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					
2-27-23	\$ ALLOCATION NUMBER					

Return completed workbook by email to

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:			
Accounting Period	2022/2			
B	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busines if there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire accounting the the entire accountin	ess of the cable syste on the last day of the unting period.	m. e accounting period should sub	
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM			
	Southern New England Telephone Co.			
				6279320222
				62793 2022/2
	401 Merritt 7 Norwalk, CT 06851			
С	INSTRUCTIONS: In line 1, give any business or trade names used to in names already appear in space B. In line 2, give the mailing address of			
System	DENTIFICATION OF CABLE SYSTEM:		5.5 g g	56466 2.
- Cyclom	62793			
	MAILING ADDRESS OF CABLE SYSTEM:			
	2 (Number, street, rural route, apartment, or suite number)			
	(City, town, state, zip code)			
D			20 11 1 1 1	41
D	Instructions: For complete space D instructions, see page 1b. Identify	only the first comi	nunity served below and reli	st on page 1b
Area Served	with all communities. CITY OR TOWN	STATE		
First	Andover	CT		
Community	Below is a sample for reporting communities if you report multiple cha		pace G.	
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
Sample	Alda	MD	Α	1
Campie	Alliance	MD	В	2
	Gering	MD	В	3

Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on 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 Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

Hamden

FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 62793 Southern New England Telephone Co. Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated Area areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN STATE CH LINE UP SUB GRP# Andover CT Е 10 First CT 11 Ansonia Community CT 10 Avon Ε Barkhamsted CT C 8 F CT 12 **Beacon Falls** E Berlin CT 10 **Bethany** CT 12 Bethel CT Α 4 **Bethlehem** С 8 CT Bloomfield CT Ε 10 **Bolton** CT 10 Ε 10 **Bozrah** CT Ε CT F **Branford** 12 **Bridgeport** CT Α 3 **Bridgewater** CT В 11 CT Ε 10 **Briston Brookfield** CT Α 6 Ε **Burlington** 10 CT Canton CT C 8 Chesire CT 12 Clinton СТ D 9 Colchester CT Ε 10 Cromwell CT D 9 Danbury CT Α 2 **Darien** CT Α CT F 11 Derby **Durham** CT D 12 **East Granby** CT Ε 10 East Hartford CT 10 СТ F 12 East Haven E **East Lyme** 10 CT **East Windsor** CT Ε 10 CT Α 13 Easton Elington CT Е 10 **Enfield** CT Ε 10 **Fairfield** CT Α 13 **Farmington** CT Ε 10 See instructions for 10 Franklin CT Ε additional information on alphabetization. Glastonbury CT Ε 10 Ε Granby CT 10 Greenwich CT Α 1 Groton CT Ε 10 Guilford CT F 12

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

CT

12

Hartford	CT	E	10
Hartland	СТ	E	10
Harwinton	СТ	С	8
Hebron	CT	F	10
Killingworth	CT	D E	9
Lebanon	СТ	Е	10
Ledyard	СТ		10
Lisbon	СТ	E E	10
Litchfield	СТ	C	8
Madison	CT	F	12
Manchester	CT	E	10
Meriden	CT	F	12
	CT	F	12
Middlebury			
Middlefield	СТ	D	9
Middletown	СТ	D	9
Milford	СТ	F	11
Monroe	СТ	Α	6
Montville	CT	E	10
Naugatuck	CT	F	12
New Britain	СТ	F	10
New Canaan	СТ	Α	1
New Fairfield	CT	A	6
New Hartford	CT	C	8
New Haven	CT	F	12
New London	CT	E	10
New Milford	CT		11
		В	
Newington	CT	E	10
Newtown	СТ	A F	6
North Bradford	СТ		12
North Haven	СТ	F	12
Norwalk	CT	Α	13
Norwich	CT	E	10
Orange	СТ	F	11
Oxford	СТ	F	11
Plainville	СТ	Е	10
Plymouth	СТ	E C	8
Portland	CT	D	9
Preston	CT	E	10
Prospect	CT	F	12
Redding	CT		
	CT	Α	13
Ridgefield		A	13
Rocky Hill	CT	E	10
Roxbury	CT	В -	7
Salem	СТ	E	10
Seymour	СТ	F	11
Shelton	СТ	Α	6
Sheman	СТ	Α	6
Simsbury	СТ	E	10
Somers	СТ	Е	10
South Windsor	СТ	Е	10
Southington	СТ	E	10
Stafford	CT	E	10
Stamford	CT		1
Stonington	CT	A	10
Stratford	CT	E	
		A	5
Suffield	CT	E	10
Thomaston	СТ	C	8
Tolland	СТ	E	10
Torrington	СТ	С	8
Trumball	CT	Α	4
Union	СТ	Е	10
Vernon	СТ	Е	10

Add rows as necessary.

Voluntown	СТ	E	10
Wallingford	СТ	F	12
Waterbury	СТ	F	12
Waterford	СТ	E	10
Watertown	СТ	В	8
West Hartford	СТ	E	10
West Haven	СТ	F	12
Westbrook	СТ	D	9
Weston	СТ	Α	13
Westport	СТ	Α	13
Wethersfield	СТ	E	10
Willington	СТ	E	10
Wilton	СТ	Α	13
Windsor	CT	E	10
Windsor Locks	СТ	E	10
Wolcott	СТ	F	12
Woodbridge	СТ	F	12
Woodbury	СТ	С	8

ACCOUNTING PERIOD: 2022/2 FORM SA3E. PAGE 2. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 62793 Southern New England Telephone Co. SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES E 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 Secondary 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). **Transmission** Service: Sub-Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken scribers and down by categories of secondary transmission service. In general, you can compute the number of subscribers in Rates 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. DI OCK 1

BL	OCK 1		BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE
Residential:							
 Service to first set 	39,966	\$	24.99				
 Service to additional set(s) 		[Set-top Box	48,280	\$	11.00
 FM radio (if separate rate) 							
Motel, hotel		[
Commercial	681	\$	30.00				
Converter							
Residential		[
Non-residential						1	
	·····	• • • • • • • • • • • • • • • • • • • •					

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

FORM SA3E, PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Southern New England Telephone Co. 62793 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 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 WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 2 B'CAST 3 TYPF 4 DISTANT? 5 BASIS OF 6 LOCATION OF STATION OF SIGN CHANNEL (Yes or No) CARRIAGE NUMBER **STATION** (If Distant) WABC/WABC 7/1007 Ν No New York, NY WCBS-DT/HD 33/1033 N No New York, NY See instructions for additional information WCCT-DT/HD 20/1020 ı No Waterbury, CT on alphabetization. WCTX-DT/HD No New Haven, CT 39/1039 ı WEDW/WEDW 52/1052 Ε No Bridgeport, CT Ν Hartford, CT WFSB-DT/HD 33/1033 No WFUT-DT/WF 30/1030 I No Newark, NJ WLIW-DT 22 Ε Yes 0 Garden City, NY Ν New York, NY WNBC-DT/HD 28/1028 No WNET-DT/HD 13/1013 Ε Newark, NJ No WNJN/WNJNH 51/1051 Ε Yes N 0 Montclair, NJ WNJU/WNJUH 36/1036 ı No Linden, NJ WNYE-DT Ε New York, NY Ν 24 No 29 Ε West Milford, CT N WNYJ Yes 0 WNYW-DT/HD New York, NY 44/1044 ı No

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

New York, NY

New York, NY

Kingston, NY

ΡI

WPIX-DT/HD

WPXN-DT/HD

WRNN

11/1011

31/1031

48

I

ı

ī

No

No

No

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Southern New England Telephone Co.

SYSTEM ID#
Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

			CHANN	EL LINE-UP	AB	
1.	CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
-	WTBY	27	I	No		Poughkeepsie, NY
ГΙ	WTIC-DT/HD	31/1031	I	No		Hartford, CT
Γ	WTNH-DT/HD	10/1010	N	No		New Haven, CT
/	WVIT-DT/HD	35/1035	N	No		New Britain, CT
Ν	WWOR-DT/HD	38/1038	I	No		Secaucus, NJ
(WXTV-DT/HD	40/1040	I	No		Patterson, NJ
,	WZME	42	I	No		Bridgeport, NJ
١	WABC-DT/HD	7/1007	N	No		New York, NY
2	WCBS-DT/HD	33/1033	N	No		New York, NY
2	WCCT-DT/HD	20/1020	I	No		Waterbury, CT
2	WCTX-DT/HD	39/1039	I	No		New Haven, CT
	WEDH-Dt/HD	45/1045	E	No		Hartford, CT
:	WFSB-DT/HD	33/1033	N	No		Hartford, CT
1	WHPX-WHPX	26/1026	I	No		New London, CT
V	WNBC-DT/HD	28/1028	N	No		New York, NY
١	WNET-DT/HD	13/1013	E	Yes	0	Newark, NJ
١	WNJN-WNJNH	51/1051	E	Yes	0	Montclair, NJ
V	WNYW-DT/HD	44/1044	ı	No		New York, NY

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Southern New England Telephone Co.

SYSTEM ID#
Name

Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

			CHANN	EL LINE-UP	AC	
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
ΡI	WPIX-DT/HD	11/1011	I	No		New York, NY
ΤI	WTIC-DT/HD	31/1031	I	No		Hartford, CT
T	WTNH-DT/HD	10/1010	N	No		New Haven, CT
U	WUVN-DT/HD	46/1046	I	No		Hartford, CT
VI	WVIT-DT/HD	35/1035	N	No		New Britain, CT
·	WCBS-DT/HD	33/1033	N	No		New York, NY
·	WCCT-DT/HD	20/1020	I	No		Waterbury, CT
C	WCTX-DT/HD	39/1039	I	No		New Haven, CT
E	WEDH-DT/HD	45/1045	E	No		Hartford, CT
F	WFSB-DT/HD	33/1033	N	No		Hartford, CT
Ξ	WHPX/WHPX	16/1016	I	No		New London, CT
ż	WNBC-DT/HD	28/1028	N	No		New York, NY
ż	WNET-DT/HD	13/1013	E	Yes	0	Newark, NJ
N	WNJN-DT/HD	51/1051	E	Yes	0	Montclair, NJ
Z	WNYW-DT/HD	44/1044	I	No		New York, NY
ΡI	WPIX-DT/HD	11/1011	I	No		New York, NY
ΤI	WTIC-DT/HD	31/1031	I	No		Hartford, CT
Т	WTNH-DT/HD	10/1010	N	No		New Haven, CT

G

Primary Transmitters: Television

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Southern New England Telephone Co. 62793

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

CHANNEL LINE-UP AD 1 CALL 2 B'CAST 3 TYPF 4 DISTANT? 5 BASIS OF 6 LOCATION OF STATION OF SIGN CHANNEL (Yes or No) CARRIAGE NUMBER **STATION** (If Distant) บ ไพบงท/พบง 46/1046 ı No Hartford, CT VI WVIT-DT/HD New Britain, CT 35/1035 N No WCCT-DT/HD 20/1020 ı No Waterbury, CT No New Haven, CT WCTX-DT/HD 39/1039 ı WEDH-DT/HD 45/1045 Ε No Hartford, CT Ν WFSB-DT/HD 33/1033 No Hartford, CT WHPX/WHPX 16/1016 New London, CT I No N WNET-DT/HD 13/1013 Ε Yes 0 Newark, NJ Ε 0 WNJN-DT/HD 51/1051 Yes Montclair, NJ WNYW-DT/HD 44/1044 No New York, NY 1 TI WTIC-DT/HD 31/1031 ı Hartford, CT No WTNH-DT/HD 10/1010 N No New Haven, CT WUVN-DT/HD ı 46/1046 No Hartford, CT WVIT-DT/HD VΙ 35/1035 Ν No New Britain, CT WABC/HD N New York, NY 7/1007 No WCBS-DT/HD 33/1033 Ν New York, NY No WCCT-DT/HD 20/1020 ı No Waterbury, CT WCTX-DT/HD ī 39/1039 No New Haven, CT

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Southern New England Telephone Co.

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID#
Name

62793

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

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

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

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

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

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

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

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

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

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

CHANNEL LINE-UP AE 1. CALL 2 B'CAST 3 TYPF 4 DISTANT? 5 BASIS OF 6 LOCATION OF STATION OF SIGN CHANNEL (Yes or No) CARRIAGE NUMBER **STATION** (If Distant) WEDH-Dt/HD 45/1045 Ε No Hartford, CT WFSB-DT/HD 33/1033 N No Hartford, CT WHPX 26 ı No New London, CT WNBC-DT/HD 28/1028 New York, NY N No WNET-DT/HD 13/1013 Ε 0 Newark, NJ Yes Ε 0 WNJN/HD 51/1051 Yes Montclair, NJ WNYW-DT/HD 44/1044 New York, NY I No WPIX/HD 11/0111 ı No New York, NY ΤI WTIC/HD 31/1031 1 No Hartford, CT WTNH/HD 10/1010 N New Haven, CT No WUVN/HD Hartford, CT 46/1046 ı No WVIT/HD 35/1035 Ν No New Britain, CT w wwor/hd 38/1038 No Secaucus, NJ

G

Primary Transmitters: Television

ACCOUNTING PERIOD: 2022/2 FORM SA3E. PAGE 4. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 62793 Southern New England Telephone Co. PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATIO
							
							
							
							
		 					
		 					
		T					

FORM SA3E. PAGE 5.						ACCOUNTING	PERIOD: 2022/2		
LEGAL NAME OF OWNER OF	CABLE SYST	EM:			Ş	SYSTEM ID#			
Southern New England	d Telepho	ne Co.				62793	Name		
SUBSTITUTE CARRIAGE	E: SPECIAL	L STATEMEN	T AND PROGRAM LOG				ı		
In General: In space I, identi substitute basis during the ac explanation of the programmi	counting pe	riod, under spec	cific present and former FC0	Crules, regula	itions, or authorizations. F	or a further	Substitute		
				<u> </u>			Carriage:		
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Yes X No									
Note: If your answer is "No, log in block 2.	" leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	• •	· ·	Program Log		
2. LOG OF SUBSTITUTE			4- Ba- 11 bb	. 4					
In General: List each subst clear. If you need more spa	itute progra ce, please a	m on a separa attach additiona	te line. Use abbreviations v al pages.	vnerever pos	sible, if their meaning is				
Column 1: Give the title period, was broadcast by a			sion program (substitute program (substitute program)			ion			
under certain FCC rules, re	gulations, o	r authorizations	s. See page (vi) of the gene	eral instructio	ons located in the paper				
SA3 form for futher informatitles, for example, "I Love L				"basketball".	List specific program				
			⁻ "Yes." Otherwise enter "N sting the substitute prograi						
Column 4: Give the broa	idcast statio	n's location (th	e community to which the	station is lice					
the case of Mexican or Can Column 5: Give the mon			community with which the s em carried the substitute p			th			
first. Example: for May 7 giv		substitute nro	gram was carried by your c	ahle system	List the times accurately	ı			
to the nearest five minutes.						,			
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 y	our system was required	l			
to delete under FCC rules a gram was substituted for pro	and regulation	ons in effect du	ring the accounting period;	enter the let	ter "P" if the listed pro				
effect on October 19, 1976.		ırıat your syste	in was permitted to delete	under FCC n	ules and regulations in				
				WHE	EN SUBSTITUTE				
S	UBSTITUT	E PROGRAM	1		IAGE OCCURRED	7. REASON FOR			
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION			
					_				
					<u> </u>				
					<u> </u>				
	 		 						
	_		 						
					<u> </u>				
						-			
						-			
									

ACCOUNTING PERIOD: 2022/2 FORM SA3E. PAGE 6.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 62793 Southern New England Telephone Co. **PART-TIME CARRIAGE LOG** In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-J time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in Part-Time column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. · Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give · State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.- 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.— 12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN** HOURS HOURS DATE TO DATE **FROM** TO **FROM**

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

	SASE. PAGE 7. IL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#	Nama
Sou	uthern New England Telephone Co.		62793	Name
Inst all a (as i pag	COSS RECEIPTS ructions: The figure you give in this space determines the form you file and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's secondentified in space E) during the accounting period. For a further explanation of how to coe (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	ndary transmission service ompute this amount, see	3,288.98	K Gross Receipts
COPY Instru • Com • Com • If your feet	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. ur system did not carry any distant television stations, leave block 3 blank. Enter the am from block 1 on line 1 of block 4, and calculate the total royalty fee. ur system did carry any distant television stations, you must complete the applicable pai ompanying this form and attach the schedule to your statement of account. urt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be	nount of the minimum		L Copyright Royalty Fee
	k 3 below.			
	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be e clow.	ntered on line 2 in block		
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shou block 4 below.	ıld be entered on line		
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K. Line 2. Multiply the amount in line 1 by 0.01064.	is 1.064 percent of the	3,288.98	
	Enter the result here.	*	2 6 4 7 7 0	
	This is your minimum fee. DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the		6,647.79	
Block	space G. If, in space G, you identified any stations as "distant" by stating "Yes" in colum "Yes" in this block. • Did your cable system carry any distant television stations during the accounting perio Y Yes—Complete the DSE schedule. No—Leave block 3 below blank and column Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero. Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE	d? complete line 1, block 4.	5,452.96 0.00	
	schedule. If none, enter zero.	_		
	Line 3. Add lines 1 and 2 and enter here.	\$ 55	5,452.96	
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger. Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter		0.00	Cable systems submitting additional
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	deposits under Section 111(d)(7) should contact the Licensing
	Line 4. FILING FEE	<u></u> \$	725.00	additional fees. Division for the appropriate
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 107	7,372.79	form for submitting the additional fees.
	EFT Trace # or TRANSACTION ID #			
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (S general instructions located in the paper SA3 form and the Excel instructions to			

ACCOUNTING PERIOD: 2022/2

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID# 62793
	Southern New England Telephone Co.	
M	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.	
Channels	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 Karol Whittaker Telephone 214-534-6827	
	Address 7979 N Beltline Road (Number, street, rural route, apartment, or suite number)	
	Irving, TX 75063 (City, town, state, zip)	
	Email karol.whittaker@ftr.com Fax (optional)	
0	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations.)	
Certification	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified 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.	əm
	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)]	
	/s/ Jessica Matushek	
	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 the button, then type /s/ and your name. Pressing the "F2" button will avoid enabling Excel's Lotus compatibility settings.	; "F2"
	Typed or printed name: Jessica Matushek	
	Title: Sr. Director Accounting (Title of official position held in corporation or partnership)	
İ	Date: February 24, 2023	

Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on 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 Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

LEGAL NAME OF OWNE	R OF CABLE SYSTEM:	SYSTEM ID#	
Southern New E	ingland Telephone Co.	62793	Name
The Satellite Hom lowing sentence: "In determ service of scribers at For more informa paper SA3 form. During the accoumade by satellite X NO	ATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the total number of subscribers and the gross amounts paid to the cable system for the providing secondary transmissions of primary broadcast transmitters, the system shall not income amounts collected from subscribers receiving secondary transmissions pursuant to section tion on when to exclude these amounts, see the note on page (vii) of the general instructions noting period did the cable system exclude any amounts of gross receipts for secondary transmitters to satellite dish owners?	basic clude sub- n 119."	Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	Name Mailing Address		
INTEREST AS	SSESSMENTS		
	on of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	payment.	Q
Line 1 Enter the	amount of late payment or underpayment		Interest Assessment
Line 2 Multiply li	ne 1 by the interest rate* and enter the sum here	- days	
Line 3 Multiply li	ne 2 by the number of days late and enter the sum here	00274	
	tine 3 by 0.00274** enter here and on line 3, block 4, space L (page 7)	- st charge)	
	interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistand Licensing Division at (202) 707-8150 or licensing@copyright.gov.	ce please	
** This is the	decimal equivalent of 1/365, which is the interest assessment for one day late.		
-	filing this worksheet covering a statement of account already submitted to the Copyright Offic the owner, address, first community served, accounting period, and ID number as given in the		
Owner Address			
First community s Accounting period ID number			

Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on 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 Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

ACCOUNTING PERIOD: 2022/2

DSE SCHEDULE. PAGE 10.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

- Determine which distant stations were carried by the system pursuant to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 1981, 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:

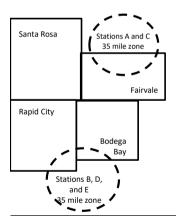
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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 Cari	ried	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)	0.25	Fairvale	Stations B, D, and E	120,000.00					
TOTAL DSEs	2 472		TOTAL GROSS RECEIPTS	\$600,000,00					

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 \$6 384 00

		ψ0,0000			
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. (CONTINUE	D)						
4	LEGAL NAME OF OV	WNER OF CABLE	SYSTEM:			S	YSTEM ID#	
ı	Southern Nev	w England T	elephone Co	o.			62793	
	SUM OF DSEs C							
	Add the DSEs of	of each station.						
	Enter the sum he	re and in line 1	of part 5 of this	schedule.		1.25		
	Instructions:							
	In the column he		gn": list the call	signs of all distant stations	identified by the	e letter "O" in column 5		
Computation	of space G (page	: 3). Dadod "DSE":	for each indepe	ndent station, give the DSE	as "1 0": for e	ach natwork or nancom		
	mercial education				as 1.0 , 101 e	acii network or noncom-		
Category "O"				CATEGORY "O" STATIO	NS: DSEs			
Stations	CALL S	SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	WNYJ		0.250					
	WNJN-DT/HD	WNJN-DT/	0.250					
	WNET-DT/HD	WNET-DT/	0.250					
	WLIW-DT	WLIW-DT	0.250					
	WNYE-DT	WNYE-DT	0.250					
Add rows as								
necessary.								
Remember to copy all formula into new								
rows.								
10W5.								
			·					

Name		WNER OF CABLE SYSTEM: W England Telephon	e Co.						62793			
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-v	st the call sign of all distar :: For each station, give the correspond with the inform :: For each station, give the :: Divide the figure in colurat at least to the third decimands: :: For each independent so	ne number of Ination given in the total number of the total number of the figure of the total point. This tation, give the the total pumn 4 by the	hours your can space J. Can spa	able system alculate only lat the station on 3, and give of carriage versions as "1.0." F	carried the statio one DSE for each broadcast over e the result in de value" for the stator each network	n during the accounting th station. the air during the accounce in the air during the accounting	nting period. ifigure must ational station, ss than the				
Capacity	CATEGORY LAC STATIONS: COMPUTATION OF DSEs											
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	R JRS ED BY	3. NUMB OF HO STATI ON All	ER OURS ON	4. BASIS OF CARRIAG VALUE	5. TYPE		SE			
			÷		=		x	=				
							x x					
							x					
			÷				x	=				
			÷				x x	=				
Computation of DSEs for Substitute-Basis Stations	Instructions: Column 1: Giv	e the call sign of each stall by your system in substit ct on October 19, 1976 (ane or more live, nonnetwo For each station give the IThis figure should correspenter the number of days Divide the figure in column this is the station's DSE (left).	tion listed in s ution for a pro- as shown by the rk programs d number of live pond with the in the calenda in 2 by the figu	space I (page ogram that yo ne letter "P" i uring that op e, nonnetwor information i ar year: 365, ure in column	e 5, the Log of pur system with no column 7 of tional carriage k programs of nispace I. except in a linguistry and give	of Substitute Progras permitted to configurate (as shown by the carried in substitute page (as substitute page).	Jelete under FCC rules a ne word "Yes" in column 2 ution for programs that w mn 4. Round to no less	and regular- of ere deleted than the third				
		SI	IBSTITLITE	-BASIS	STATIONS	S: COMPLITA	TION OF DSEs					
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMB OF DA	SER 4. YS	DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE			
		÷		=				÷	=			
		-						÷				
		÷						÷	=			
		÷		=				÷	=			
	Add the DSEs of	• OF SUBSTITUTE-BASIS of each station. m here and in line 3 of pa	S STATIONS:			▶	0.0	÷ 0	=			
5		ER OF DSEs: Give the ames applicable to your system		e boxes in pa	rts 2, 3, and 4	of this schedule	and add them to provide	the total				
Total Number	1. Number	of DSEs from part 2 ●					•	1.25				
of DSEs		of DSEs from part 3 ●					•	0.00				
	3. Number	of DSEs from part 4 ●				I	-	0.00				
	TOTAL NUMBE	R OF DSEs						•	1.25			

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

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

LEGAL NAME OF ON							S	YSTEM ID# 62793	Name
Instructions: Block In block A: • If your answer if "schedule. • If your answer if "If your answer if your answer if "If your answer if your answer if "If your answer if your	Yes," leave the re	mainder of pa	•	of the DSE schedu	ıle blank and	complete part 8	3, (page 16) of the		6
			BLOCK A: 7	TELEVISION MA	ARKETS				Computation of
· 	1981?	schedule—D0	,	er markets as defin			C rules and regula	tions in	3.75 Fee
		BLO	CK B: CARR	IAGE OF PERM	AITTED DS	Es			
Column 1: CALL SIGN	FCC rules and re instructions for th Satellite Television	gulations prio e DSE Sched on Extension a	r to June 25, 1 ule. (Note: The and Localism <i>A</i>	,	planation of p ers to an exe	ermitted station mpt multicast s	ns, see the	,	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommeric D Grandfatherec instructions fo E Carried pursua *F A station pre	les and regulared pursuant to on as defined all educational I station (76.6 or DSE scheduant to individuatiously carried IHF station with	ations cited belot the FCC marking 76.5(kk) (76 station [76.59 5) (see paragralle). all waiver of FC don a part-time thin grade-B cotton the station grade-B cotton the station of the station grade-B cotton and part-time grade-B cotton and part-tim	e or substitute basis ontour, [76.59(d)(5)	e in effect on 357, 76.59(b), (1), 76.63(a), (3(a) referring stitution of grades	June 24, 1981. 76.61(b)(c), 76 referring to 76.0 to 76.61(d)] ndfathered state	.63(a) referring to 61(e)(1) tions in the		
Column 3:	*(Note: For those this schedule to c	e stations iden determine the	tified by the le DSE.)	parts 2, 3, and 4 of tter "F" in column 2	, you must co	mplete the wor	1		
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
WNYJ	С	0.25							
WNJN-DT/H	С	0.25							
WNET-DT/H	С	0.25							
WLIW-DT	C	0.25							
WNYE-DT	С	0.25							
								1.25	
		В	LOCK C: CC	MPUTATION OF	3.75 FEE				
Line 1: Enter the									
Line 3: Subtract li (If zero, le				of DSEs subject 7 of this schedule		rate.			
Line 4: Enter gros	ss receipts from	space K (pa	ge 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply lir	ne 4 by 0.0375 a	and enter sur	n here				x		permited/ partially nonpermitted carriage?
Line 6: Enter tota	I number of DSE	Es from line 3	3						If yes, see part 9 instructions.
Line 7: Multiply lir	ne 6 by line 5 an	d enter here	and on line	2, block 3, space	L (page 7)			0.00	

ASIS SIGN BASIS SIGN BASIS Comp	6 putation .75 Fee
ASIS SIGN BASIS SIGN BASIS Comp	putation
Comp 3:	putation .75 Fee

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Southern New England Telephone Co. 62793 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? X Yes—Complete blocks B and C. No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Is any station listed in block B of part 6 the primary stream of a Was any station listed in block B of part 7 carried in any commucommercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer to former FCC rule 76.159) or in part, over the cable system? Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE X No-Enter zero and proceed to part 8. X No—Enter zero and proceed to part 8. CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE 0.00 0.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Southern New England Telephone Co.	SYSTEM ID# 62793	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	10,023,288.98	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 defined by the FCC? Yes—Complete section 3 below.	v.	
	SECTION 3: TOP 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 3a	Yes—Complete part 9 of this schedule.		
	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 D is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	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		
	<u> </u>		
	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? Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the D is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here	_	
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
İ		10000	

Name		ne of owner of cable system: Southern New England Telephone Co.	62793
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1)	
of the Syndicated		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$	
Exclusivity 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	
8	6 was	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of pachecked "Yes," use the total number of DSEs from part 5.	rt
Computation		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.	
of Base Rate Fee	 If you blank 	r answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B belc	W
		s a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers	
		ocated within that station's local service area and others were located outside that area. For the definition of a station's "loca e area," see page (v) of the general instructions.	I
	• Did v	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS our cable system retransmit the signals of any partially distant television stations during the accounting period?	
		X Yes—Complete part 9 of this schedule. No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶\$	
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.) ▶	
	Section 3	If the figure in costion 2 is 4 000 or less, compute your base rate for box and leave costion 4 blank	
		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 SCHEDULE, PAGE 17. ACCOUNTING PERIOD: 2022/2

I FOAL N	AME OF OWNER OF CABLE SYSTEM:				OVOTEM ID#	•
	ern New England Telephone Co.				SYSTEM ID# 62793	Name
Section	If the figure in section 2 is more than 4.000, compute your base	rate fee here	and leave section 3	blank.		
4						0
-	A. Enter 0.01064 of gross receipts					8
	(the amount in section 1)		<u>▶</u> \$			
	B. Enter 0.00701 of gross receipts					Computation
	(the amount in section 1)	▶ \$				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			_ e	0.00	
	Dase Nate 1 ee			Ψ	0.00	
IMPOR	TANT. It is no longer possessor, to report television signal		ma veida basis. Com	ions of talevision l	ara adapat signala aball	
	TANT: It is no longer necessary to report television signal be reported on a community-by-community basis (subscr	,		0	J	_

Space G.

In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this exclusion, you must:

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.
- 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 television market, give each station's DSE as you gave it in block B, part 6 of this schedule.
- · Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.
- · Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions in the paper SA3 form.
- · Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form.

9

Computation 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 62793 Southern New England Telephone Co. Guidance for Computing the Royalty Fee for Partially Permitted/Partially Nonpermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

LEGAL NAME OF OWNE Southern New En						·	62793	Name
	BLOCK A:	COMPUTATION (OF BASE RA	ATE FEES FOR EACH	H SUBSCRIE	SER GROUP		
	FIRST	SUBSCRIBER GRO)UP		SECOND S	SUBSCRIBER GRO	UP	9
COMMUNITY/ AREA Darien			COMMUNITY/ AREA	COMMUNITY/ AREA Danbury				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
		51.22.51511		WNYJ	0.25			Base Rate F
				WLIW-DT	0.25			and
								Syndicate
					····		·····	Exclusivity
	····		······		····		·······	Surcharge
	····		·····					for
					····		·····	Partially Distant
								
								Stations
					····		······	
			<mark></mark>					
Total DSEs			0.00	Total DSEs			0.50	
Gross Receipts First G	roup	\$ 21	9,357.67	Gross Receipts Secon	nd Group	\$	282,404.75	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	1,502.39	
	THIRD	SUBSCRIBER GRO)UP		FOURTH :	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	Bridger	ort		COMMUNITY/ AREA	Bethel, T	rumbull		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WNYJ	0.25			WNYE-DT	0.25			
WNJN/WNJNH	0.25			WLIW-DT	0.25			
				WNJN/WNJNH	0.25			
				WNYJ	0.25			
otal DSEs			0.50	Total DSEs			1.00	
Gross Receipts Third G	Group	s 18	34,416.49	Gross Receipts Fourt	h Group	\$	350,762.53	
Base Rate Fee Third G	Group	\$	981.10	Base Rate Fee Fourt	h Group	\$	3,732.11	
ase Rate Fee: Add th			criber group a	as shown in the boxes ab	oove.	\$	55,452.96	
	-, 1, 5	(- 2 - 1)				•	,	

LEGAL NAME OF OWNE Southern New Eng						S	62793	Name
E	BLOCK A: (COMPUTATION O	BASE RA	TE FEES FOR EACH	I SUBSCRIE	BER GROUP		
FIFTH SUBSCRIBER GROUP					SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	MUNITY/ AREA Stratford			COMMUNITY/ AREA Brookfield				9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WNYJ	0.25			WNYJ	0.25			Base Rate Fee
WNJN/WNJNH	0.25		_	WLIW-DT	0.25			and
WNYE-DT	0.25		_	WNJN/WNJNH	0.25			Syndicated
				WNYE-DT	0.25			Exclusivity
								Surcharge
								for
								Partially
			1					Distant
								Stations
	···		-			-		
				-				
			†		-			
	<u></u>		 		 			
Total DSEs			0.75	Total DSEs	1		1.00	
Gross Receipts First G	roup	s 178	,163.51	Gross Receipts Secon	nd Group	\$ 7	42,402.27	
·								
Base Rate Fee First G	roup	\$ 1	,421.74	Base Rate Fee Secon	nd Group	\$	7,899.16	
	SEVENTH	SUBSCRIBER GROU	JP		EIGHTH	SUBSCRIBER GROL	JP	
COMMUNITY/ AREA	Roxbur	y		COMMUNITY/ AREA Canton				
CALL SIGN WNJN/WNJNH	DSE 0.25	CALL SIGN	DSE	CALL SIGN WNJN/WNJNH	DSE 0.25	CALL SIGN	DSE	
WNET-DT/HD	0.25			WNET-DT/HD	0.25			
			-					
	····		-					
				-				
				-				
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			 		<u></u>			
	<u></u>		-		<u></u>			
Total DSEs			0.50	Total DSEs			0.50	
Gross Receipts Third Group \$ 2,993.28		Gross Receipts Fourth Group \$ 173,624.96						
Gloss Necelpls Tillia C	лоир	7 2	,333.20	Gross Neceipis i ourii	ГОГОПР	•	73,024.30	
Base Rate Fee Third Group \$ 15.92		Base Rate Fee Fourth Group \$ 923.68		923.68				
Raco Pato Foo: Add th	o haco roto	face for each subser	iher group	II is shown in the boxes ab	nove			
Enter here and in block			isoi gioup a	o chown in the boxes dr	,vo.	\$		

LEGAL NAME OF OWNER Southern New Eng						S	STEM ID# 62793	Name
В				TE FEES FOR EACH				
NINTH SUBSCRIBER GROUP			JP			SUBSCRIBER GROUP	0	9
COMMUNITY/ AREA Clinton				COMMUNITY/ AREA	Andover			Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WNET-DT/HD	0.25			WNET-DT/HD	0.25			Base Rate Fee
WNJN/WNJNH	0.25			WNJN/WNJNH	0.25			and
					<u> </u>			Syndicated
	<u> </u>				<u></u>			Exclusivity
	<u> </u>							Surcharge for
	<u>-</u>							Partially
								Distant
								Stations
					<u>-</u>			
	<u>.</u>				<u>-</u>			
	<u> </u>				<mark></mark>			
	-				<u>-</u>			
Total DSEs			0.50	Total DSEs			0.50	
		257		Total DSEs				
Gross Receipts First Gro	oup	\$ 357	,920.94	Gross Receipts Second	a Group	\$ 3,52	27,534.34	
Base Rate Fee First Gro	oup	\$ 1	,904.14	Base Rate Fee Second	d Group	\$ 1	8,766.48	
El	LEVENTH	SUBSCRIBER GROU	JP		TWELVTH :	SUBSCRIBER GROUP)	
COMMUNITY/ AREA Ansonia				COMMUNITY/ AREA Beacon Falls				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WNJN/WNJNH	0.25			WNJN/WNJNH	0.25			
	<u></u>			WNET-DT/HD	0.25			
	<u> </u>							
	···							
					<u></u>			
					<u></u>			
	<u>.</u>				<u>-</u>			
	·		†					
					<u> </u>			
Total DSEs			0.25	Total DSEs			0.50	
Gross Receipts Third Group \$ 728,351.44		351.44	Gross Receipts Fourth Group \$ 2,878,330.35		78,330.35			
Base Rate Fee Third Group \$ 1,937.41		,937.41	Base Rate Fee Fourth Group \$ 15,312.72		5,312.72			
Base Rate Fee: Add the Enter here and in block			ber group a	s shown in the boxes abo	ove.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Southern New England Telephone Co. \$\text{SYSTEM ID#}\$						Name		
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP THIRTEENTH SUBSCRIBER GROUP FOURTEENTH SUBSCRIBER GROUP						ο.		
COMMUNITY/ AREA	Easton	Easton COMMUNITY/ AREA 0					9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WNYJ	0.25	CALL SIGN	DSE	CALL SIGN		CALL SIGN		Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations
Total DSEs			0.25	Total DSEs		-	0.00	
Gross Receipts First Group \$ 397,026.45			,026.45	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$ 1	,056.09	Base Rate Fee Sec	ond Group	\$	0.00	
FIFTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0			SIXTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
		0.00	Gross Receipts Foul	th Group	\$	0.00		
Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Four	th Group	\$	0.00		
Base Rate Fee: Add the Enter here and in block			iber group a	s shown in the boxes	above.	\$		

Community Area	Group
DARIEN	1
GREENWICH	1
NEW CANAAN	1
STAMFORD	1
	2
DANBURY BRIDGEPORT	3
BETHEL	4
TRUMBULL	4
STRATFORD	5
BROOKFIELD	6
MONROE	6
NEW FAIRFIELD	6
NEWTOWN	6
SHELTON	6
SHERMAN	6
ROXBURY	7
CANTON	8
LITCHFIELD	8
NEW HARTFORD	8
PLYMOUTH	8
THOMASTON	8
TORRINGTON	8
WATERTOWN	8
WOODBURY	8
CLINTON	9
CROMWELL	9
KILLINGWORTH	9
MIDDLEFIELD	9
MIDDLETOWN	9
PORTLAND	9
WESTBROOK	9
ANDOVER	10
AVON	10
BERLIN	10
BLOOMFIELD	10
BOLTON	10
BOZRAH	10
BRISTOL	10
BURLINGTON	10
COLCHESTER	10
EAST GRANBY	10
EAST HARTFORD	10
EAST LYME	10
LAOILINL	10

EAST WINDSOR	10
ELLINGTON	10
ENFIELD	10
FARMINGTON	10
FRANKLIN	10
GLASTONBURY	10
GRANBY	10
GROTON	10
HARTFORD	10
HARTLAND	10
HEBRON	10
LEBANON	10
LEDYARD	10
LISBON	10
MANCHESTER	10
MONTVILLE	10
NEW BRITAIN	10
NEW LONDON	10
NEWINGTON	10
NORTH STONINGTON	10
NORWICH	10
PLAINVILLE	10
PRESTON	10
ROCKY HILL	10
SALEM	10
SIMSBURY	10
SOMERS	10
SOUTH WINDSOR	10
SOUTHINGTON	10
STAFFORD	10
STAFFORD SPRINGS	10
SUFFIELD	10
TOLLAND	10
UNION	10
VERNON	10
WATERFORD	10
WEST HARTFORD	10
WETHERSFIELD	10
WINDSOR	10
WINDSOR LOCKS	10
ANSONIA	11
BRIDGEWATER	11
DERBY	11
MILFORD	11

NEW MILFORD	11
ORANGE	11
OXFORD	11
SEYMOUR	11
BEACON FALLS	12
BETHANY	12
BRANFORD	12
CHESHIRE	12
DURHAM	12
EAST HAVEN	12
GUILFORD	12
HAMDEN	12
MADISON	12
MERIDEN	12
MIDDLEBURY	12
NAUGATUCK	12
NEW HAVEN	12
NORTH BRANFORD	12
NORTH HAVEN	12
PROSPECT	12
WALLINGFORD	12
WATERBURY	12
WEST HAVEN	12
WOLCOTT	12
WOODBRIDGE	12
EASTON	13
FAIRFIELD	13
NORWALK	13
REDDING	13
RIDGEFIELD	13
WESTON	13
WESTPORT	13
WILTON	13

ACCOUNTING PERIOD: 2022/2

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Southern New England Telephone Co. 62793 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee INSTRUCTIONS: and Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. for Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Partially Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show Stations your actual calculations on this form. FIFTH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

Cable Worksheet		Total amount of remittance	Number of SAs red	c'd Initials			
	Worksheet						
		Date of remittance	Check EFT	☐ FILING FEES			
Cable ID #				Amount Initials			
Examined by	Reviewed by	Date examination completed	Allocation number				
Space A		(onter four digit year and	/1 (for lon lun norice) or /2 (for l	ul Desperied) Ne spaces			
Accounting Period	Letter sent	(enter four digit year and	/1 (for Jan-Jun period) or /2 (for J	ui-Dec period) No spaces)			
	Accepted		Phone call/Date/Contact				
Space B Owner							
	Letter sent Information received						
	Accepted		Phone call/Date/Contact				
Space D Area Served							
	Letter sent		Information received				
	Accepted		Phone call/Date/Contact				
Space E Secondary Transission							
Service Subscribers:	Letter sent		Information received				
and Rates							
Space G Primary Transmitters:							
Television	Letter sent		☐ Information received				
	Accepted		Phone call/Date/Contact				
Space H Primary Transmitters:							
Radio	Accepted		Phone call/Date/Contact				
				Space I Substitute Carriage			

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