			0.00	Total DSEs			0.00		
Total DSEs	roup		0.00	Total DSEs	th Group		0.00		

	C. d/b/a SP		IPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP					
Fi		COMPUTATION C		ATE FEES FOR EAG		IBER GROUP I SUBSCRIBER GROU	ID	
COMMUNITY/ AREA		SUBSCRIBER GRO	0 0	COMMUNITY/ ARE		1 SUBSCRIBER GROU	0	9
								Computat
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicate Exclusivi
								Surcharg
				-				for
								Partially
								Distant
								Stations
					<u></u>			
			····					
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Croup	¢	0.00	Gross Receipts Sec	and Croup	¢	0.00	
oloss Receipts Filst	Gloup	\$	0.00	Gloss Receipts Sec	ond Group	\$		
ase Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NI	NETY-FIRST	SUBSCRIBER GRO	OUP	NINE	TY-SECOND	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
OTTEL CICIV	BOL	CALL GIGIT	DOL	ONEE GIGIT	BOL	O/ALL CICIY	DOL	
			0.00	Total DSEs			0.00	
	Group		0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00	
Fotal DSEs Gross Receipts Third	·	\$	0.00	Gross Receipts Fou			0.00	
	·	\$				\$		

LEGAL NAME OF OWN						\$	61739	Name
NINE		COMPUTATION O	DUP	11	TY-FOURTH	RIBER GROUP H SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
	•••••	H						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	¢	0.00	Gross Receipts Sec	and Croup	¢	0.00	
Gioss Receipts First G	лоир	<u>\$</u>	0.00	Gloss Receipts Sect	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	ETY-FIFTH	SUBSCRIBER GRO		1		SUBSCRIBER GRO	UP	
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 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 Enter here and in bloc			criber group	as shown in the boxes	above.	\$		

								CABLE ONE, INC.
	ID	BER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION C		
9	0	30B3GNBER GROC		COMMUNITY/ AREA	0	SOBSCITIBLIT GIVE		COMMUNITY/ AREA
Computati of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate I								
and								
Syndicate Exclusivi								
Surcharg	••••	 	···					
for								
Partially								
Distant								
Stations					<u> </u>		<u></u>	
	0.00			Total DSEs	0.00			Total DSEs
	0.00	¢	nd Group	Gross Receipts Secon	0.00	•	roup	Gross Receipts First Gr
	0.00	\$	ia Group	Gioss Receipts Secon	0.00	\$	oup	31055 Receipis Filsi Gi
	0.00	\$	nd Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
	IP	SUBSCRIBER GROU	JNDREDTH	ONE H		SUBSCRIBER GRO	TY-NINTH	NINE
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
								
			···		<u>-</u>		<u> </u>	
							<u></u>	
		 						
					<u> </u>		<u></u>	
	0.00							
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	n Group	Gross Receipts Fourt	0.00	\$	Group	Gross Receipts Third G
	0.00	\$	n Group	Base Rate Fee Fourtl	0.00	s	Froup	Base Rate Fee Third G

BI ONE HUNDRE OMMUNITY/ AREA	OCK A: (COMPLITATION C						
	-D E:D			ATE FEES FOR EAC			LID.	
OMMUNITY/ AREA	.D FIRST	SUBSCRIBER GRO		H		SUBSCRIBER GRO		9
			0	COMMUNITY/ ARE	Α		0	Computat
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicate
								Exclusivi
								Surcharg
								for
								Partially
								Distant Stations
			·····		·····			Stations
			····		······			
			••••					
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
·	·				·			
ase Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRE	D THIRD	SUBSCRIBER GRO	DUP	ONE HUNDE	RED FOURTH	H SUBSCRIBER GRO	JP	
OMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
								
								
			····	-	······			
					<mark></mark>			
	<u> </u>							
otal DSEs			0.00	Total DSEs			0.00	
	oup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Gross Receipts Third Gr								
ross Receipts Third Gr				11			1.1	
Gross Receipts Third Gr	oup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	

CABLE ONE, INC						•	61739	Name
ONE HUND		COMPUTATION O	DUP	†	IDRED SIXTI	RIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
								Exclusivity Surcharge
	·····							for
								Partially
								Distant
								Stations
	·····							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED	SEVENTH	SUBSCRIBER GRO	DUP	ONE HUND	RED EIGHT	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE.	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
Total DSEs			0.00	Total DSEs			0.00	
	_							
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				<u> </u>				
Raso Pato Foo: Add t	ha haca ra t	o foos for each subs	oriber group	as shown in the house	above			
Base Rate Fee: Add t Enter here and in bloc			onner group	as shown in the boxes	above.	\$		

		ARKLIGHT						
				ATE FEES FOR EAC			ID	
ONE HUNDR OMMUNITY/ AREA	ED NINTH	SUBSCRIBER GRO	<u>0</u>	COMMUNITY/ AREA		SUBSCRIBER GRO	0	9
OWINONT TAREA			U	COMMONTI IT AREA	·			Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicat
		-						Exclusiv
								Surchar
		-					<u></u>	for
								Partially Distant
								Stations
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First G	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First G	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
					•	1		
ONE HUNDRED E	LEVENTH	SUBSCRIBER GRO)UP	ONE HUNDRE		SUBSCRIBER GRO	•	
ONE HUNDRED E OMMUNITY/ AREA	LEVENTH	SUBSCRIBER GRO	OUP 0	ONE HUNDRE	D TWELVTH	I SUBSCRIBER GRO	•	
	LEVENTH	SUBSCRIBER GRO		11	D TWELVTH	I SUBSCRIBER GROI	JP	
	DSE	SUBSCRIBER GRO		11	D TWELVTH	SUBSCRIBER GROU	JP	
OMMUNITY/ AREA			0	COMMUNITY/ AREA	D TWELVTH		JP 0	
OMMUNITY/ AREA			0	COMMUNITY/ AREA	D TWELVTH		JP 0	
OMMUNITY/ AREA			0	COMMUNITY/ AREA	D TWELVTH		JP 0	
OMMUNITY/ AREA			0	COMMUNITY/ AREA	D TWELVTH		JP 0	
OMMUNITY/ AREA			0	COMMUNITY/ AREA	D TWELVTH		JP 0	
OMMUNITY/ AREA			0	COMMUNITY/ AREA	D TWELVTH		JP 0	
OMMUNITY/ AREA			0	COMMUNITY/ AREA	D TWELVTH		JP 0	
OMMUNITY/ AREA			0	COMMUNITY/ AREA	D TWELVTH		JP 0	
OMMUNITY/ AREA			0	COMMUNITY/ AREA	D TWELVTH		JP 0	
OMMUNITY/ AREA			0	COMMUNITY/ AREA	D TWELVTH		JP 0	
OMMUNITY/ AREA			0	COMMUNITY/ AREA	D TWELVTH		JP 0	
OMMUNITY/ AREA			0	COMMUNITY/ AREA	D TWELVTH		JP 0	
OMMUNITY/ AREA			0	COMMUNITY/ AREA	D TWELVTH		JP 0	
CALL SIGN			DSE	CALL SIGN	D TWELVTH		JP 0 DSE	
CALL SIGN CALL SIGN Diagram of the control of the	DSE		DSE DSE	COMMUNITY/ AREA	DTWELVTH		DSE	
CALL SIGN	DSE		DSE	CALL SIGN	DTWELVTH		JP 0 DSE	
CALL SIGN CALL SIGN Diagram of the control of the	DSE	CALL SIGN	DSE DSE	COMMUNITY/ AREA	DTWELVTH	CALL SIGN	DSE	
CALL SIGN CALL SIGN Diagram of the control of the	DSE	CALL SIGN	DSE DSE	COMMUNITY/ AREA	D TWELVTH	CALL SIGN	DSE	

CABLE ONE, INC.						•	61739	Name
ONE HUNDRED TH COMMUNITY/ AREA				ONE HUNDRED F	OURTEENTH	RIBER GROUP I SUBSCRIBER GRO	UP 0	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	<u></u>							Base Rate Fe
								and Syndicated
								Exclusivity
	<u></u>	+	····	-	······			Surcharge
								for
								Partially
								Distant
								Stations
								
	<u></u>							
Total DSEs		II	0.00	Total DSEs		- U	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED F	IFTEENTH	SUBSCRIBER GRO	OUP	ONE HUNDRED	SIXTEENTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>							
	<u></u>	 						
	<u></u>	H		-				
		=						
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	····				·····			
			••••					
Total DSEs	•		0.00	Total DSEs	•		0.00	
	.							
Gross Receipts Third (iroup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third 0	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add th		e fees for each subs pace L (page 7)	criber group	as shown in the boxes	above.	\$		

						61739	Name
BLOCH ONE HUNDRED SEVENTEE COMMUNITY/ AREA			ONE HUNDRED COMMUNITY/ ARE	EIGHTEENTH	RIBER GROUP H SUBSCRIBER GROUP	0	9
							Computatio
CALL SIGN DS	E CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				·····		······	Base Rate F
	·····					·····	and
							Syndicated Exclusivity
	······	······································				······	Surcharge
	······	·····					for
		·····					Partially
							Distant
							Stations
otal DSEs		0.00	Total DSEs			0.00	
Proce Beceints First Croup	•	0.00	Crass Bassints Sas	and Craun	•	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 NINTEE	NTH SUBSCRIBER	GROUP	ONE HUNDRED	TWENTIETH	H SUBSCRIBER GRO	UP	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
CALL SIGN DS	E CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						·····	
		······					
	······	······				······	
		0.00	Tatal DOF			0.00	
		0.00	Total DSEs		-	0.00	
I OLAI DSES	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
Total DSEs Gross Receipts Third Group		0.00	Baso Bata Foo Foo	orth Group	•	0.00	
	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	

ACCOUNTING	PERIOD:	2022/	/2
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LEGAL NAME OF OWN CABLE ONE, INC						(61739	Name
		COMPUTATION C		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GROUP		
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
T / LD05			0.00	T			0.00	
Total DSEs Gross Receipts First (Froun	\$	0.00	Total DSEs Gross Receipts Sec	and Group	\$	0.00	
Grood Rescripto First C	эгоар	Ψ	0.00	Gross Receipts occ	ond Group	<u>Ψ</u>	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec		\$	0.00	
ONE HUNDRED TW COMMUNITY/ AREA	ENTY-THIRD	SUBSCRIBER GROUP	0	ONE HUNDRED TWI		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 Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t	he base rat e	e fees for each subsc				s	0.00	

							61739	
				ATE FEES FOR EAC				
ONE HUNDRED TWE	NIY-FIFIH	SUBSCRIBER GROU	0	1		I SUBSCRIBER GROUP	0	9
OMMUNITY/ AREA			U	COMMUNITY/ ARE.				Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
0.122 0.011	332	07.22 0.0.1		0,122 0.0.1	302	07.22 0.0.1	352	Base Rate
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otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First G	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
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ase Rate Fee First G	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
IE HUNDRED TWENTY	-SEVENTH	SUBSCRIBER GROU	IP .	ONE HUNDRED TW	ENTY-EIGHTH	I SUBSCRIBER GROUP)	
OMMUNITY/ AREA			0	COMMUNITY/ ARE	4		0	
CALL SIGN								
OF REE GIGIT	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
O' (EE O'O')	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
O/IEE O/O/I	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
3, IE2 9/3/N	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
O LE GION	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
O LE GIO.	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
O LE GION	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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otal DSEs	DSE	CALL SIGN	DSE	Total DSEs	DSE	CALL SIGN	DSE	
otal DSEs		CALL SIGN				CALL SIGN		
			0.00	Total DSEs			0.00	
otal DSEs	Group		0.00	Total DSEs	th Group		0.00	

CABLE ONE, INC. d/b/	, a O. 7.	WEIGHT					
				ATE FEES FOR EAC	H SUBSCR	IBER GROUP	
ONE HUNDRED TWENTY-I	NINTH SU	IBSCRIBER GROU		ii e		SUBSCRIBER GROUP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0
CALL SIGN D	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
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			0.00				0.00
otal DSEs	_		0.00	Total DSEs			0.00
	•		0.00	Gross Receipts Seco	nd Group	\$	0.00
oss Receipts First Group	<u>\$</u>			Gross recorpts occo	•		
oss Receipts First Group	1			Cross receipts deco	·		
·			0.00	Base Rate Fee Seco		\$	0.00
·	\$		0.00	Base Rate Fee Seco	nd Group	\$ SUBSCRIBER GROUF	
ase Rate Fee First Group ONE HUNDRED THIRTY-	\$		0.00	Base Rate Fee Seco	nd Group	<u> </u>	
SE RATE FEE First Group ONE HUNDRED THIRTY- DMMUNITY/ AREA	\$		0.00	Base Rate Fee Seco	nd Group	<u> </u>	,
SE RATE FEE First Group ONE HUNDRED THIRTY- MMUNITY/ AREA	\$	IBSCRIBER GROU	0.00 P	Base Rate Fee Seco ONE HUNDRED THII COMMUNITY/ AREA	nd Group	SUBSCRIBER GROUF	0
SE RATE FEE First Group ONE HUNDRED THIRTY- MMUNITY/ AREA	\$	IBSCRIBER GROU	0.00 P	Base Rate Fee Seco ONE HUNDRED THII COMMUNITY/ AREA	nd Group	SUBSCRIBER GROUF	0
SE RATE FEE First Group ONE HUNDRED THIRTY- MMUNITY/ AREA	\$	IBSCRIBER GROU	0.00 P	Base Rate Fee Seco ONE HUNDRED THII COMMUNITY/ AREA	nd Group	SUBSCRIBER GROUF	0
SE RATE FEE First Group ONE HUNDRED THIRTY- DMMUNITY/ AREA	\$	IBSCRIBER GROU	0.00 P	Base Rate Fee Seco ONE HUNDRED THII COMMUNITY/ AREA	nd Group	SUBSCRIBER GROUF	0
ONE HUNDRED THIRTY-	\$	IBSCRIBER GROU	0.00 P	Base Rate Fee Seco ONE HUNDRED THII COMMUNITY/ AREA	nd Group	SUBSCRIBER GROUF	0
ONE HUNDRED THIRTY-	\$	IBSCRIBER GROU	0.00 P	Base Rate Fee Seco ONE HUNDRED THII COMMUNITY/ AREA	nd Group	SUBSCRIBER GROUF	0
ONE HUNDRED THIRTY-	\$	IBSCRIBER GROU	0.00 P	Base Rate Fee Seco ONE HUNDRED THII COMMUNITY/ AREA	nd Group	SUBSCRIBER GROUF	0
SE RATE FEE First Group ONE HUNDRED THIRTY- DMMUNITY/ AREA	\$	IBSCRIBER GROU	0.00 P	Base Rate Fee Seco ONE HUNDRED THII COMMUNITY/ AREA	nd Group	SUBSCRIBER GROUF	0
ONE HUNDRED THIRTY-	\$	IBSCRIBER GROU	0.00 P	Base Rate Fee Seco ONE HUNDRED THII COMMUNITY/ AREA	nd Group	SUBSCRIBER GROUF	0
ONE HUNDRED THIRTY-	\$	IBSCRIBER GROU	0.00 P	Base Rate Fee Seco ONE HUNDRED THII COMMUNITY/ AREA	nd Group	SUBSCRIBER GROUF	0
ONE HUNDRED THIRTY-	\$	IBSCRIBER GROU	0.00 P	Base Rate Fee Seco ONE HUNDRED THII COMMUNITY/ AREA	nd Group	SUBSCRIBER GROUF	0
ONE HUNDRED THIRTY-	\$	IBSCRIBER GROU	0.00 P	Base Rate Fee Seco ONE HUNDRED THII COMMUNITY/ AREA	nd Group	SUBSCRIBER GROUF	0
ONE HUNDRED THIRTY-	\$	IBSCRIBER GROU	0.00 P	Base Rate Fee Seco ONE HUNDRED THII COMMUNITY/ AREA	nd Group	SUBSCRIBER GROUF	0
ONE HUNDRED THIRTY-OMMUNITY/ AREA CALL SIGN D	\$	IBSCRIBER GROU	0.00 P	Base Rate Fee Seco ONE HUNDRED THII COMMUNITY/ AREA	nd Group	SUBSCRIBER GROUF	0
ONE HUNDRED THIRTY- OMMUNITY/ AREA CALL SIGN D Dotal DSEs	SE DOSE	IBSCRIBER GROU	0.00 P	Base Rate Fee Second ONE HUNDRED THII COMMUNITY/ AREA CALL SIGN	DSE	CALL SIGN	0 DSE
OMMUNITY/ AREA	SE DOSE	IBSCRIBER GROU	DSE	Base Rate Fee Second ONE HUNDRED THII COMMUNITY/ AREA	DSE	SUBSCRIBER GROUF	DSE
ONE HUNDRED THIRTY- OMMUNITY/ AREA CALL SIGN D Dotal DSEs	SE DOSE	IBSCRIBER GROU	0.00 P	Base Rate Fee Second ONE HUNDRED THII COMMUNITY/ AREA CALL SIGN	DSE DSE	CALL SIGN	0 DSE

	61739						R OF CABL d/b/a SP	CABLE ONE, INC.
				TE FEES FOR EAC				
9	0	SUBSCRIBER GROUP	RTY-FOURTH	ONE HUNDRED THI	0	SUBSCRIBER GROU	RTY-THIRD	ONE HUNDRED THI COMMUNITY/ AREA
Computa				COMMONT TO AREA				COMMUNIT I/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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and Syndica								
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for Partial								
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	0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	roup	Gross Receipts First G
	0.00	\$	nd Group	Base Rate Fee Second	0.00	\$	roup	Base Rate Fee First G
	JP	I SUBSCRIBER GROU	IRTY-SIXTH	ONE HUNDRED TH	UP	SUBSCRIBER GRO	RTY-FIFTH	ONE HUNDRED THIF
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
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	0.00			Total DSFs	0.00			Total DSEs
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	0.00	\$	n Group	Total DSEs Gross Receipts Four	0.00	\$	Group	Fotal DSEs

EGAL NAME OF OWNER OF CABLE ONE, INC. d/b/							61739	Nan
				ATE FEES FOR EAC				
ONE HUNDRED THIRTY-SEV	ENTH SUBS	CRIBER GROU		ii -		H SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computa
CALL SIGN DS	SE CA	ALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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otal DSEs			0.00	Total DSEs			0.00	
	_		0.00	Gross Receipts Seco	nd Group	\$	0.00	
Bross Receipts First Group	\$			Il Gioss i receipts seco				
Gross Receipts First Group	\$		3.00	Gloss Receipts Gecc			——————————————————————————————————————	
	\$		0.00	Base Rate Fee Seco		\$	0.00	
dase Rate Fee First Group	\$	SCRIBER GRO	0.00	Base Rate Fee Seco	nd Group	\$ 1 SUBSCRIBER GRO	•	
Base Rate Fee First Group DNE HUNDRED THIRTY-N	\$	SCRIBER GRO	0.00	Base Rate Fee Seco	nd Group	I	•	
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DNE HUNDRED THIRTY-N	\$ NINTH SUB		0.00 DUP	Base Rate Fee Seco	nd Group	1 SUBSCRIBER GRO	UP 0	
ase Rate Fee First Group ONE HUNDRED THIRTY-N OMMUNITY/ AREA	\$ NINTH SUB		0.00 DUP	Base Rate Fee Seco	nd Group	1 SUBSCRIBER GRO	UP 0	
DNE HUNDRED THIRTY-N	\$ NINTH SUB		0.00 DUP	Base Rate Fee Seco	nd Group	1 SUBSCRIBER GRO	UP 0	
DIVIDITIES OF STREET	\$ NINTH SUB		0.00 DUP	Base Rate Fee Seco	nd Group	1 SUBSCRIBER GRO	UP 0	
DNE HUNDRED THIRTY-N	\$ NINTH SUB		0.00 DUP	Base Rate Fee Seco	nd Group	1 SUBSCRIBER GRO	UP 0	
DNE HUNDRED THIRTY-N	\$ NINTH SUB		0.00 DUP	Base Rate Fee Seco	nd Group	i SUBSCRIBER GRO	UP 0	
DNE HUNDRED THIRTY-N	\$ NINTH SUB		0.00 DUP	Base Rate Fee Seco	nd Group	i SUBSCRIBER GRO	UP 0	
DNE HUNDRED THIRTY-N	\$ NINTH SUB		0.00 DUP	Base Rate Fee Seco	nd Group	i SUBSCRIBER GRO	UP 0	
Base Rate Fee First Group ONE HUNDRED THIRTY-N COMMUNITY/ AREA	\$ NINTH SUB		0.00 DUP	Base Rate Fee Seco	nd Group	i SUBSCRIBER GRO	UP 0	
Gross Receipts First Group Base Rate Fee First Group ONE HUNDRED THIRTY-N COMMUNITY/ AREA CALL SIGN DS	\$ NINTH SUB		0.00 DUP	Base Rate Fee Seco	nd Group	i SUBSCRIBER GRO	UP 0	
Base Rate Fee First Group ONE HUNDRED THIRTY-N COMMUNITY/ AREA	\$ NINTH SUB		0.00 DUP	Base Rate Fee Seco	nd Group	i SUBSCRIBER GRO	UP 0	
DNE HUNDRED THIRTY-N	\$ NINTH SUB		0.00 DUP	Base Rate Fee Seco	nd Group	i SUBSCRIBER GRO	UP 0	
CALL SIGN CALL SIGN DISTRIBUTION DISTRIBUT	\$ NINTH SUB		0.00 DSE	Base Rate Fee Second ONE HUNDREI COMMUNITY/ AREA	nd Group	i SUBSCRIBER GRO	DSE	
CALL SIGN DS Total DSEs	SE C/		0.00	Base Rate Fee Second ONE HUNDREI COMMUNITY/ AREA CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN CALL SIGN DESCRIPTION OF THE PROPERTY OF THE PROPE	SE C/		0.00 DSE	Base Rate Fee Second ONE HUNDREI COMMUNITY/ AREA	DSE	i SUBSCRIBER GRO	DSE	

	61739	-
TION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP R GROUP ONE HUNDRED FORTY-SECOND SUBSCRIBER GROUP		
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		Compi
SN DSE CALL SIGN DSE CALL SIGN DSE	1	o
	Base	Base R
		ar
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	Su	Surci
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0.00 Gross Receipts Second Group \$ 0.00	0.00	_
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0.00 Base Rate Fee Second Group \$ 0.00	0.00	
R GROUP ONE HUNDRED FORTY-FOURTH SUBSCRIBER GROUP		-
TOTAL HONDINGS FORTH CONTINUED CONTI	ER GROUP	
	EER GROUP 0	
0 COMMUNITY/ AREA	0	
0 COMMUNITY/ AREA	0	
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O COMMUNITY/ AREA SN DSE CALL SIGN DSE CALL SIGN DSE A COMMUNITY/ AREA	O DSE	
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O COMMUNITY/ AREA ON DSE CALL SIGN DSE CALL SIGN DSE O COMMUNITY/ AREA O COMMUNITY/ AR	O DSE	
O COMMUNITY/ AREA SN DSE CALL SIGN DSE CALL SIGN DSE O.00 Total DSEs O.00 Gross Receipts Fourth Group \$ 0.00	O DSE	

	1.001/ 1	OOMBUTATION:	DE DAGE 5	ATE EEEO EOO E : :	N.I. O. I.D. C. C.	UDED ODOLIS	61739	
		SUBSCRIBER GROU		ATE FEES FOR EAC		SIBER GROUP SUBSCRIBER GROUF)	
OMMUNITY/ AREA	1011-111	SOBSCINIBLIN GINOC	0	COMMUNITY/ ARE		1 30B3CKBER GROOT	0	9
SWINGIVIT IT THE				COMMONT IT AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computa of
								Base Rate
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								Syndicat
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tal DSEs			0.00	Total DSEs			0.00	
oss Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
				-			1	
se Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NE HUNDRED FORT	-SEVENTH	SUBSCRIBER GROU	JP	ONE HUNDRED F	ORTY-EIGHTH	SUBSCRIBER GROUF)	
OMMUNITY/ AREA			0	COMMUNITY/ ARE.	A		0	
CALL SIGN	DOF	CALL CICAL		CALL SIGN				
	DSE	CALL SIGN	DSE	OALL GIGIN	DSE	CALL SIGN	DSE	
	DSE	CALL SIGN	DSE	OALL GIGIN	DSE	CALL SIGN	DSE	
	DSE	CALL SIGN	DSE	OALL SIGN	DSE	CALL SIGN	DSE	
	DSE	CALL SIGN	DSE	OALL SIGN	DSE	CALL SIGN	DSE	
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	DSE	CALL SIGN			DSE	CALL SIGN		
otal DSEs	DSE	CALL SIGN	0.00	Total DSEs	DSE	CALL SIGN	0.00	
otal DSEs		\$				\$		
			0.00	Total DSEs			0.00	
	Group		0.00	Total DSEs	th Group		0.00	

CABLE ONE, INC.						•	61739	Name
ONE HUNDRED FOR		RIBER GROUP H SUBSCRIBER GRO	UP 0	9				
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs	_		0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED FIR	TY-FIRST	SUBSCRIBER GRO	UP	ONE HUNDRED FIF	TY-SECONE	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Froup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	Froup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
e bas		e fees for each subsepace L (page 7)		Base Rate Fee Four		\$	0.00	

	D			ONE LUNDESS SI		COMPUTATION O				
	ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP					ONE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP OMMUNITY/ AREA 0				
	COMMUNITY/ AREA 0					OWINDON'T T/ AREA				
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-	0.00			Total DSEs	0.00			tal DSEs		
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7										
1	0.00	\$		Base Rate Fee Seco	0.00	\$				
	Р	SUBSCRIBER GROU		ONE HUNDRED F	UP			ONE HUNDRED FIF		
<u> </u>	Р				-			ONE HUNDRED FIF		
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	P (1 SUBSCRIBER GROU	IFTY-SIXTH	ONE HUNDRED F	UP 0	SUBSCRIBER GRO	TY-FIFTH	ONE HUNDRED FIF		
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	P (1 SUBSCRIBER GROU	IFTY-SIXTH	ONE HUNDRED F	UP 0	SUBSCRIBER GRO	TY-FIFTH	ONE HUNDRED FIF		
	P (1 SUBSCRIBER GROU	IFTY-SIXTH	ONE HUNDRED F	UP 0	SUBSCRIBER GRO	TY-FIFTH	ONE HUNDRED FIF		
))	P	1 SUBSCRIBER GROU	IFTY-SIXTH	ONE HUNDRED F COMMUNITY/ AREA CALL SIGN	UP 0	SUBSCRIBER GRO	TY-FIFTH	ONE HUNDRED FIF		
	DSE DSE	1 SUBSCRIBER GROU	DSE	ONE HUNDRED F COMMUNITY/ AREA CALL SIGN Total DSEs	DSE DSE O.00	SUBSCRIBER GRO	DSE	ONE HUNDRED FIF		
	P	1 SUBSCRIBER GROU	DSE	ONE HUNDRED F COMMUNITY/ AREA CALL SIGN	UP 0	SUBSCRIBER GRO	DSE	ONE HUNDRED FIF		
	DSE DSE	CALL SIGN	DSE	ONE HUNDRED F COMMUNITY/ AREA CALL SIGN Total DSEs	DSE DSE O.00	SUBSCRIBER GROI	DSE	ONE HUNDRED FIF DMMUNITY/ AREA CALL SIGN otal DSEs ross Receipts Third G		

LEGAL NAME OF OWNE						\$	61739	Name
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA								9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
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								Syndicated Exclusivity
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								Stations
T-4-1 DOE-			0.00	Tatal DODa			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED FIF	TY-NINTH	SUBSCRIBER GRO	DUP	ONE HUNDR	ED SIXTIETI	H SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>							
			••••					
	<u></u>			-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

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C	Cable Worksheet		Total amount of remittance	Number of SAs rec'd		II	Initials	
			Date of remittance	Check EFT		FILING FEES		
Cable ID #						Amount	Initials	
Examined by		Reviewed by	Date examination completed	Allocation	number			
Space A Accounting Period								
	Jan	uary 1 - June 30, 2017	[☐ July 1 - December 31, 2017				
	Lett	er sent]	☐ Information received				
	Acc	epted	[Phone call/Date/Contact				
Space B Owner								
	Lett	er sent	[Information rec	eived			
	Acc	epted	[Phone call/Date	/Contact			
Space D Area Served								
	Lett	er sent		Information received				
	Acc	epted]	Phone call/Date	:/Contact			
Space E Secondary Transission								
Service Subscribers:	Lett	Letter sent			Information received			
and Rates	Acc	Accepted			Phone call/Date/Contact			
Space G Primary Transmitters:								
Television	Lett	er sent		☐ Information received				
	☐ Acc	epted		Phone call/Date	e/Contact			
Space H Primary Transmitters:								
Radio	Acc	epted		Phone call/Date	e/Contact			

		Space I Substitute Carriage	
Letter sent	☐ Information received		
Accepted	Phone call/Date/Contact		
		Space J Part-time Carriage Log	
✓ Letter sent	☐ Information received	(SA3 only)	
Accepted	Phone call/Date/Contact		
		Space K Gross Receipts	
Letter sent	☐ Information received		
Letter sent	Phone call/Date/Contact		
		Space L Copyright Filing and Royalty Fees	
Royalty Fee should be	Refund request to fiscal	1	
Letter sent	☐ Information received	1	
Accepted	Phoe call/Date/Contact	1	
		Space M Channels	
Letter sent	☐ Information received		
Accepted	Phone call/Date/Contact		
		Space O Certification	
Letter sent	☐ Information received		
Accepted	Phone call/Date/Contact		
		Space P Statement of Gross Receipts	
Letter sent	☐ Information received		
Accepted	Phone call/Date/Contact	1	
		Space Q Interest Assessment	
Letter sent	☐ Info/add'l fee received		
Accepted	Phone call/Date/Contact		