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            |  |  |  |  |  |
| 02/28/23                      | \$                |  |  |  |  |  |
|                               | ALLOCATION NUMBER |  |  |  |  |  |
|                               |                   |  |  |  |  |  |
|                               |                   |  |  |  |  |  |

Return completed workbook by email to:

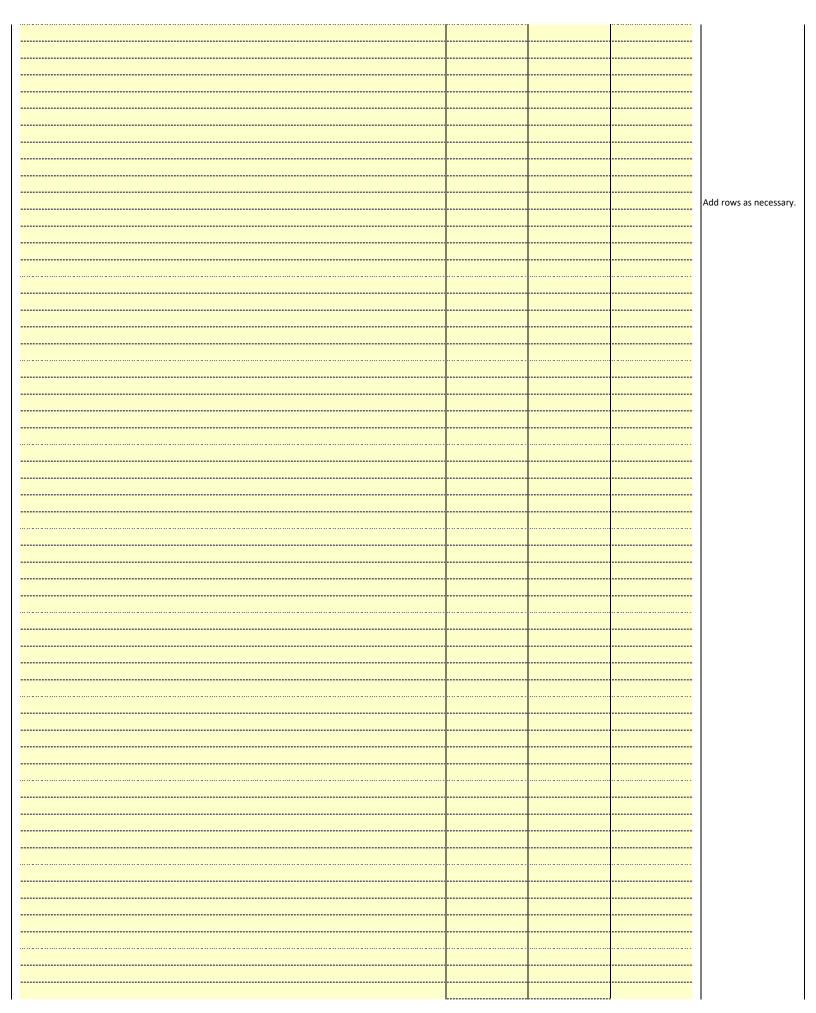
coplicsoa@loc.gov

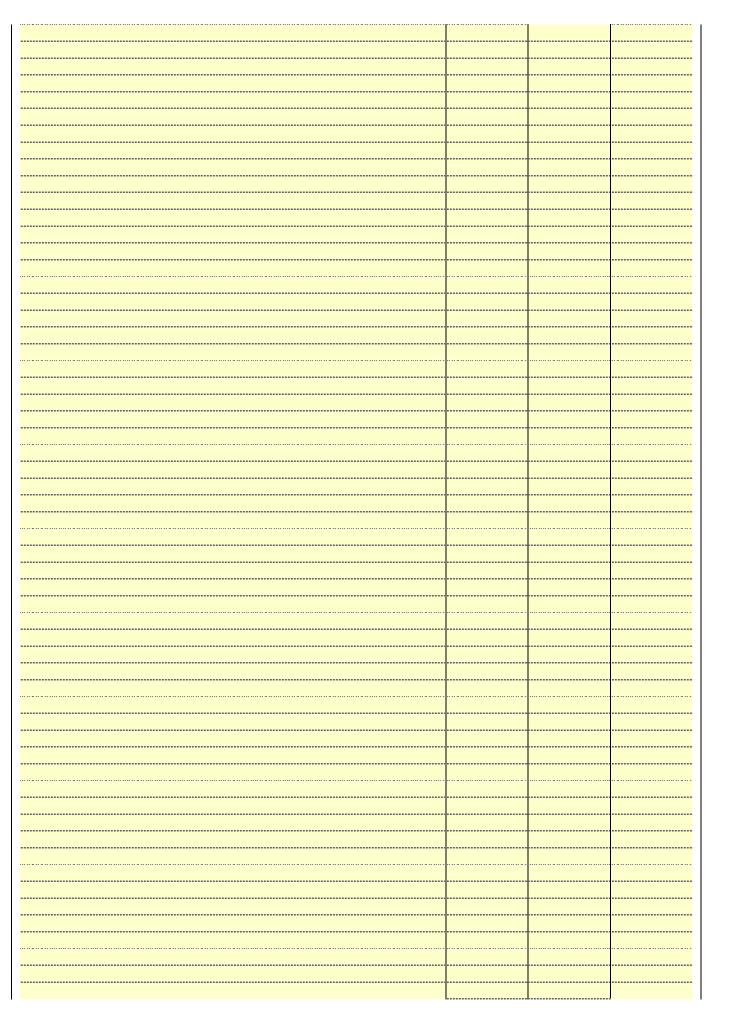
For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

| Α              | AC   | ACCOUNTING PERIOD COVERED BY THIS STATEMENT:   |                   |                            |             |        |  |  |  |  |
|----------------|--|--|-------------------|----------------------------|-------------|--------|--|--|--|--|
| Accounting     |  | 2022/2   |                   |                            |             |        |  |  |  |  |
| Period         |  |  |                   |                            |             |        |  |  |  |  |
| B              | Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.  List any other name or names under which the owner conducts the business of the cable system.  If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.  Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.  6356  LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM |  |                   |                            |             |        |  |  |  |  |
|                | LE   |  |                   |                            |             |        |  |  |  |  |
|                |  | DIRECTV, LLC   |                   |                            |             |        |  |  |  |  |
|                |  |  |                   |                            | 0050        | 000000 |  |  |  |  |
|                |  |  |                   |                            | 6356        | 920222 |  |  |  |  |
|                |  |  |                   |                            | 63569       | 2022/2 |  |  |  |  |
|                |  |  |                   |                            |             |        |  |  |  |  |
|                |  | 2260 E Imperial Hwy Room 839   |                   |                            |             |        |  |  |  |  |
|                |  | El Segundo, CA 90245   |                   |                            |             |        |  |  |  |  |
| С              |  | TRUCTIONS: In line 1, give any business or trade names used to in<br>the already appear in space B. In line 2, give the mailing address of |                   |                            |             |        |  |  |  |  |
| System         |  | IDENTIFICATION OF CABLE SYSTEM:  | <u> </u>          |                            |             |        |  |  |  |  |
|                | 1  |  |                   |                            |             |        |  |  |  |  |
|                |  | MAILING ADDRESS OF CABLE SYSTEM:   |                   |                            |             |        |  |  |  |  |
|                | 2  | 2 (Number, street, rural route, apartment, or suite number)  |                   |                            |             |        |  |  |  |  |
|                |  | (City, town, state, zip code)  |                   |                            |             |        |  |  |  |  |
|                | t  |  |                   |                            |             |        |  |  |  |  |
| D              |  | tructions: For complete space D instructions, see page 1b. Identify  | only the frst com | munity served below and re | list on pag | e 1b   |  |  |  |  |
| Area<br>Served | With   | n all communities.  CITY OR TOWN   | STATE             |                            |             |        |  |  |  |  |
| First          |  | LAFAYETTE  | LA                |                            |             |        |  |  |  |  |
| Community      | B  | elow is a sample for reporting communities if you report multiple cha  |                   | Snace G                    |             |        |  |  |  |  |
|                | ۳  | CITY OR TOWN (SAMPLE)  | STATE             | CH LINE UP                 | SUB         | 3 GRP# |  |  |  |  |
| Sample         | Ald  |  | MD                | Α                          |             | 1      |  |  |  |  |
| Sample         | Alli   | ance   | MD                | В                          |             | 2      |  |  |  |  |
|                | Ger  | ing  | MD                | В                          |             | 3      |  |  |  |  |

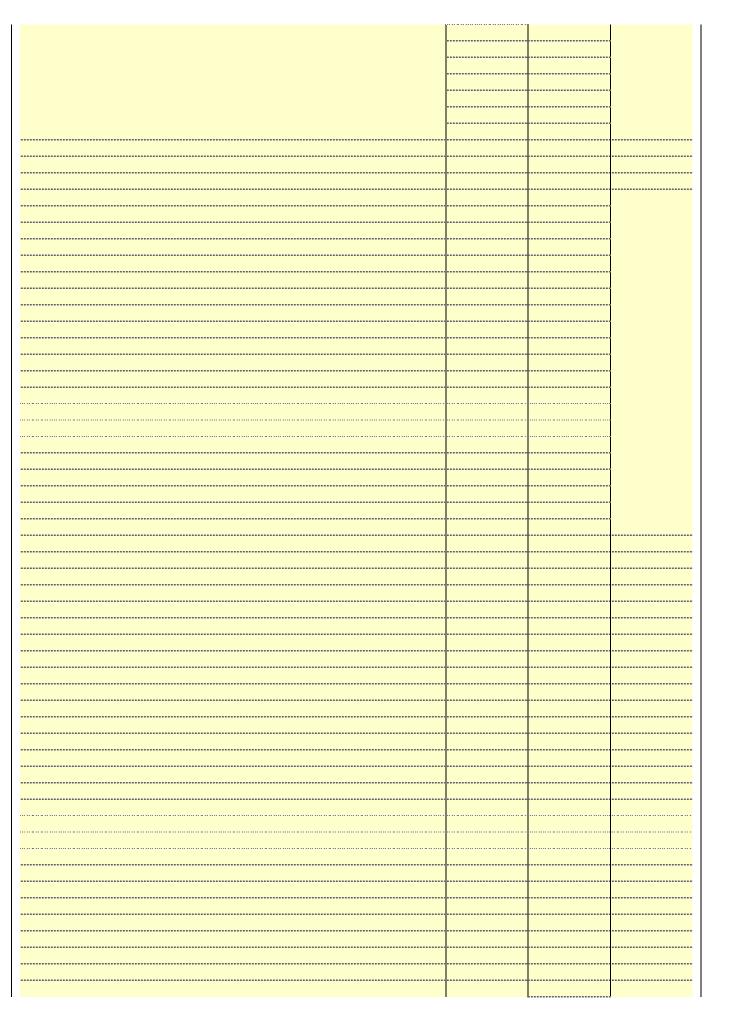
Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual,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

| FORM SA3E. PAGE 1b.   |                                       |   | ACCOUNT             | ING PERIOD: 2022/2     |  |  |  |  |
|---|---------------------------------------|---|---------------------|------------------------|--|--|--|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:  |                                       |   | SYSTEM ID#          |                        |  |  |  |  |
|   |                                       |   | 63569               |                        |  |  |  |  |
| DIRECTV, LLC  |                                       |   | 00000               |                        |  |  |  |  |
| <b>Instructions:</b> List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. |                                       |   |                     |                        |  |  |  |  |
| <b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile hombelow the identified city or town.  | ne parks should b                     | e reported in pare                      | entheses            |                        |  |  |  |  |
| If all communities receive the same complement of television broadcast stations (i.e., or all communities with the channel line-up "A" in the appropriate column below or leave th on a partially distant or partially permitted basis in the DSE Schedule, associate each re designated by a number (based on your reporting from Part 9).  When reporting the carriage of television broadcast stations on a community-by-commu   | e column blank. I<br>levant community | f you report any so<br>with a subscribe | tations<br>r group, |                        |  |  |  |  |
| channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns by  | a subscriber gro                      |   |                     |                        |  |  |  |  |
| CITY OR TOWN  | STATE                                 | CH LINE UP                              | SUB GRP#            |                        |  |  |  |  |
| LAFAYETTE   | LA                                    |   |                     | First                  |  |  |  |  |
| Abbeville   | LA                                    |   |                     | Community              |  |  |  |  |
| Broussard   | LA                                    |   |                     |                        |  |  |  |  |
| Carencro  | LA                                    |   |                     |                        |  |  |  |  |
| Iberia Unincorporated County  | LA                                    |   |                     |                        |  |  |  |  |
| LAFAYETTE UNINCORPORATED COUNTY   | LA                                    |   |                     | See instructions for   |  |  |  |  |
| Lydia   | LA                                    |   |                     | additional information |  |  |  |  |
| Maurice   | LA                                    |   |                     | on alphabetization.    |  |  |  |  |
| Milton  | LA                                    |   |                     |                        |  |  |  |  |
| New Iberia  | LA                                    |   |                     |                        |  |  |  |  |
| Opelousas   | LA                                    |   |                     |                        |  |  |  |  |
| Saint Landry Unincorporated County  | LA                                    |   |                     |                        |  |  |  |  |
| Saint Martin Unincorporated County  | LA                                    |   |                     |                        |  |  |  |  |
| Scott   | LA                                    |   |                     |                        |  |  |  |  |
| Vermilion Unincorporated County   | LA                                    |   |                     |                        |  |  |  |  |
| Youngsville   | LA                                    |   |                     |                        |  |  |  |  |
|   |                                       |   |                     |                        |  |  |  |  |
|   |                                       |   |                     |                        |  |  |  |  |
|   |                                       |   |                     |                        |  |  |  |  |
|   |                                       |   |                     |                        |  |  |  |  |
|   |                                       |   |                     |                        |  |  |  |  |
|   |                                       |   |                     |                        |  |  |  |  |
|   |                                       |   |                     |                        |  |  |  |  |
|   |                                       |   |                     |                        |  |  |  |  |
|   |                                       |   |                     |                        |  |  |  |  |
|   |                                       |   |                     |                        |  |  |  |  |
|   |                                       |   |                     |                        |  |  |  |  |
|   |                                       |   |                     |                        |  |  |  |  |
|   |                                       |   |                     |                        |  |  |  |  |
|   |                                       |   |                     |                        |  |  |  |  |
|   |                                       |   |                     |                        |  |  |  |  |
|   |                                       |   |                     |                        |  |  |  |  |
|   |                                       |   |                     |                        |  |  |  |  |
|   |                                       |   |                     |                        |  |  |  |  |
|   |                                       |   |                     |                        |  |  |  |  |
|   |                                       |   |                     |                        |  |  |  |  |
|   |                                       |   |                     | 1                      |  |  |  |  |





|  | <br>  |
|--|-------|
|  |       |
|  | <br>  |
|  | <br>  |
|  |       |
|  |       |
|  | <br>  |
|  | <br>  |
|  |       |
|  |       |
|  |       |
|  | <br>  |
|  | <br>  |
|  | <br>  |
|  |       |
|  |       |
|  | <br>  |
|  | <br>  |
|  |       |
|  |       |
|  |       |
|  |       |
|  |       |
|  |       |
|  |       |
|  |       |
|  | <br>  |
|  | <br>  |
|  |       |
|  | <br>  |
|  |       |
|  |       |
|  | <br>  |
|  | <br>  |
|  | <br>  |
|  |       |
|  |       |
|  |       |
|  | <br>  |
|  | <br>  |
|  | <br>  |
|  |       |
|  |       |
|  | <br>1 |
|  |       |
|  |       |
|  |       |
|  |       |
|  |       |
|  |       |
|  |       |
|  |       |
|  |       |
|  |       |
|  |       |
|  |       |
|  |       |
|  | ļ     |
|  |       |
|  |       |
|  |       |
|  |       |
|  | ļ     |
|  |       |
|  |       |
|  |       |
|  |       |
|  |       |
|  |       |
|  |       |
|  | <br>  |



|  | <br> |
|--|------|
|  | <br> |
|  | <br> |
|  |      |
|  | <br> |
|  | <br> |
|  |      |
|  | <br> |
|  |      |
|  |      |
|  |      |
|  |      |
|  |      |
|  |      |
|  | <br> |
|  |      |
|  | <br> |
|  | <br> |
|  |      |
|  | <br> |
|  | <br> |
|  |      |
|  |      |
|  | <br> |
|  | <br> |
|  | <br> |
|  |      |
|  | <br> |
|  | <br> |
|  | <br> |
|  |      |
|  |      |
|  |      |
|  |      |
|  |      |
|  |      |
|  |      |
|  | <br> |
|  | <br> |
|  | <br> |

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

DIRECTV, LLC

SYSTEM ID#
63569

### Ε

### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

| BL   | OCK 1       |          | BLOCK 2                |             |               |  |
|--|-------------|----------|------------------------|-------------|---------------|--|
|  | NO. OF      |          |                        | NO. OF      |               |  |
| CATEGORY OF SERVICE                              | SUBSCRIBERS | RATE     | CATEGORY OF SERVICE    | SUBSCRIBERS | RATE          |  |
| Residential:                                     |             |          |                        |             |               |  |
| <ul> <li>Service to first set</li> </ul>         | 1,614       | \$ 19.00 | HD Tech Fee            | 1,455       | \$ 10.00      |  |
| <ul> <li>Service to additional set(s)</li> </ul> |             |          | Set-Top Box            | 1,623       | \$0-\$10      |  |
| <ul> <li>FM radio (if separate rate)</li> </ul>  |             |          | Broadcast TV Surcharge | 1,614       | \$8.99-\$9.99 |  |
| Motel, hotel                                     |             |          |                        |             |               |  |
| Commercial                                       | 9           | \$ 20.00 |                        |             |               |  |
| Converter  |             |          |                        |             |               |  |
| <ul> <li>Residential</li> </ul>                  |             |          |                        |             |               |  |
| <ul> <li>Non-residential</li> </ul>              |             |          |                        |             |               |  |
|  | ļ           | <b>†</b> | 1 1                    | 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 RATE CATEGORY OF SERVICE RATE |           |                               |          | CATEGORY OF SERVICE    | RATE       |
| Continuing Services:                              |           | Installation: Non-residential |          |                        |            |
| • Pay cable                                       |           | Motel, hotel                  |          | Video on Demand        | \$0-\$100  |
| <ul> <li>Pay cable—add'l channel</li> </ul>       | \$5-\$199 | Commercial                    |          | Service Activation Fee | \$0-\$35   |
| <ul> <li>Fire protection</li> </ul>               |           | Pay cable                     |          | Credit Management Fee  | \$0-\$449  |
| <ul><li>Burglar protection</li></ul>              |           | Pay cable-add'l channel       |          | Dispatch on Demand     | \$99       |
| Installation: Residential                         |           | Fire protection               |          | Wireless Receiver      | \$0 - \$49 |
| <ul> <li>First set</li> </ul>                     | \$0-\$199 | Burglar protection            |          | HD Premium Tier        | \$10       |
| <ul> <li>Additional set(s)</li> </ul>             |           | Other services:               |          | DVR Upgrade Fee        | \$105      |
| <ul> <li>FM radio (if separate rate)</li> </ul>   |           | Reconnect                     | \$0-\$35 | Vacation Hold          | \$7        |
| <ul> <li>Converter</li> </ul>                     |           | Disconnect                    |          | Program Downgrade Fee  | \$ 5.00    |
|   |           | Outlet relocation             | \$0-\$55 | Non-Return Eqpt Fee    | \$0-\$150  |
|   |           | Move to new address           |          |                        |            |
|   |           |                               |          |                        |            |

| FORM SA3E. PAGE 3.   |                   |                   |                     |                          |  | •                         |  |  |  |
|--|-------------------|-------------------|---------------------|--------------------------|--|---------------------------|--|--|--|
| LEGAL NAME OF OWNE   | ER OF CABLE SY    | 'STEM:            |                     |                          | SYSTEM ID#   | Namo                      |  |  |  |
| DIRECTV, LLC   |                   |                   |                     |                          | 63569  |                           |  |  |  |
| PRIMARY TRANSMITTE   | RS: TELEVISIO     | ON                |                     |                          |  |                           |  |  |  |
| carried by your cable s  | ystem during t    | he accounting     | g period, except    | (1) stations carrie      | s and low power television stations) ed only on a part-time basis under tain network programs [sections  | G                         |  |  |  |
| •  |                   |                   |                     | •                        | and (2) certain stations carried on a  | Primary                   |  |  |  |
| substitute program bas   | is, as explaine   | d in the next     | paragraph.          |                          | • •  | Transmitters:             |  |  |  |
|  |                   |                   | •                   | s carried by your        | cable system on a substitute program   | Television                |  |  |  |
| basis under specifc FCC rules, regulations, or authorizations:  • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the |                   |                   |                     |                          |  |                           |  |  |  |
|  | and also in spa   | ace I, if the sta |                     |                          | itute basis and also on some other of the general instructions located   |                           |  |  |  |
| in the paper SA3 for   |                   | ainn Danat        |                     |                          | and the second of the second o |                           |  |  |  |
|  |                   | -                 | · ·                 |                          | es such as HBO, ESPN, etc. Identify<br>ation. For example, report multi-   |                           |  |  |  |
|  |                   |                   | -                   | -                        | ch stream separately; for example  |                           |  |  |  |
|  |                   |                   | · ·                 |                          | tion for broadcasting over-the-air in<br>may be different from the channel   |                           |  |  |  |
| on which your cable sy   |                   |                   | aililei 4 III vvasi | iiiigioii, D.C. Tilis    | may be unlerent from the charmer   |                           |  |  |  |
|  |                   |                   |                     |                          | ependent station, or a noncommercial   |                           |  |  |  |
| •  | -                 |                   |                     | •                        | cast), "I" (for independent), "I-M" ommercial educational multicast).  |                           |  |  |  |
| For the meaning of the   | ,                 |                   | , .                 | `                        | •  |                           |  |  |  |
|  |                   |                   |                     | **                       | es". If not, enter "No". For an ex-  |                           |  |  |  |
| planation of local service  Column 5: If you ha  |                   | - , ,             | -                   |                          | e paper SA3 form.<br>stating the basis on which your   |                           |  |  |  |
|  |                   |                   | -                   | =                        | ntering "LAC" if your cable system   |                           |  |  |  |
| carried the distant station  | -                 |                   |                     |                          |  |                           |  |  |  |
|  |                   |                   |                     | ,                        | y payment because it is the subject<br>rstem or an association representing  |                           |  |  |  |
| -  |                   |                   |                     |                          | ary transmitter, enter the designa-  |                           |  |  |  |
| , ,  |                   |                   | -                   | •                        | ther basis, enter "O." For a further   |                           |  |  |  |
|  |                   |                   |                     |                          | ed in the paper SA3 form.<br>y to which the station is licensed by the   |                           |  |  |  |
|  |                   |                   |                     |                          | h which the station is identifed.  |                           |  |  |  |
| Note: If you are utilizing   | g multiple char   | nnel line-ups,    | use a separate      | space G for each         | channel line-up.   |                           |  |  |  |
|  |                   | CHANN             | EL LINE-UP          | AA                       |  | -                         |  |  |  |
| 1. CALL  | 2. B'CAST         | 3. TYPE           | 4. DISTANT?         | 5. BASIS OF              | 6. LOCATION OF STATION   |                           |  |  |  |
| SIGN   | CHANNEL<br>NUMBER | OF<br>STATION     | (Yes or No)         | CARRIAGE<br>(If Distant) |  |                           |  |  |  |
| KADN/KADNHD  | 15/1015           | I                 | No                  |                          | Lafayette, LA  |                           |  |  |  |
| KADND3   | 15                | I                 | No                  |                          | Lafayette, LA  | See instructions for      |  |  |  |
| KAJN-CD  | 40                | ı                 | No                  |                          | Lafayette, LA  | additional information or |  |  |  |
| KATC/KATCHD  | 3/1003            | N                 | No                  |                          | Lafayette, LA  | alphabetization.          |  |  |  |
|  |                   |                   | .,                  |                          | ····   |                           |  |  |  |
| KATCD2/KATCH2  | 3/1003            | I                 | No                  |                          | Lafayette, LA  |                           |  |  |  |
| KLAF-LD/KLAFH  | 46/1046           | N                 | No                  |                          | Lafayette, LA  | ,<br>                     |  |  |  |
| KLFY/KLFYHD  | 10/1010           | N                 | No                  | -                        | Lafayette, LA  | ,<br>,                    |  |  |  |
| KLPB/KLPBHD  | 24/1024           | Е                 | No                  |                          | Lafayette, LA  | 0                         |  |  |  |
| KLWB   | 50                | l I               | No                  |                          | New Iberia, LA   |                           |  |  |  |
|  |                   |                   |                     |                          |  | 1                         |  |  |  |
|  |                   |                   |                     |                          |  | 1                         |  |  |  |
|  |                   |                   |                     |                          |  | 4                         |  |  |  |
|  |                   |                   |                     |                          |  |                           |  |  |  |
|  |                   |                   |                     |                          |  |                           |  |  |  |
|  |                   |                   |                     |                          |  |                           |  |  |  |
|  |                   |                   |                     |                          |  |                           |  |  |  |
|  |                   |                   |                     |                          |  |                           |  |  |  |
|  |                   |                   | •                   |                          |  |                           |  |  |  |
|  |                   |                   |                     |                          |  |                           |  |  |  |
|  |                   |                   |                     |                          |  |                           |  |  |  |

| LEGAL NAME OF OWNE  | R OF CABLE SY   | STEM:  |  |  | SYSTEM ID#   |                                 |
|---|---|--|--|--|--|---------------------------------|
| DIRECTV, LLC  |   |  |  |  | 63569  | Name                            |
| PRIMARY TRANSMITTEI   | RS: TELEVISIO   | )N   |  |  |  |                                 |
| carried by your cable sy<br>FCC rules and regulation  | vstem during the<br>ons in effect or<br>61(e)(2) and (  | ne accounting<br>n June 24, 19<br>4), or 76.63 (r  | period, except<br>81, permitting the<br>referring to 76.6  | (1) stations carrience carriage of certa   | and low power television stations)<br>d only on a part-time basis under<br>ain network programs [sections<br>and (2) certain stations carried on a | <b>G</b> Primary  Transmitters: |
| Substitute Basis St   | tations: With r   | espect to any  | distant stations   | s carried by your c  | able system on a substitute program  | Television                      |
| station was carried of List the station here, a basis. For further info in the paper SA3 for Column 1: List each each multicast stream a cast stream as "WETA- WETA-simulcast). Column 2: Give the its community of license on which your cable sys Column 3: Indicate i educational station, by (for independent multica For the meaning of thes Column 4: If the sta planation of local servic Column 5: If you ha cable system carried th carried the distant static For the retransmissic of a written agreement of the cable system and a tion "E" (exempt). For si explanation of these thr | here in space only on a substant also in space or matter condition. In station's call associated with 2". Simulcast: channel number of the case we entering the least), "E" (for no set erms, see particular static on on a part-tiron of a distant entered into or primary transimulcasts, also dee categories | G—but do listitute basis.  Ince I, if the state and substitute basis.  Ince I, if the state and substitute basis.  Ince I, if the state and substitute and station and station.  Ince stat | tit in space I (the stion was carried tute basis station report origination cording to its own be reported in the sas assigned to san as assigned to san as assigned to san as a sasigned to san as a sasigned to san as a sasigned to san a sasigned to san a sasigned to san a network), "N-M" (I educational), rue ageneral instructive area, (i.e. "or general instructive area (i.e. "or general"). | d both on a substitus, see page (v) or a program services er-the-air designate column 1 (list each the television station of the television station of the television station of the television, an indefor network multicus or "E-M" (for noncoctated in the distant"), enter "Ye ions located in the inplete column 5, so do. Indicate by enter indicated channel of subject to a royalty etween a cable system of the primary channel on any of instructions locate | s". If not, enter "No". For an ex-<br>paper SA3 form.<br>stating the basis on which your<br>ering "LAC" if your cable system                       |                                 |
| Note: If you are utilizing  |   | nnel line-ups,   | use a separate   | space G for each   | which the station is identifed.<br>channel line-up.  |                                 |
|   |   | CHANN  | EL LINE-UP   | AB   |  |                                 |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION   |                                 |
|   |   |  |  |  |  |                                 |

| LEG   | AL NAME OF OWNER OF CABLE SYSTEM:  RECTV, LLC  | SYSTEM ID#<br>63569  | Name   |
|---|--|----------------------|--|
| Install a<br>all a<br>(as<br>pag                  | tructions: The figure you give in this space determines the form you fle and the amount you pamounts (gross receipts) paid to your cable system by subscribers for the system's secondary identifed in space E) during the accounting period. For a further explanation of how to comput ge (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  PORTANT: You must complete a statement in space P concerning gross receipts.  | rransmission service | <b>K</b><br>Gross Receipts   |
| • Cor<br>• Cor<br>• If your fee<br>• If your acco | YRIGHT ROYALTY FEE uctions: Use the blocks in this space L to determine the royalty fee you owe: mplete block 1, showing your minimum fee. mplete block 2, showing whether your system carried any distant television stations. our system did not carry any distant television stations, leave block 3 blank. Enter the amount of from block 1 on line 1 of block 4, and calculate the total royalty fee. our system did carry any distant television stations, you must complete the applicable parts of companying this form and attach the schedule to your statement of account. art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered to fee the DSE schedule was completed.  | the DSE Schedule     | <b>L</b><br>Copyright<br>Royalty Fee                                   |
| 3 be  | art 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered<br>elow.<br>art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be<br>a block 4 below.   |                      |  |
| Block<br>1  | MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are releast the minimum fee, regardless of whether they carried any distant stations. This fee is 1.0 system's gross receipts for the accounting period.  Line 1. Enter the amount of gross receipts from space K  Line 2. Multiply the amount in line 1 by 0.01064   |                      |  |
|   | Enter the result here. This is your minimum fee.   | 6,517.28             |  |
| Block<br>2<br>Block<br>3                          | DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the inform space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column 4, yo "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting period?  Yes—Complete the DSE schedule.  INDEDUCE IN INDICATE IN INTICATE IN INTICATE IN INTICATE IN INTICATE IN INTICATE IN INTI | ou must check        |  |
|   | schedule. If none, enter zero  Line 3. Add lines 1 and 2 and enter here  |                      |  |
| Block<br>4  | 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  | \$ 6,517.28<br>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<br>Section 111(d)(7)<br>should contact<br>the Licensing |
|   | Line 4. FILING FEE   | \$ 725.00            | additional fees. Division for the appropriate                          |
|   | TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here   | 7,242.28             | form for submitting the additional fees.                               |
|   | Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See pageneral instructions located in the paper SA3 form for more information.)  | age (i) of the       |  |

|               | LEGAL NAME OF OWNER (  | OF CABLE S   | STEM:  | SYSTEM ID#                              |  |  |  |  |  |  |
|---------------|--|--------------|--|---|--|--|--|--|--|--|
| Name          | DIRECTV, LLC   | o.           | 5.2  | 63569                                   |  |  |  |  |  |  |
|               |  |              |  |   |  |  |  |  |  |  |
|               | CHANNELS   |              |  |   |  |  |  |  |  |  |
| M             | Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations |              |  |   |  |  |  |  |  |  |
|               | to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.        |              |  |   |  |  |  |  |  |  |
| Channels      | 4 5-444-4-1  |              | and the same of th |   |  |  |  |  |  |  |
|               |  |              | nannels on which the cable   | 15                                      |  |  |  |  |  |  |
|               | system carned tele   | evision bi   | adcast stations  |   |  |  |  |  |  |  |
|               | 2. Enter the total nu  | mber of a    | ctivated channels  |   |  |  |  |  |  |  |
|               |  |              | arried television broadcast stations   |   |  |  |  |  |  |  |
|               |  |              |  | 587                                     |  |  |  |  |  |  |
|               |  |              |  |   |  |  |  |  |  |  |
| NI NI         | INDIVIDUAL TO BE   | CONTA        | CTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual   |   |  |  |  |  |  |  |
| N             | we can contact about   |              | • • •  |   |  |  |  |  |  |  |
| Individual to |  |              | ,  |   |  |  |  |  |  |  |
| Be Contacted  |  |              |  |   |  |  |  |  |  |  |
| for Further   | Name <b>Myriam</b>   | า Nassi      | Telephone 310  | -964-1930                               |  |  |  |  |  |  |
| Information   |  |              |  |   |  |  |  |  |  |  |
|               | Address 2260 E   | Imperi       | al Hwy Room 839  |   |  |  |  |  |  |  |
|               | (Number, s   | treet, rural | al Hwy Room 839<br>oute, apartment, or suite number)   | *************************************** |  |  |  |  |  |  |
|               |  |              | A 90245  |   |  |  |  |  |  |  |
|               | (City, town,   |              |  | *************************************** |  |  |  |  |  |  |
|               |  |              |  |   |  |  |  |  |  |  |
|               | Email  | mn11         | Ps@att.com Fax (optional)  |   |  |  |  |  |  |  |
|               |  |              |  |   |  |  |  |  |  |  |
|               | CERTIFICATION (Th  | is statem    | ent of account must be certifed and signed in accordance with Copyright Office regulation  | ns.)                                    |  |  |  |  |  |  |
| 0             | - (  |              | 3  | ,                                       |  |  |  |  |  |  |
| Certifcation  | • I the undersigned b  | nerehy ce    | ify that (Check one, but only one, of the boxes.)  |   |  |  |  |  |  |  |
| Gertification | i, the undersigned, i  | icroby cc    | any triat (Oricon oric, but only one, or the boxes.)   |   |  |  |  |  |  |  |
|               | (Owner other tha   | n corpora    | tion or partnership) I am the owner of the cable system as identifed in line 1 of space B; or  |   |  |  |  |  |  |  |
|               |  | ·            |  |   |  |  |  |  |  |  |
|               | (Agent of owner  | other tha    | corporation or partnership) I am the duly authorized agent of the owner of the cable syste   | m as identified                         |  |  |  |  |  |  |
|               |  |              | that the owner is not a corporation or partnership; or   | in as identified                        |  |  |  |  |  |  |
|               | V com  |              |  |   |  |  |  |  |  |  |
|               | in line 1 of spa   |              | officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner or   | the cable system                        |  |  |  |  |  |  |
|               |  |              |  |   |  |  |  |  |  |  |
|               |  |              | t of account and hereby declare under penalty of law that all statements of fact contained her   | rein                                    |  |  |  |  |  |  |
|               | [18 U.S.C., Section 1  |              | to the best of my knowledge, information, and belief, and are made in good faith.  |   |  |  |  |  |  |  |
|               | , -  | ,            | •  |   |  |  |  |  |  |  |
|               |  |              |  |   |  |  |  |  |  |  |
|               |  |              |  |   |  |  |  |  |  |  |
|               |  | Χ            | /s/ Nicholas Sinovich  |   |  |  |  |  |  |  |
|               |  |              | Notice of the visit  |   |  |  |  |  |  |  |
|               |  | Enter ar     | 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  |   |  |  |  |  |  |  |
|               |  | button, t    | en type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibil  | ity settings.                           |  |  |  |  |  |  |
|               | Typed or printed name: Nicholas Sinovich   |              |  |   |  |  |  |  |  |  |
|               |  |              |  |   |  |  |  |  |  |  |
|               |  |              |  |   |  |  |  |  |  |  |
|               |  |              |  |   |  |  |  |  |  |  |
|               |  | Title:       | VP, Financial Ops  |   |  |  |  |  |  |  |
|               |  |              | (Title of official position held in corporation or partnership)  | *************************************** |  |  |  |  |  |  |
|               |  |              |  |   |  |  |  |  |  |  |
|               |  | Date:        | February 20, 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 th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephonumbers. 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 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 t completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of lav

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  DIRECTV, LLC  SYSTEM ID# 63569  | Name  |
|---|---|
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?  X NO  YES. Enter the total here and list the satellite carrier(s) below | Special<br>Statement<br>Concerning<br>Gross Receipts<br>Exclusion |
| Name Mailing Address Mailing Address Mailing Address  |   |
| INTEREST ASSESSMENTS  |   |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.  | Q   |
| Line 1 Enter the amount of late payment or underpayment   | Interest<br>Assessment  |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here   |   |
| Line 3 Multiply line 2 by the number of days late and enter the sum here  |   |
| x 0.00274  Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,   |   |
| space L, (page 7)   |   |
| * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.  |   |
| ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.  |   |
| NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.  |   |
| Owner Address   |   |
| First community served Accounting period ID number  |   |

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 th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the 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 fling, a determination that would be made by a court of law.

ACCOUNTING PERIOD: 2022/2

DSE SCHEDULE. PAGE 10.

## INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

### FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

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

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

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

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

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

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

#### **TOTAL OF DSEs**

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

#### THE ROYALTY FEE

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

The 3.75 Fee. If a cable system located in whole or in part within 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, ir whole or in part, over the cable system that would have been subject to the FCC's syndicated exclusivity rules in effect on June 24, 1981

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

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

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

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

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

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

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

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

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

327.23

\$1.604.03

### 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. 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 DSF

- 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.

- 5. 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
- 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.

98.91

\$1,907.71

\$120,000 x .00701 x .389 =

Base rate fee

### **EXAMPLE:**

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

| In most cases     | under current FCC       |
|-------------------|-------------------------|
| rules, all of Fa  | airvale would be within |
| the local service | e area of both stations |
| A and C and all   | of Rapid City and Bo-   |
| dega Bay woul     | d be within the local   |
| service areas o   | f stations B, D, and E. |
|                   |                         |
|                   | · /                     |
| Santa Rosa        | Stations A and C        |

| service areas | DI Stations B, D, a            | na E.  | = (Hetwork)  | 0.25        |
|---------------|--------------------------------|--------|--|-------------|
|               |                                | 7      | TOTAL DSEs   | 2.472       |
| Santa Rosa    | Stations A and<br>35 mile zone | ` .    | <b>Minimum Fee</b> Total Gro                                   | ss Receipts |
|               | <b></b>                        | /   F  | irst Subscriber Group  | )           |
|               | `~-/                           | • (    | Santa Rosa)  |             |
| Rapid City    | Fairv<br>Bodega<br>Bay         | E<br>S | Gross receipts  DSEs  Base rate fee  3310,000 x .01064 x 1.0 = | 2 = 3,      |
|               | <u> </u>                       |        | Base rate fee  | \$6,4       |
| <b>\</b> an   | ns B, D,<br>d E<br>e zone      |        | Total Base Rate Fee: \$ In this example, the cab               | ,           |

|   | Distant Stations Carried | t           | Identification of Subscriber Groups |                        |                  |  |  |  |  |
|---|--------------------------|-------------|-------------------------------------|------------------------|------------------|--|--|--|--|
|   | STATION                  | DSE         | CITY                                | OUTSIDE LOCAL          | GROSS RECEIPTS   |  |  |  |  |
| 1 | A (independent)          | 1.0         |                                     | SERVICE AREA OF        | FROM SUBSCRIBERS |  |  |  |  |
|   | B (independent)          | 1.0         | Santa Rosa                          | Stations A, B, C, D ,E | \$310,000.00     |  |  |  |  |
|   | C (part-time)            | 0.083       | Rapid City                          | Stations A and C       | 100,000.00       |  |  |  |  |
|   | D (part-time)            | 0.139       | Bodega Bay                          | Stations A and C       | 70,000.00        |  |  |  |  |
|   | E (network)              | <u>0.25</u> | Fairvale                            | Stations B, D, and E   | 120,000.00       |  |  |  |  |
|   | TOTAL DSEs               | 2.472       |                                     | TOTAL GROSS RECEIPTS   | \$600,000.00     |  |  |  |  |
|   |                          |             |                                     |                        |                  |  |  |  |  |

\$600.000.00 x .01064

|                            | <del>\$6,384.00</del> |                             |              |                            |              |  |  |  |  |  |
|----------------------------|-----------------------|-----------------------------|--------------|----------------------------|--------------|--|--|--|--|--|
| 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     |  |  |  |  |  |

\$170,000 x .00701 x .083 =

Base rate fee

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)

3,198.80

\$6,497.20

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

|                             | LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID# |                    |                                   |               |                            |       |  |  |  |  |
|-----------------------------|--|--------------------|-----------------------------------|---------------|----------------------------|-------|--|--|--|--|
| 1                           | DIRECTV, LLC                                     | ••••               |                                   |               | •                          | 63569 |  |  |  |  |
|                             | SUM OF DSEs OF CATEGO                            | RY "O" STATIO      | NS:                               |               |                            | 31343 |  |  |  |  |
|                             | • Add the DSEs of each station.                  |                    |                                   |               |                            |       |  |  |  |  |
|                             | Enter the sum here and in line                   |                    | is schedule.                      |               | 0.00                       |       |  |  |  |  |
|                             | Instructions:                                    |                    |                                   |               |                            |       |  |  |  |  |
|                             | Instructions:<br>In the column headed "Call      | Sign": list the ca | all signs of all distant stations | identified by | the letter "O" in column 5 |       |  |  |  |  |
|                             | of space G (page 3).                             |                    |                                   |               |                            |       |  |  |  |  |
| Computation                 | In the column headed "DSE                        | ": for each indep  | pendent station, give the DSE     | as "1.0"; for | each network or noncom-    |       |  |  |  |  |
| of DSEs for<br>Category "O" | mercial educational station, gi                  | ve the DSE as      | CATEGORY "O" STATION              | S: DSEc       |                            |       |  |  |  |  |
| Stations                    | CALL SIGN  | DSE                | CALL SIGN                         | DSE           | CALL SIGN                  | DSE   |  |  |  |  |
| Stations                    | O/ LEE OIOIT                                     | 362                | 07 KEE 01011                      | 502           | O/ IEE SIGIT               | - 562 |  |  |  |  |
|                             |  |                    |                                   |               |                            |       |  |  |  |  |
|                             |  |                    |                                   |               |                            |       |  |  |  |  |
|                             |  |                    |                                   |               |                            |       |  |  |  |  |
|                             |  |                    |                                   |               |                            |       |  |  |  |  |
| Add rows as                 |  |                    |                                   |               |                            |       |  |  |  |  |
| necessary.                  |  |                    |                                   |               |                            |       |  |  |  |  |
| Remember to copy all        |  |                    |                                   |               |                            |       |  |  |  |  |
| formula into new            |  |                    |                                   |               |                            |       |  |  |  |  |
| rows.                       |  |                    |                                   |               |                            |       |  |  |  |  |
|                             |  |                    |                                   |               |                            |       |  |  |  |  |
|                             |  |                    |                                   |               |                            |       |  |  |  |  |
|                             |  |                    |                                   |               |                            |       |  |  |  |  |
|                             |  |                    |                                   |               |                            |       |  |  |  |  |
|                             |  |                    |                                   |               |                            |       |  |  |  |  |
|                             |  |                    |                                   |               |                            |       |  |  |  |  |
|                             |  |                    |                                   |               |                            |       |  |  |  |  |
|                             |  |                    |                                   |               |                            |       |  |  |  |  |
|                             |  |                    |                                   |               |                            |       |  |  |  |  |
|                             |  |                    |                                   |               |                            |       |  |  |  |  |
|                             |  |                    |                                   |               |                            |       |  |  |  |  |
|                             |  |                    |                                   |               |                            |       |  |  |  |  |
|                             |  |                    |                                   |               |                            |       |  |  |  |  |
|                             |  |                    |                                   |               |                            |       |  |  |  |  |
|                             |  |                    |                                   |               |                            |       |  |  |  |  |
|                             |  |                    |                                   |               |                            |       |  |  |  |  |
|                             |  |                    |                                   |               |                            |       |  |  |  |  |
|                             |  |                    |                                   |               |                            |       |  |  |  |  |
|                             |  |                    |                                   |               |                            |       |  |  |  |  |
|                             |  |                    |                                   |               |                            |       |  |  |  |  |
|                             |  |                    |                                   |               |                            |       |  |  |  |  |
|                             |  |                    |                                   |               |                            |       |  |  |  |  |
|                             |  |                    |                                   |               |                            |       |  |  |  |  |
|                             |  |                    |                                   |               |                            |       |  |  |  |  |
|                             |  |                    |                                   |               |                            |       |  |  |  |  |
|                             |  |                    |                                   |               |                            |       |  |  |  |  |
|                             |  |                    |                                   |               |                            |       |  |  |  |  |
|                             |  |                    |                                   |               |                            |       |  |  |  |  |
|                             |  |                    |                                   |               |                            |       |  |  |  |  |

| <br> |  |  |
|------|--|--|

|   | LEGAL NAME OF (  | OWNER OF CABLE SYSTEM:  |   |   |   |   |  | SYSTEM ID# |  |  |
|---|--|---|---|---|---|---|--|------------|--|--|
| Name  | DIRECTV, LLC 63569   |   |   |   |   |   |  |            |  |  |
| Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel | Column 2 figure should Column 3 Column 4 be carried out Column 8 give the type- Column 6           | st the call sign of all dista<br>2: For each station, give to<br>correspond with the infor<br>3: For each station, give to<br>4: Divide the figure in colute<br>t at least to the third decire<br>5: For each independent so<br>value as ".25."<br>6: Multiply the figure in copoint. This is the station's | he number of mation given he total numburn 2 by the famal point. Thistation, give the fumn 4 by the                   | hours your cable s in space J. Calcula ber of hours that the figure in column 3, as is the "basis of cahe "type-value" as "e figure in column 5                       | ystem carried the state only one DSE for station broadcast cand give the result irriage value" for the 1.0." For each netward give the result and give the result | tation during the account each station.  over the air during the a n decimals in column 4 e station.  over or noncommercial of the column 6. Round to | ccounting period. This figure must educational station, no less than the | г          |  |  |
| Capacity  |  | C   | ATEGORY   | / LAC STATION   | S: COMPUTAT   | ION OF DSFs   |  |            |  |  |
|   | 1. CALL<br>SIGN  | 2. NUMBE<br>OF HOL<br>CARRIE<br>SYSTEM  | R<br>JRS<br>ED BY   | 3. NUMBER<br>OF HOURS<br>STATION<br>ON AIR  | 4. BASIS C<br>CARRIA<br>VALUE   | DF 5. TYF   |  | SE         |  |  |
|   |  |   | ÷   |   | =   | x   | =  |            |  |  |
|   |  |   |   |   |   |   | =  |            |  |  |
|   |  |   |   |   |   | <u>x</u>  |  |            |  |  |
|   |  |   |   |   |   |   | =  |            |  |  |
|   |  |   |   |   |   |   | =  |            |  |  |
|   |  |   | ÷   |   | =   | x   | =  |            |  |  |
|   |  |   | ÷   |   | =   | x   | =  |            |  |  |
|   | Add the DSEs   | S OF CATEGORY LAC S<br>of each station.<br>um here and in line 2 of p   |   | chedule,  |   | 0.0   | 00   |            |  |  |
| Computation of DSEs for Substitute-Basis Stations                                   | Was carried tions in efferable space I).     Column 2: at your option.     Column 3:     Column 4: | re the call sign of each stand by your system in substant on October 19, 1976 (one or more live, nonnetwork). This figure should correst the number of days Divide the figure in column This is the station's DSE   | itution for a p<br>as shown by<br>ork programs<br>number of liv<br>spond with the<br>in the calend<br>in 2 by the fig | rogram that your sy<br>the letter "P" in colu<br>during that optional<br>re, nonnetwork proge<br>e information in spa<br>dar year: 365, excel<br>jure in column 3, an | stem was permitted<br>mn 7 of space I); a<br>carriage (as shown b<br>rams carried in sub<br>ce I.<br>of in a leap year.<br>d give the result in                   | d to delete under FCC r<br>nd<br>by the word "Yes" in colur<br>estitution for programs t<br>column 4. Round to no                                     | ules and regular-<br>mn 2 of<br>hat were deleted<br>less than the third  | orm).      |  |  |
|   |  | SUE   | BSTITUTE  | BASIS STATIO  | ONS: COMPUTA  | ATION OF DSEs   |  |            |  |  |
|   | 1. CALL<br>SIGN  | 2. NUMBER<br>OF<br>PROGRAMS   | 3. NUMB<br>OF DA'<br>IN YEA   | YS  | 1. CALL<br>SIGN   | 2. NUMBER<br>OF<br>PROGRAMS   | 3. NUMBER<br>OF DAYS<br>IN YEAR  | 4. DSE     |  |  |
|   |  | <u>-</u>  |   |   |   |   | ÷  | =          |  |  |
|   |  |   |   |   |   |   | ÷  |            |  |  |
|   |  | ÷   |   | =   |   |   | ÷  | =          |  |  |
|   |  | ÷   |   | =   |   |   | ÷  | =          |  |  |
|   |  | ÷   |   | =   |   |   | ÷  | =          |  |  |
|   | Add the DSEs   | s OF SUBSTITUTE-BAS<br>of each station.<br>um here and in line 3 of p   |   |   |   | 0.0   | 00   |            |  |  |
| <b>5</b> Total Number of DSEs   | number of DSE  | ER OF DSEs: Give the am s applicable to your systen of DSEs from part 2 ● of DSEs from part 3 ●   |   | e boxes in parts 2, 3,  | and 4 of this schedu  | ule and add them to prov  | 0.00<br>0.00   |            |  |  |
| UI DOES   |  | ·   |   |   |   | [   | 0.00   |            |  |  |
|   | 3. Number o  | of DSEs from part 4 ●   |   |   |   |   | <u> </u>   |            |  |  |
|   | TOTAL NUMBE  | ER OF DSEs  |   |   |   |   | <u> </u>   | 0.00       |  |  |

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

| DIRECTV, LLC   |  | SYSTEM:                     |                                  |  |                |                 | S                  | YSTEM ID#<br>63569 | Name   |  |
|--|--|-----------------------------|----------------------------------|--|----------------|-----------------|--------------------|--------------------|--|--|
| Instructions: Block A must be completed. In block A:  In block A:  If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the schedule.  If your answer if "No," complete blocks B and C below. |  |                             |                                  |  |                |                 |                    |                    |  |  |
| BLOCK A: TELEVISION MARKETS  Is the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in   |  |                             |                                  |  |                |                 |                    |                    |  |  |
| effect on June 24, Yes—Con   | 1981?  | e schedule—<br>d C below.   | -DO NOT COM                      | Aller markets as de MPLETE THE REM   | MAINDER OF     | PART 6 AND      |                    | egulations in      |  |  |
| Caluman 4  |  |                             |                                  |  |                |                 |                    |                    |  |  |
| Column 1:<br>CALL SIGN   | under FCC rules  | s and regulat<br>he DSE Sch | tions prior to Juedule. (Note: 1 | n part 2, 3, and 4 c<br>une 25, 1981. For t<br>The letter M below<br>n Act of 2010.) | further explan | ation of permit | ted stations, see  | the                |  |  |
| Column 2:<br>BASIS OF<br>PERMITTED<br>CARRIAGE   | PERMITTED A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to |                             |                                  |  |                |                 |                    |                    |  |  |
| Column 3: List the DSE for each distant station listed in parts 2, 3, and 4 of the schedule.  *(Note: For those stations identified by the letter "F" in column 2, you must complete the worksheet on page 14 of this schedule to determine the DSE.)                  |  |                             |                                  |  |                |                 |                    |                    |  |  |
| 1. CALL<br>SIGN  | PERMITTED<br>BASIS   | 3. DSE                      | 1. CALL<br>SIGN                  | 2. PERMITTED<br>BASIS  | 3. DSE         | 1. CALL<br>SIGN | PERMITTED<br>BASIS | 3. DSE             |  |  |
|  |  | •                           |                                  |  |                |                 |                    |                    |  |  |
|  |  |                             |                                  |  |                |                 |                    |                    |  |  |
|  |  |                             |                                  |  |                |                 |                    |                    |  |  |
|  |  |                             |                                  |  |                |                 |                    |                    |  |  |
|  |  |                             |                                  |  |                |                 |                    | 0.00               |  |  |
|  |  | В                           | LOCK C: CO                       | MPUTATION OF   | F 3.75 FEE     |                 | <u> </u>           |                    |  |  |
| Line 1: Enter the  | total number of  | DSEs from                   | part 5 of this                   | schedule   |                |                 | U-                 |                    |  |  |
| Line 2: Enter the  | sum of permitte  | ed DSEs fro                 | m block B ab                     | ove  |                |                 |                    |                    |  |  |
| Line 3: Subtract<br>(If zero, I  |  |                             |                                  | er of DSEs subject<br>t 7 of this schedu   |                | rate.           | u                  | 0.00               |  |  |
| Line 4: Enter gro  | ess receipts from  | space K (p                  | page 7)                          |  |                |                 | x 0.0              | 375                | Do any of the<br>DSEs represent<br>partially |  |
| Line 5: Multiply li  | ine 4 by 0.0375  | and enter s                 | um here                          |  |                |                 |                    |                    | permited/<br>partially<br>nonpermitted       |  |
| Line 6: Enter tota   | al number of DS  | Es from line                | e 3                              |  |                |                 | X                  |                    | carriage?  If yes, see part 9 instructions.  |  |
| Line 7: Multiply li  | ine 6 by line 5 ar   | nd enter he                 | re and on line                   | e 2, block 3, spac   | ce L (page 7)  | )               |                    | 0.00               |  |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  DIRECTV, LLC  63569 |                    |        |            |                       |           |                 |                    | Name   |                      |
|---|--------------------|--------|------------|-----------------------|-----------|-----------------|--------------------|--------|----------------------|
|   |                    | BLOCK  | A: TELEVIS | ION MARKETS           | S (CONTIN | UED)            |                    |        | -                    |
| 1. CALL<br>SIGN   | PERMITTED<br>BASIS | 3. DSE |            | 2. PERMITTED<br>BASIS |           | 1. CALL<br>SIGN | PERMITTED<br>BASIS | 3. DSE | 6                    |
|   |                    |        |            |                       |           |                 |                    |        | Computation 3.75 Fee |
|   |                    |        |            |                       |           |                 |                    |        | 3.75 Fee             |
|   |                    |        |            |                       |           |                 |                    |        |                      |
| ***************************************                   |                    |        |            |                       |           |                 |                    |        |                      |
|   |                    |        |            |                       |           |                 |                    |        |                      |
|   |                    |        |            |                       |           |                 |                    |        |                      |
|   |                    |        |            |                       |           |                 |                    |        |                      |
|   |                    |        |            |                       |           |                 |                    |        |                      |
|   |                    |        |            |                       |           |                 |                    |        |                      |
| ****  |                    |        |            |                       |           |                 |                    |        |                      |
| ***************************************                   |                    |        |            |                       |           |                 |                    |        |                      |
| ***************************************                   |                    |        |            |                       |           |                 |                    |        |                      |
|   |                    |        |            |                       |           |                 |                    |        |                      |
|   |                    |        |            |                       |           |                 |                    |        |                      |
|   |                    |        |            |                       |           |                 |                    |        |                      |
|   |                    |        |            |                       |           |                 |                    |        |                      |
|   |                    |        |            |                       |           |                 |                    |        |                      |
| ***************************************                   |                    |        |            |                       |           |                 |                    |        |                      |
| ****  |                    |        |            |                       |           |                 |                    |        |                      |
| ***************************************                   |                    |        |            |                       |           |                 |                    |        |                      |
|   |                    |        |            |                       |           | •               |                    |        |                      |
|   |                    |        |            |                       |           |                 |                    |        |                      |
|   |                    |        |            |                       |           |                 |                    |        |                      |
|   |                    |        |            |                       |           |                 |                    |        |                      |
|   |                    |        |            |                       |           |                 |                    |        |                      |
|   |                    |        |            |                       |           |                 |                    |        |                      |
| ****  |                    |        |            |                       |           |                 |                    |        |                      |
| ***************************************                   |                    |        |            |                       |           |                 |                    |        |                      |
|   |                    |        |            |                       |           | •               |                    |        |                      |
|   |                    |        |            |                       |           |                 |                    |        |                      |
|   |                    |        |            |                       |           |                 |                    |        |                      |
|   |                    |        |            |                       |           |                 |                    |        |                      |
|   |                    |        |            |                       |           |                 |                    |        |                      |
|   |                    |        |            |                       |           |                 |                    |        |                      |
|   |                    |        |            |                       |           |                 |                    |        |                      |
|   |                    |        |            |                       |           |                 |                    |        |                      |
|   |                    |        |            |                       |           |                 |                    |        |                      |
|   |                    |        |            |                       |           |                 |                    |        |                      |
|   |                    |        |            |                       |           |                 |                    |        |                      |
|   |                    |        |            |                       |           |                 |                    |        |                      |
|   |                    |        |            |                       |           |                 |                    |        |                      |
|   |                    |        |            |                       |           |                 |                    |        |                      |
|   |                    |        |            |                       |           |                 |                    |        |                      |
|   |                    |        |            |                       |           |                 |                    |        |                      |
|   |                    |        |            |                       |           |                 |                    |        |                      |
|   |                    |        |            |                       |           |                 |                    |        |                      |
|   |                    |        |            |                       |           |                 |                    |        |                      |
|   |                    |        |            |                       |           |                 |                    |        |                      |
|   |                    |        |            |                       |           |                 |                    |        |                      |
|   |                    |        |            |                       |           |                 |                    |        |                      |
|   |                    |        |            |                       |           |                 |                    |        |                      |
|   |                    |        |            |                       |           |                 |                    |        |                      |

ACCOUNTING PERIOD: 2022/2

DSE SCHEDULE. PAGE 14.

|   | LEGAL NAME OF OWN  | IER OF CABLE     | SYSTEM:                |                   |     |   |               |                      | S          | YSTEM ID# |
|---|--|------------------|------------------------|-------------------|-----|---|---------------|----------------------|------------|-----------|
| Name  | DIRECTV, LLC   |                  |                        |                   |     |   |               |                      |            | 63569     |
| Worksheet for<br>Computating<br>the DSE<br>Schedule for<br>Permitted<br>Part-Time and<br>Substitute<br>Carriage | Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those 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.  Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981.  Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1).  Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters:  (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.)  A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)).  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. |                  |                        |                   |     |   |               |                      |            |           |
|   |  |                  |                        |                   |     |   |               |                      |            |           |
|   |  |                  |                        |                   | ΞD  | ON A PART-TIME AI   |               |                      |            |           |
| 1   | 1. CALL  | 2. PRIC          |                        | COUNTING          |     | 4. BASIS OF<br>CARRIAGE   |               | RESENT               | 6. PI      | ERMITTED  |
|   | SIGN   | DSE              | Р                      | ERIOD             |     | CARRIAGE  |               | DSE                  |            | DSE       |
|   |  |                  |                        |                   |     |   |               |                      |            |           |
|   |  |                  |                        |                   |     |   |               |                      |            |           |
|   |  |                  |                        |                   |     |   |               |                      |            |           |
|   |  |                  |                        |                   |     |   |               |                      |            |           |
|   |  |                  |                        |                   |     |   |               |                      |            |           |
|   |  |                  |                        |                   |     |   |               |                      |            |           |
|   |  |                  |                        |                   |     |   |               |                      |            |           |
|   |  |                  |                        |                   |     |   |               |                      |            |           |
|   |  |                  |                        |                   |     |   |               |                      |            |           |
|   |  |                  |                        |                   |     |   |               |                      |            |           |
|   |  |                  |                        |                   |     |   |               |                      |            |           |
|   |  |                  |                        |                   |     |   |               |                      |            |           |
| <b>7</b> Computation of the   | 1  | "Yes," comple    | ete blocks B and C,    |                   | oai | t 8 of the DSE schedu   | ıle.          |                      |            |           |
| Syndicated  |  |                  | BLOC                   | K A: MAJOR        | TE  | ELEVISION MARK  | ŒΤ            |                      |            |           |
| Exclusivity   |  |                  |                        |                   |     |   |               |                      |            |           |
| Surcharge   | Is any portion of the control  | cable system w   | vithin a top 100 majo  | r television mark | et  | as defned by section 7  | 6.5 of FCC r  | ules in effect Jur   | ne 24, 19  | 81?       |
|   | Yes—Complete   | blocks B and     | C .                    |                   |     | X No—Proceed to   | part 8        |                      |            |           |
|   |  |                  |                        |                   |     |   |               |                      |            |           |
|   | BLOCK B: Ca  | arriage of VHI   | -/Grade B Contour      | Stations          |     | BLOCI   | K C: Compu    | ıtation of Exemp     | ot DSEs    |           |
|   | Is any station listed in<br>commercial VHF stati<br>or in part, over the cal   | block B of pa    | ort 6 the primary str  | eam of a          |     | Was any station listed nity served by the cab to former FCC rule 76 | in block B    | of part 7 carried    | in any c   |           |
|   | Yes—List each st   | tation below wit | h its appropriate pern | nitted DSE        |     | Yes—List each st  | ation below v | vith its appropriate | e permitte | ed DSE    |
|   | X No—Enter zero a  |                  |                        |                   |     | X No—Enter zero a   |               |                      |            |           |
|   | No Enter zero a  | ina proceed to p | Sart O.                |                   |     | A NO Enter zero al  | na proceed to | part o.              |            |           |
|   | CALL SIGN  | DSE              | CALL SIGN              | DSE               |     | CALL SIGN   | DSE           | CALL SIG             | N          | DSE       |
|   |  |                  |                        |                   |     |   |               |                      |            |           |
|   |  |                  |                        |                   |     |   |               |                      |            |           |
|   |  |                  |                        |                   |     |   |               |                      |            |           |
|   |  |                  | -                      |                   |     |   | <u> </u>      |                      |            |           |
|   |  |                  | -                      | †                 |     |   | <b></b>       |                      |            |           |
|   |  |                  |                        | <u> </u>          |     |   | <u> </u>      |                      |            |           |
|   |  |                  |                        | ļ                 |     |   | <del> </del>  |                      |            |           |
|   |  |                  |                        |                   |     |   | ····          | -                    |            |           |
|   |  |                  | TOTAL DOC-             | 0.00              |     |   | <u> </u>      | TOTAL DO             | F-0        | 0.00      |
|   |  |                  | TOTAL DSEs             | 0.00              |     |   |               | TOTAL DS             | ∟S         | 0.00      |

| LEGAL NA      | MME OF OWNER OF CABLE SYSTEM:  DIRECTV, LLC  6356  | Namo               |
|---------------|--|--------------------|
|               | BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE   |                    |
| Section<br>1  | Enter the amount of gross receipts from space K (page 7)   | <b>7</b>           |
| Section<br>2  | A. Enter the total DSEs from block B of part 7   | Computation of the |
|               | B. Enter the total number of exempt DSEs from block C of part 7  | 0                  |
|               | 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   | Surcharge          |
| • Is an       | y portion of the cable system within a top 50 television market as defined by the FCC?  Yes—Complete section 3 below.  |                    |
|               | SECTION 3: TOP 50 TELEVISION MARKET  |                    |
| Section<br>3a | Did your cable system retransmit the signals of any partially distant television stations during the accounting period?  |                    |
|               | is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.  |                    |
|               | A. Enter 0.00599 of gross receipts (the amount in section1)  | _                  |
|               | B. Enter 0.00377 of gross receipts (the amount in section.1)   |                    |
|               | 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<br>3b | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.   |                    |
|               | A. Enter 0.00599 of gross receipts (the amount in section 1)   |                    |
|               | B. Enter 0.00377 of gross receipts (the amount in section 1)   |                    |
|               | C. Multiply line B by 3.000 and enter here   |                    |
|               | D. Enter 0.00178 of gross receipts (the amount in section 1)   |                    |
|               | E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here  |                    |
|               | F. Multiply line D by line E and enter here  |                    |
|               | G. Add lines A, C, and F. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge   | 11111              |
|               | SECTION 4: SECOND 50 TELEVISION MARKET   |                    |
|               | Did your cable system retransmit the signals of any partially distant television stations during the accounting period?  |                    |
| Section<br>4a | Yes—Complete part 9 of this schedule.  X No—Complete the applicable section below.   |                    |
|               | If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1) |                    |
|               | B. Enter 0.00189 of gross receipts (the amount in section 1)   |                    |
|               | C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2)  and enter here  |                    |
|               | D. Multiply line B by line C and enter here  |                    |
|               | E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge  |                    |

| Name  |  |   | TEM ID#<br>63569 |  |  |  |  |  |
|---|--|---|------------------|--|--|--|--|--|
| Computation<br>of the<br>Syndicated<br>Exclusivity<br>Surcharge | Section 4b   | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.  A. Enter 0.00300 of gross receipts (the amount in section 1).  B. Enter 0.00189 of gross receipts (the amount in section 1).  C. 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<br>Computation<br>of<br>Base Rate Fee                         | <ul> <li>In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.</li> <li>If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.</li> <li>If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave b</li> </ul> |   |                  |  |  |  |  |  |
|   | • Did y  | BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS rour cable system retransmit the signals of any partially distant television stations during the accounting period?   |                  |  |  |  |  |  |
|   | L  | Yes—Complete part 9 of this schedule.  X No—Complete the following sections.  |                  |  |  |  |  |  |
|   | Section  | BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE   |                  |  |  |  |  |  |
|   | Section 2  | Enter the amount of gross receipts from space K (page 7)  |                  |  |  |  |  |  |
|   | Section 3  | If the figure in section 2 is <b>4.000 or less</b> , 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)   | -                |  |  |  |  |  |

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2022/2

| LECAL N         | AME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#             |                          |
|-----------------|---|------------------------|--------------------------|
|                 |   | SYSTEM ID#<br>63569    | Name                     |
| DIKE            | CTV, LLC  | 03309                  |                          |
| Section 4       | If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.   |                        | •                        |
| -               | A. Enter 0.01064 of gross receipts  |                        | 8                        |
|                 | (the amount in section 1) <b></b>   |                        |                          |
|                 | B. Enter 0.00701 of gross receipts  |                        | Computation              |
|                 | (the amount in section 1) <b>\$</b>   |                        | 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) <b>&gt;</b>   |                        |                          |
|                 | 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 <b>&gt;</b> \$  |                        |                          |
|                 | G. Add lines A, C, and F. This is your base rate fee  |                        |                          |
|                 | Enter here and in block 3, line 1, space L (page 7)  Base Rate Fee  | 0.00                   |                          |
|                 | Base Rate Fee   |                        |                          |
| IMPOR           | TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television bro   | padcast signals        |                          |
| shall in        | stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multi<br>Space G.  |                        | 9                        |
| In Gen          | eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base ra  | te fee, to exclude     | Computation              |
|                 | s from subscribers located within the station's local service area, from your system's total gross receipts. To to  | ake advantage of       | of                       |
| uns ex          | clusion, you must:  |                        | Base Rate Fee            |
|                 | Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are dis   |                        | and<br>Syndicated        |
|                 | or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Deter<br>and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fo  |                        | Exclusivity              |
|                 | : Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system   | -                      | Surcharge<br>for         |
|                 | If any portion of your cable system is located within the top 100 television market and the station is not exem   |                        | Partially                |
|                 | so compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block er, if your cable system is wholly located outside all major television markets, complete block A only.  | A and B below.         | Distant<br>Stations, and |
|                 |   |                        | for Partially            |
|                 | <ul> <li>Identify a Subscriber Group for Partially Distant Stations</li> <li>For each community served, determine the local service area of each wholly distant and each partially distant</li> </ul>   | nt station you         | Permitted                |
|                 | to that community.  | it station you         | Stations                 |
| outside         | For each wholly distant and each partially distant station you carried, determine which of your subscribers we the station's local service area. A subscriber located outside the local service area of a station is distant to the token, the station is distant to the subscriber.)   |                        |                          |
| subscri         | Divide your subscribers into subscriber groups according to the complement of stations to which they are dis-<br>ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. No<br>will have only one subscriber group when the distant stations it carried have local service areas that coincide | ote that a cable       |                          |
| Compi           | uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of you ber groups.  |                        |                          |
|                 | section:  |                        |                          |
| • Identi        | fy the communities/areas represented by each subscriber group.  |                        |                          |
|                 | he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant  | to all of the          |                          |
|                 | bers in the group.  |                        |                          |
| • lf:           | ayetem is legated whelly ayedde all major and amaller television markets, give each station's DSE as you as   | us it in norte 2, 2    |                          |
|                 | system is located wholly outside all major and smaller television markets, give each station's DSE as you ga<br>of this schedule; or,   | re it in parts 2, 3,   |                          |
|                 | portion of your system is located in a major or smaller televison market, give each station's DSE as you gave 6 of this schedule.   | it in block B,         |                          |
| • Add t         | ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.  |                        |                          |
|                 | late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the gen   | eral instructions      |                          |
|                 | ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule or  | n the preceding        |                          |
| page.<br>DSEs f | In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber grou<br>or that group's complement of stations and total gross receipts from the subscribers in that group). You do no<br>dual calculations on the form.  | ıp (that is, the total |                          |

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63569 **DIRECTV, LLC** 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.

|                     | BLOCK A· | COMPUTATION C            | F BASF RA | TE FEES FOR EAG               | CH SUBSCR  | RIBER GROUP    |               |                 |
|---------------------|----------|--------------------------|-----------|-------------------------------|------------|----------------|---------------|-----------------|
|                     |          | SUBSCRIBER GRO           |           |                               |            | SUBSCRIBER GRO | OUP           |                 |
| COMMUNITY/ AREA 0   |          |                          |           |                               |            | 0              | 9<br>Computat |                 |
| CALL SIGN           | DSE      | CALL SIGN                | DSE       | CALL SIGN                     | DSE        | CALL SIGN      | DSE           | of              |
|                     |          |                          |           |                               |            |                |               | Base Rate       |
|                     |          |                          |           |                               |            |                |               | and             |
|                     |          |                          |           |                               |            |                |               | Syndicat        |
|                     |          |                          |           |                               |            |                |               | Exclusiv        |
|                     |          |                          |           |                               |            |                |               | Surchar         |
|                     |          |                          |           |                               |            |                |               | for<br>Partiall |
|                     |          |                          |           |                               |            |                |               | Distan          |
|                     |          | ·                        |           |                               |            |                |               | Station         |
|                     | <u></u>  | -                        |           |                               |            |                |               |                 |
|                     |          |                          |           |                               |            |                |               |                 |
|                     |          |                          |           |                               |            |                |               |                 |
|                     |          |                          |           |                               |            |                |               |                 |
|                     |          |                          |           |                               |            |                |               |                 |
|                     |          | Ш                        | _         |                               |            |                | _             |                 |
| otal DSEs           |          |                          | 0.00      | Total DSEs                    |            |                | 0.00          |                 |
| ross Receipts Firs  | Group    | \$ 61                    | 2,526.68  | Gross Receipts Sec            | cond Group | \$             | 0.00          |                 |
|                     |          |                          | 1         |                               |            |                |               |                 |
| ase Rate Fee Firs   | Group    | \$                       | 0.00      | Base Rate Fee See             | cond Group | \$             | 0.00          |                 |
|                     |          |                          |           |                               |            | <b>L</b>       | •             |                 |
|                     |          | SUBSCRIBER GRO           |           |                               |            | SUBSCRIBER GRO | _             |                 |
| OMMUNITY/ ARE       | 4        |                          | 0         | COMMUNITY/ ARE                | EA         |                | 0             |                 |
| CALL SIGN           | DSE      | CALL SIGN                | DSE       | CALL SIGN                     | DSE        | CALL SIGN      | DSE           |                 |
|                     |          |                          |           |                               |            |                |               |                 |
|                     |          |                          |           |                               |            |                |               |                 |
|                     |          |                          |           |                               |            |                |               |                 |
|                     |          |                          |           |                               |            |                |               |                 |
|                     |          |                          |           |                               |            |                |               |                 |
|                     |          |                          |           |                               |            |                |               |                 |
|                     |          | H                        | ·····•    |                               |            |                |               |                 |
|                     |          |                          |           |                               |            |                |               |                 |
|                     |          |                          |           |                               |            |                |               |                 |
|                     |          |                          |           |                               |            | -              |               |                 |
|                     |          |                          |           |                               |            |                |               |                 |
|                     |          |                          |           |                               |            |                |               |                 |
|                     |          |                          |           |                               |            |                |               |                 |
|                     |          |                          |           |                               |            |                |               |                 |
| otal DSFs           |          |                          | 0.00      | Total DSFs                    |            |                | 0.00          |                 |
|                     |          |                          | 0.00      | Total DSEs                    |            |                | 0.00          |                 |
|                     | d Group  | \$                       | 0.00      | Total DSEs Gross Receipts For | urth Group | \$             | 0.00          |                 |
| otal DSEs           |          | \$                       | 0.00      | Gross Receipts For            | ·          | \$             |               |                 |
| ross Receipts Thir  |          | \$                       | -         |                               | ·          | \$             |               |                 |
| ross Receipts Thir  |          |                          | 0.00      | Gross Receipts For            | ·          |                | 0.00          |                 |
| ross Receipts Thir  | d Group  | \$                       | 0.00      | Gross Receipts For            | urth Group |                | 0.00          |                 |
| Gross Receipts Thir | d Group  | \$ te fees for each subs | 0.00      | Gross Receipts For            | urth Group |                | 0.00          |                 |

| LEGAL NAME OF OWNE     | ER OF CABL | LE SYSTEM:                    |              |                      |            | S                            | 63569 | Name                |
|------------------------|------------|-------------------------------|--------------|----------------------|------------|------------------------------|-------|---------------------|
| В                      |            | COMPUTATION OF SUBSCRIBER GRO |              | TE FEES FOR EAC      |            | IBER GROUP<br>SUBSCRIBER GRO | UP    | 0                   |
| COMMUNITY/ AREA 0      |            |                               | 0            | COMMUNITY/ AREA 0    |            |                              | 0     | 9<br>Computation    |
| CALL SIGN              | DSE        | CALL SIGN                     | DSE          | CALL SIGN            | DSE        | CALL SIGN                    | DSE   | of                  |
|                        |            |                               |              |                      |            |                              |       | Base Rate Fee       |
|                        |            |                               |              |                      |            |                              |       | and<br>Syndicated   |
|                        |            |                               |              |                      |            |                              |       | Exclusivity         |
|                        |            |                               |              |                      |            |                              |       | Surcharge<br>for    |
|                        |            | -                             |              |                      |            | -                            |       | Partially           |
|                        |            |                               |              |                      |            |                              |       | Distant<br>Stations |
|                        |            |                               |              |                      |            |                              |       | Stations            |
|                        |            |                               |              |                      |            |                              |       |                     |
|                        |            |                               |              |                      |            |                              |       |                     |
|                        |            |                               |              |                      |            |                              |       |                     |
|                        |            |                               |              |                      |            |                              |       |                     |
| Total DSEs             |            |                               | 0.00         | Total DSEs           |            |                              |       |                     |
| Gross Receipts First G | Group      | \$                            | 0.00         | Gross Receipts Sec   | cond Group | \$                           | 0.00  |                     |
| Base Rate Fee First G  | Group      | \$                            | 0.00         | Base Rate Fee Sec    | cond Group | \$                           | 0.00  |                     |
|                        | SEVENTH    | SUBSCRIBER GRO                |              |                      |            | SUBSCRIBER GRO               | _     |                     |
| COMMUNITY/ AREA        |            |                               | 0            | COMMUNITY/ AREA 0    |            |                              |       |                     |
| CALL SIGN              | DSE        | CALL SIGN                     | DSE          | CALL SIGN            | DSE        | CALL SIGN                    | DSE   |                     |
|                        |            |                               |              |                      |            |                              |       |                     |
|                        |            |                               |              |                      |            |                              |       |                     |
|                        |            | -                             |              |                      |            |                              |       |                     |
|                        |            |                               |              |                      |            |                              |       |                     |
|                        |            | -                             |              |                      |            |                              |       |                     |
|                        |            |                               |              |                      |            |                              |       |                     |
|                        |            |                               |              |                      |            |                              |       |                     |
|                        |            | -                             |              |                      |            |                              |       |                     |
|                        |            | -                             |              |                      |            |                              |       |                     |
|                        |            |                               |              |                      |            |                              |       |                     |
| Total DSEs             |            |                               | 0.00         | Total DSEs           |            |                              | 0.00  |                     |
| Gross Receipts Third ( | Group      | \$                            | 0.00         | Gross Receipts Fou   | ırth Group | \$                           | 0.00  |                     |
| Base Rate Fee Third (  | Group      | \$                            | 0.00         | Base Rate Fee Fou    | ırth Group | \$                           | 0.00  |                     |
| ase Rate Fee: Add to   |            |                               | criber group | as shown in the boxe | es above.  | \$                           |       |                     |

| Bl                                  |          |                                 |          |                               |           |                             | 63569 |
|-------------------------------------|----------|---------------------------------|----------|-------------------------------|-----------|-----------------------------|-------|
|                                     |          | COMPUTATION O<br>SUBSCRIBER GRO |          | TE FEES FOR EAC               |           | RIBER GROUP  SUBSCRIBER GRO | DUP   |
| COMMUNITY/ AREA 0                   |          |                                 |          | COMMUNITY/ AREA 0             |           |                             |       |
| CALL SIGN                           | DSE      | CALL SIGN                       | DSE      | CALL SIGN                     | DSE       | CALL SIGN                   | DSE   |
|                                     |          |                                 |          |                               |           |                             |       |
|                                     |          |                                 |          |                               |           |                             |       |
|                                     |          | -                               |          |                               |           |                             |       |
|                                     |          |                                 |          |                               |           |                             |       |
|                                     |          | -                               |          |                               |           |                             |       |
|                                     |          |                                 |          |                               |           |                             |       |
|                                     |          |                                 |          |                               |           |                             |       |
|                                     |          |                                 |          |                               |           |                             |       |
|                                     |          | -                               |          |                               |           |                             |       |
|                                     | <u> </u> |                                 |          |                               |           |                             |       |
|                                     |          |                                 |          |                               |           |                             |       |
|                                     |          |                                 |          |                               |           |                             |       |
|                                     |          |                                 |          |                               |           |                             |       |
| otal DSEs                           |          |                                 | 0.00     | Total DSEs                    |           |                             | 0.00  |
| ross Receipts First G               | roup     | \$ 612                          | 2,526.68 | Gross Receipts Sec            | ond Group | \$                          | 0.00  |
|                                     |          |                                 |          |                               |           |                             |       |
| <b>ase Rate Fee</b> First G         | roup     | \$                              | 0.00     | Base Rate Fee Sec             | ond Group | \$                          | 0.00  |
|                                     | THIRD    | SUBSCRIBER GRO                  | UP       |                               | FOURTH    | SUBSCRIBER GRO              | OUP   |
| OMMUNITY/ AREA                      |          |                                 | 0        | COMMUNITY/ AREA 0             |           |                             | 0     |
| CALL SIGN                           | DSE      | CALL SIGN                       | DSE      | CALL SIGN                     | DSE       | CALL SIGN                   | DSE   |
|                                     |          |                                 |          |                               |           |                             |       |
|                                     |          |                                 |          |                               |           |                             |       |
|                                     |          |                                 |          |                               |           |                             |       |
|                                     |          | -                               |          |                               |           | n =                         |       |
|                                     |          |                                 |          |                               |           |                             |       |
|                                     |          |                                 |          |                               |           |                             |       |
|                                     |          |                                 |          |                               |           |                             |       |
|                                     |          |                                 |          |                               |           |                             |       |
|                                     |          |                                 |          |                               |           |                             |       |
|                                     |          |                                 |          | 11                            |           | П                           |       |
|                                     |          |                                 |          |                               |           |                             |       |
|                                     |          |                                 |          |                               |           |                             |       |
|                                     |          |                                 |          |                               |           |                             |       |
| otal DSEs                           |          |                                 | 0.00     | Total DSEs                    |           |                             | 0.00  |
|                                     | Group    | \$                              | 0.00     | Total DSEs Gross Receipts Fou | rth Group | \$                          | 0.00  |
| otal DSEs<br>Gross Receipts Third C | Group    | \$                              |          |                               | rth Group | \$                          |       |
|                                     | ·        | \$                              |          |                               | ·         | \$                          |       |
| ross Receipts Third C               | ·        | \$<br>\$                        | 0.00     | Gross Receipts Fou            | ·         | \$                          | 0.00  |
| ross Receipts Third C               | Group    | \$                              | 0.00     | Gross Receipts Fou            | rth Group | \$                          | 0.00  |

| EGAL NAME OF OWNER O      | OF CABLE    | SYSIEM:         |             |                     |           |                  | 63569 | Name                |
|---------------------------|-------------|-----------------|-------------|---------------------|-----------|------------------|-------|---------------------|
| BLO                       |             |                 |             | TE FEES FOR EAC     |           |                  |       |                     |
| COMMUNITY/ AREA           | FIFTH S     | SUBSCRIBER GROU | JP <b>0</b> | COMMUNITY ASS       |           | I SUBSCRIBER GRO |       | 9                   |
| COMMUNITY) AREA           |             |                 |             | COMMUNITY/ AREA 0   |           |                  |       | Computation         |
| CALL SIGN                 | DSE         | CALL SIGN       | DSE         | CALL SIGN           | DSE       | CALL SIGN        | DSE   | of                  |
|                           |             |                 |             |                     |           |                  |       | Base Rate F         |
|                           |             |                 |             |                     |           |                  |       | and<br>Syndicated   |
|                           |             |                 |             |                     |           |                  |       | Exclusivity         |
|                           |             |                 |             |                     |           |                  |       | Surcharge           |
|                           |             |                 |             |                     |           |                  |       | for                 |
|                           |             |                 |             |                     |           |                  |       | Partially           |
|                           |             |                 |             |                     |           |                  |       | Distant<br>Stations |
|                           |             |                 |             |                     |           |                  |       | Otations            |
|                           |             |                 |             |                     |           |                  |       |                     |
|                           |             |                 |             |                     |           |                  |       |                     |
|                           |             |                 |             |                     |           |                  |       |                     |
|                           |             |                 |             |                     |           |                  |       |                     |
| otal DSEs                 |             |                 | 0.00        | Total DSEs          |           |                  | 0.00  |                     |
| Gross Receipts First Grou | ıp <u> </u> | \$              | 0.00        | Gross Receipts Sec  | ond Group | \$               | 0.00  |                     |
| 3ase Rate Fee First Grou  | ıp [        | \$              | 0.00        | Base Rate Fee Seco  | ond Group | \$               | 0.00  |                     |
| SE                        | VENTH S     | SUBSCRIBER GRO  | JP          |                     | EIGHTH    | SUBSCRIBER GRO   | )UP   |                     |
| COMMUNITY/ AREA           |             |                 | 0           | COMMUNITY/ AREA 0   |           |                  |       |                     |
| CALL SIGN                 | DSE         | CALL SIGN       | DSE         | CALL SIGN           | DSE       | CALL SIGN        | DSE   |                     |
|                           |             |                 |             |                     |           |                  |       |                     |
|                           |             |                 |             |                     |           |                  |       |                     |
|                           |             |                 |             |                     |           |                  |       |                     |
|                           |             |                 |             |                     |           |                  |       |                     |
|                           |             |                 |             |                     |           |                  |       |                     |
|                           |             |                 |             |                     |           |                  |       |                     |
|                           |             |                 |             |                     |           |                  |       |                     |
|                           |             |                 |             |                     |           |                  |       |                     |
|                           |             |                 |             |                     |           |                  |       |                     |
|                           |             |                 |             |                     |           |                  |       |                     |
|                           |             |                 |             |                     |           |                  |       |                     |
|                           |             |                 |             |                     |           |                  |       |                     |
| otal DSEs                 |             |                 | 0.00        | Total DSEs          |           |                  | 0.00  |                     |
| Gross Receipts Third Gro  | up -        | \$              | 0.00        | Gross Receipts Four | th Group  | \$               | 0.00  |                     |
|                           |             | *               |             |                     | C. 54p    | <u>-</u>         |       |                     |
| Base Rate Fee Third Gro   | ир          | \$              | 0.00        | Base Rate Fee Four  | th Group  | \$               | 0.00  |                     |
|                           |             |                 |             | Ш                   |           |                  |       |                     |

ACCOUNTING PERIOD: 2022/2

FORM SA3F\_PAGE 20

|   | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|
| Name  | DIRECTV, LLC   | 63569  |  |  |  |  |  |  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI   | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |  |  |  |  |  |  |
| 9   | If your cable system is located within a top 100 television market and t<br>Syndicated Exclusivity Surcharge. Indicate which major television mark<br>by section 76.5 of FCC rules in effect on June 24, 1981:   | · · · · · · · · · · · · · · · · · · ·  |  |  |  |  |  |  |
| Computation of  | First 50 major television market   | Second 50 major television market  |  |  |  |  |  |  |
| Base Rate Fee   | INSTRUCTIONS:  | Sidd Wife Cond. Boundary of the United Manager Cond.   |  |  |  |  |  |  |
| and Syndicated Exclusivity Surcharge for Partially Distant Stations | <ul> <li>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 this schedule.</li> <li>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 Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul> |  |  |  |  |  |  |  |
| 1   | FIRST SUBSCRIBER GROUP   | SECOND SUBSCRIBER GROUP  |  |  |  |  |  |  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |  |  |  |  |  |  |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs  |  |  |  |  |  |  |
|   | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation                                |  |  |  |  |  |  |
|   | First Group  | Second Group   |  |  |  |  |  |  |
|   | THIRD SUBSCRIBER GROUP   | FOURTH SUBSCRIBER GROUP  |  |  |  |  |  |  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |  |  |  |  |  |  |
|   | Line 2: Enter the Exempt DSEs.  Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  | Line 2: Enter the Exempt DSEs  Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation |  |  |  |  |  |  |
|   | Third Group  | Fourth Group   |  |  |  |  |  |  |

ACCOUNTING PERIOD: 2022/2

FORM SA3F\_PAGE 20

| LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#   |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| DIRECTV, LLC   | 63569  |  |  |  |  |  |  |
| BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI   | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |  |  |  |  |  |  |
| If your cable system is located within a top 100 television market and t<br>Syndicated Exclusivity Surcharge. Indicate which major television mark<br>by section 76.5 of FCC rules in effect on June 24, 1981:   |  |  |  |  |  |  |  |
| First 50 major television market   | Second 50 major television market  |  |  |  |  |  |  |
| INSTRUCTIONS:  | District Number of the Control of th |  |  |  |  |  |  |
| <ul> <li>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 this schedule.</li> <li>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 Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul> |  |  |  |  |  |  |  |
| 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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  SYNDICATED EXCLUSIVITY SURCHARGE  |  |  |  |  |  |  |
|  | Second Group   |  |  |  |  |  |  |
| SEVENTH SUBSCRIBER GROUP   | EIGHTH SUBSCRIBER GROUP  |  |  |  |  |  |  |
| Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  Line 2: Enter the Exempt DSEs  |  |  |  |  |  |  |
| Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  SYNDICATED EXCLUSIVITY SURCHARGE Third Group  | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group   |  |  |  |  |  |  |
| SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page   | each subscriber group as shown 7)  |  |  |  |  |  |  |
|  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS  If your cable system is located within a top 100 television market and syndicated Exclusivity Surcharge. Indicate which major television mar by section 76.5 of FCC rules in effect on June 24, 1981:    First 50 major television market   |  |  |  |  |  |  |