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						
3/1/2023	\$						
	ALLOCATION NUMBER						

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:								
Accounting Period	2022/2								
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busine: If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire acco Check here if this is the system's first filing. If not, enter the system's ID LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Cogeco US (NH-ME), LLC	ss of the cable syste on the last day of th unting period.	m. ne accounting period should su						
				06373320222					
				063733 2022/2					
	2 Batterymarch Park, Suite 205 Quincy, MA 02169								
С	INSTRUCTIONS: In line 1, give any business or trade names used to i names already appear in space B. In line 2, give the mailing address o	,							
System	1 IDENTIFICATION OF CABLE SYSTEM: Cogeco US, LLC								
	MAILING ADDRESS OF CABLE SYSTEM: 24 Main Street 2 (Number, street, rural route, apartment, or suite number) Bradford, PA 16701 (City, town, state, zip code)								
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comr	munity served below and re	ist on page 1b					
Area Served	with all communities.	To							
	CITY OR TOWN	STATE NH							
First Community	ROCHESTER Below is a sample for reporting communities if you report multiple characteristics.		Space G						
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#					
Sample	Alda	MD	A	1					
Sample	Alliance	MD	В	2					
	Gering	MD	В	3					

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on 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.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 063733 Cogeco US (NH-ME), LLC Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The first community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN STATE CH LINE UP SUB GRP# **ROCHESTER** NH First Α **BARRINGTON** NH Community **FARMINGTON** NH Α MILTON NH Α 1 **STRAFFORD** Α NH 1 See instructions for **ACTON** В 2 ME additional information on alphabetization. В 2 **LEBANON** ME **NEWFIELD** В 2 ME SANFORD В 2 ME Add rows as necessary. **SHAPLEIGH** ME В 2 С **DEERFIELD** NH 3 **NORTHWOOD** NH C 3 **ALTON** D NH 4 D **BARNSTEAD** NH 4 BELMONT NH D **CENTER HARBOR** NH D **GILFORD** NH D D **GILMANTON** NH 4 **LACONIA** D NH D **MEREDITH** NH 4 **NEW DURHAM** D 4 NH D **NEW HAMPTON** NH 4 D SANBORNTON NH 4 **TILTON** NH D 4 **EPSOM** Ε NH 5 Ε **FRANKLIN** NH 5 Ε **NORTHFIELD** NH 5 **PITTSFIELD** Ε NH 5 **ALEXANDRIA** NH F 6 **BRIDGEWATER** NH F 6 **BRISTOL** NH 6 F **HEBRON** NH 6 **WOLFEBORO** NH G

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 063733 Cogeco US (NH-ME), LLC

E

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

BLG	OCK 1		BLOCK 2					
	NO. OF				NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS		RATE	CATEGORY OF SERVICE	SUBSCRIBERS		RATE	
Residential:								
 Service to first set 	28,685	\$	39.99	Res Expanded	21,398	\$	69.99	
 Service to additional set(s) 				Digital Value	3,753	\$	69.98	
 FM radio (if separate rate) 		Ī		Digital Plus	1,768	\$	122.97	
Motel, hotel	185	\$	39.99			Ī		
Commercial	1,101	\$	39.99					
Converter								
Residential								
Non-residential		ļ				ļ		
	 	+				+		

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	R	ATE	CATEGORY OF SERVICE RATE				ATEGORY OF SERVICE	RATE
Continuing Services:			Installation: Non-residential					
Pay cable	1.9	9-19.99	Motel, hotel					
 Pay cable—add'l channel 			Commercial					
Fire protection			Pay cable					
Burglar protection			Pay cable-add'l channel					
Installation: Residential			Fire protection					
First set	\$	50.00	Burglar protection					
Additional set(s)	\$	40.00	Other services:					
• FM radio (if separate rate)			Reconnect	\$	40.00			
Converter	4.9	9-14.99	Disconnect					
			Outlet relocation	\$	40.00			
			Move to new address	\$	40.00			

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 063733 Cogeco US (NH-ME), LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP A 1. CALL 2 B'CAST 3 TYPE 4 DISTANT? 5 BASIS OF 6 LOCATION OF STATION SIGN **CHANNEL** OF (Yes or No) **CARRIAGE NUMBER STATION** (If Distant) **WBTS** 46 N NO Boston, MA WBTS.2 46 ı NO Boston, MA See instructions for additional information No on alphabetization. WBTS.3 ı NO 46 Boston, MA No **WBZ** 30 Ν NO Boston, MA No WBZ.2 30.2 ı NO Boston, MA No **WCSH** N NO Portland, ME 44 WCSH.2 NO 44.2 ı Portland, ME **WCVB** 20 N NO Boston, MA No WCVB.2 20.2 Τ NO Boston, MA No NO WENH 11 Ε Durnam, NH Ε WENH.2 11.2 NO Durnam, NH 11.3 Ε NO WENH.3 Durnam, NH

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Cogeco US (NH-ME), LLC

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations)

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	Α	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WENH.4	11.4	E	NO		Durnam, NH
WFXT	31	N	NO		Boston, MA
			NO		
WFXT.2	31.2	ı	No		Boston, MA
WMFP	20	ı	No		Boston, MA
WFXT.3	31.3	ı	No		Boston, MA
WSBK	38	ı	No		Boston, MA
WGBH	19	E	Yes	0	Boston, MA
WGME	38	N	No		Portland, ME
WPXG	33	I	No		Concord, NH
WMUR.2	9.2	I	NO		Manchester, NH
WMUR	9	N	NO		Manchester, NH
WHDH	42	I	No		Boston, MA
WMEA.4	45.4	Е	No		Biddeford, ME
WHDH.2	42.2	ı	No		Boston, MA
WMEA	45	E	No		Biddeford, ME
WLVI.2	41.2	ı	No		Cambridge, MA
WLVI	41	ı	No		Cambridge, MA

G

Primary Transmitters: Television

Television

FORM SA3F PAGE 3 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 063733 Cogeco US (NH-ME), LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters:

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	В	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WCSH	44	N	No		Portland, ME
WCSH.2	44.2	I	No		Portland, ME
WENH	11	E	No		Durnam, NH
WENH.2	11.2	E	No		Durnam, NH
WENH.3	11.3	E	No		Durnam, NH
WENH.4	11.4	E	No		Durnam, NH
WGBH	19	E	Yes	0	Boston, MA
WGME	38	N	No		Portland, ME
WGME.2	38.2	ı	No		Portland, ME
WGME.3	38.3	ı	No		Portland, ME
WHDH	42	ı	No		Boston, MA
WHDH.2	42.2	l	No		Boston, MA
WMEA	45	E	No		Biddeford, ME
WMEA.3	45.3	E	No		Biddeford, ME
WMTW	8	N	No		Poland Spring, ME
WMTW.2	8.2	I	No		Poland Spring, ME
WMTW.3	8.3	ı	No		Poland Spring, ME
WPFO	23	N	No		Waterville, ME

FORM SA3E. PAGE 3.					
LEGAL NAME OF OWNER OF CABLE SYS	TEM:			SYSTEM ID#	Name
Cogeco US (NH-ME), LLC		063733			
PRIMARY TRANSMITTERS: TELEVISION	I				
n General: In space G, identify every carried by your cable system during the FCC rules and regulations in effect on 76.59(d)(2) and (4), 76.61(e)(2) and (4) substitute program basis, as explained Substitute Pasis Stations: With repasis under specific FCC rules, regulation Do not list the station here in space G station was carried only on a substitute the station here, and also in space basis. For further information conce in the paper SA3 form. Column 1: List each station's call seach multicast stream associated with cast stream as "WETA-2". Simulcast sweet were supported by the community of license. For example, son which your cable system carried the Column 3: Indicate in each case with educational station, by entering the letter of the column station, by entering the letter substitute of the column station, by entering the letter substitute of the column station, by entering the letter station in each case with the column station, by entering the letter case with the column station, by entering the letter column station, by entering the letter case with the column station, by entering the letter case with the column station, by entering the letter case with the column station, by entering the letter case with the column station, by entering the letter case with the column station and the column station	e accounting June 24, 198), or 76.63 (re in the next pospect to any ons, or author —but do list tute basis. e I, if the stat rning substitut ign. Do not re a station account er the FCC ha WRC is Cha e station. nether the sta	period, except (1, permitting the ferring to 76.61) aragraph. distant stations orizations: it in space I (the ion was carried ate basis stations ording to its over performed in consumer of the sassigned to the ion is a network tion is a network the ion is a network the interval in the ion is a network the ion in the ion in the ion in the ion is a network the ion is a network the ion in the ion	1) stations carried carriage of certain (e)(2) and (4))]; an carried by your call. Special Statemer both on a substitute, see page (v) of the program services r-the-air designation of the television station of the station, D.C. This may station, an independent of carried station, an independent carriage of carried station, an independent carriage of carried station, an independent carried station in the carried station i	only on a part-time basis under in network programs [sections d (2) certain stations carried on a cole system on a substitute program at and Program Log)—if the steep basis and also on some other the general instructions located such as HBO, ESPN, etc. Identify on. For example, report multistream separately; for example in for broadcasting over-the-air in any be different from the channel endent station, or a noncommercial	Primary Transmitters Television
for independent multicast), "E" (for not for the meaning of these terms, see pa Column 4: If the station is outside to clanation of local service area, see pag Column 5: If you have entered "Yes	ncommercial age (v) of the he local servi ge (v) of the g	educational), or general instruct ce area, (i.e. "di eneral instructio	"E-M" (for noncom ions located in the stant"), enter "Yes ons located in the μ	imercial educational multicast). paper SA3 form. ". If not, enter "No". For an ex- paper SA3 form.	
cable system carried the distant station carried the distant station on a part-tim For the retransmission of a distant rof a written agreement entered into on the cable system and a primary transmion "E" (exempt). For simulcasts, also explanation of these three categories, Column 6: Give the location of eac FCC. For Mexican or Canadian station Note: If you are utilizing multiple channel.	e basis becan nulticast strea or before Jun litter or an as enter "E". If y see page (v) h station. For s, if any, give	use of lack of ac am that is not su e 30, 2009, between the con- sociation repression carried the cl of the general in U.S. stations, list the name of the	tivated channel ca bject to a royalty p ween a cable syste enting the primary hannel on any othe structions located st the community te e community with v	pacity. payment because it is the subject em or an association representing transmitter, enter the designater basis, enter "O." For a further in the paper SA3 form. o which the station is licensed by the which the station is identifed.	
	CHANN	EL LINE-UP	В		
					•

		CHANN	EL LINE-UP	В	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WPFO.2	23.2	I	No		Waterville, ME
WPFO.3	23.3	I	No		Waterville, ME
WPME	35	I	No		Waterville, ME
WPXT	43	I	No		Portland, ME
WPXT.2	43.2	I	No		Portland, ME
WFXT	31	N	No		Boston, MA
WIPL	35	ı	No		Portland

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Cogeco US (NH-ME), LLC

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations)
carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under

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

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

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

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

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

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

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

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

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

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

CHANNEL LINE-UP C 1. CALL 2 B'CAST 3 TYPE 4 DISTANT? 5 BASIS OF 6 LOCATION OF STATION SIGN **CHANNEL** OF (Yes or No) **CARRIAGE NUMBER STATION** (If Distant) **WWJE** 17 ı No Derry, NH **WBTS** 46 Ν No Boston, MA WBTS.2 46 ı No Boston, MA WBTS.3 46 Boston, MA No **WBZ** 30 N No Boston, MA WBZ.2 30.2 Τ No Boston, MA **WCSH** Ν 44 No Portland, ME WCSH.2 44.2 ı No Portland, ME **WCVB** N 20 No Boston, MA WCVB.2 20.2 Boston, MA ı No **WENH** Ε Durnam, NH 11 No WENH.2 11.2 Ε No Durnam, NH WENH.3 Ε 11.3 No Durnam, NH WENH.4 Ε 11.4 No Durnam, NH Ν **WFXT** 31 No Boston, MA WFXT.2 31.2 ı No Boston, MA WFXT.3 31.3 ı No Boston, MA Ε 0 **WGBH** 19 Yes Boston, MA

Primary Transmitters: Television

FORM SA3F PAGE 3 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 063733 Cogeco US (NH-ME), LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television

basis under specifc FCC rules, regulations, or authorizations:

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	С	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WGME	38	N	Yes	0	Portland, ME
WHDH	42	I	No		Boston, MA
WHDH.2	42.2	I	No		Boston, MA
WLVI	41	I	No		Cambridge, MA
WLVI.2	41.2	ı	No		Cambridge, MA
WMUR	9	N	No		Manchester, NH
WMUR.2	9.2	ı	No		Manchester, NH
WPXG	33	ı	No		Concord, NH
WSBK	38	ı	No		Boston, MA
WMFP	20	ı	No		Boston, MA
			No		
			No		
			No		

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Cogeco US (NH-ME), LLC

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under

G

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	D	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WWJE	17	I	No		Derry, NH
WBTS	46	N	No		Boston, MA
WBTS.3	46	I	No		Boston, MA
			No		
WBTS.2	46	I	No		Boston, MA
WBZ	30	N	No		Boston, MA
WBZ.2	30.2	I	No		Boston, MA
WCSH	44	N	No		Portland, ME
WCSH.2	44.2	I	No		Portland, ME
			No		
WCVB	20	N	No		Boston, MA
WCVB.2	20.2	I	No		Boston, MA
WENH	11	E	No		Durnam, NH
WENH.2	11.2	E	No		Durnam, NH
WENH.3	11.3	E	No		Durnam, NH
WENH.4	11.4	E	No		Durnam, NH
WFXT	31	N	No		Boston, MA
WFXT.2	31.2	1	No		Boston, MA

Primary Transmitters: Television

FORM SA3F PAGE 3 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 063733 Cogeco US (NH-ME), LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under

FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	D	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WFXT.3	31.3	I	No		Boston, MA
WGBH	19	E	Yes	0	Boston, MA
WGME	38	N	Yes	0	Portland, ME
WHDH	42	I	No		Boston, MA
WHDH.2	42.2	I	No		Boston, MA
WLVI	41	ı	No		Cambridge, MA
WLVI.2	41.2	I	No		Cambridge, MA
WMUR	9	N	No		Manchester, NH
WMUR.2	9.2	I	No		Manchester, NH
WPXG	33	I	No		Concord, NH
WSBK	38	I	No		Boston, MA
WMFP	20	I	No		Boston, MA
			No		

Primary Transmitters: Television

FORM SA3E, PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 063733 Cogeco US (NH-ME), LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations)

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

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

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

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

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

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

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

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

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

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

CHANNEL LINE-UP E 1. CALL 2 B'CAST 3 TYPE 4 DISTANT? 5 BASIS OF 6 LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant) **WBTS** 46 N Yes 0 Boston, MA WBTS.2 46 Yes 0 Boston, MA **WBZ** 30 N Yes 0 Boston, MA WBZ.2 30.2 Yes 0 Boston, MA **WCSH** 44 N No Portland, ME WCSH.2 44.2 Τ No Portland, ME **WWJE** 17 ı No Derry, NH **WCVB** 20 N Yes 0 Boston, MA WCVB.2 20.2 0 ı Yes Boston, MA **WENH** Ε Durnam, NH 11 No WENH.2 Ε No 11.2 Durnam, NH WENH.3 11.3 Ε No Durnam, NH WENH.4 Ε Durnam, NH 11.4 No **WFXT** 31 Ν Yes 0 Boston, MA 0 WFXT.2 31.2 ı Yes Boston, MA WFXT.3 31.3 ı Yes 0 Boston, MA **WGBH** Ε 0 19 Yes Boston, MA 46 ī 0 WBTS.3 Yes Boston, MA

G

Primary Transmitters: Television

Television

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Cogeco US (NH-ME), LLC

PRIMARY TRANSMITTERS: TELEVISION

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

Transmitters:

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

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

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

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

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

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

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

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

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

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

		CLIANIN	EL LINE UD	_	
	<u> </u>	CHANN	EL LINE-UP	E	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WGME	38	N	Yes	0	Portland, ME
WHDH	42	I	No		Boston, MA
WHDH.2	42.2	I	No		Boston, MA
WLVI	41	I	Yes	0	Cambridge, MA
WLVI.2	41.2	I	Yes	0	Cambridge, MA
WMUR	9	N	No		Manchester, NH
WMUR.2	9.2	I	No		Manchester, NH
WPXG	33	I	No		Concord, NH
WSBK	38	I	Yes	0	Boston, MA
WMFP	20	I	No		Boston, MA
			No		

FORM SA3E, PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 063733 Cogeco US (NH-ME), LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations)

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

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

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

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

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

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

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

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

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

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

CHANNEL LINE-UP F 1. CALL 2 B'CAST 3 TYPE 4 DISTANT? 5 BASIS OF 6 LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE STATION **NUMBER** (If Distant) **WBTS** 46 N Yes 0 Boston, MA WBTS.2 46 Yes 0 Boston, MA **WBZ** 30 N Yes 0 Boston, MA WBZ.2 30.2 Yes 0 Boston, MA **WCSH** 44 N No Portland, ME WCSH.2 44.2 Τ No Portland, ME **WYCI** 40 ı No Saranac Lake, NY **WCVB** 20 N Yes 0 Boston, MA WCVB.2 20.2 0 ı Yes Boston, MA **WENH** Ε Durnam, NH 11 No WENH.2 Ε No 11.2 Durnam, NH WENH.3 11.3 Ε No Durnam, NH WENH.4 11.4 Ε Durnam, NH No **WFXT** 31 Ν Yes 0 Boston, MA 0 WFXT.2 31.2 ı Yes Boston, MA WFXT.3 31.3 ı Yes 0 Boston, MA **WGBH** 0 19 Ε Yes Boston, MA 38 Ν 0 **WGME** Yes Portland, ME

G

Primary Transmitters: Television

Transmitters:

Television

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Cogeco US (NH-ME), LLC

PRIMARY TRANSMITTERS: TELEVISION

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

Primary

substitute program basis, as explained in the next paragraph.

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

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

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

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

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

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

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

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

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

•		•	-	•	•		
		CHANN	EL LINE-UP	F			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
WHDH	42	I	Yes	0	Boston, MA		
WHDH.2	42.2	I	Yes	0	Boston, MA		
WLVI	41	I	Yes	0	Cambridge, MA		
WLVI.2	41.2	I	Yes	0	Cambridge, MA		
WMUR	9	N	No		Manchester, NH		
WMUR.2	9.2	I	No		Manchester, NH		
WPXG	33	I	No		Concord, NH		
WSBK	38	I	Yes	0	Boston, MA		
WBTS.3	46	I	Yes	0	Boston, MA		
WMFP	20	I	No		Boston, MA		

FORM SA3E, PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 063733 Cogeco US (NH-ME), LLC PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

CHANNEL LINE-UP G 1. CALL 2 B'CAST 3 TYPE 4 DISTANT? 5 BASIS OF 6 LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant) **WBTS** 46 N Yes 0 Boston, MA WBTS.2 46 Yes 0 Boston, MA **WBZ** 30 N Yes 0 Boston, MA WBZ.2 30.2 Yes 0 Boston, MA **WCSH** 44 N No Portland, ME WCSH.2 44.2 Τ No Portland, ME No **WCVB** 20 N Yes 0 Boston, MA WCVB.2 20.2 ī 0 Yes Boston, MA **WENH** Ε Durnam, NH 11 No WENH.2 Ε No 11.2 Durnam, NH WENH.3 11.3 Ε No Durnam, NH WENH.4 Ε Durnam, NH 11.4 No **WFXT** 31 Ν Yes 0 Boston, MA 0 WFXT.2 31.2 ı Yes Boston, MA WFXT.3 31.3 ı Yes 0 Boston, MA **WGBH** 0 19 Ε Yes Boston, MA 38 Ν 0 **WGME** Yes Portland, ME

G

Primary Transmitters: Television

Transmitters:

Television

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Cogeco US (NH-ME), LLC

PRIMARY TRANSMITTERS: TELEVISION

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

Primary

substitute program basis, as explained in the next paragraph.

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	G	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WHDH	42	I	No		Boston, MA
WHDH.2	42.2	I	No		Boston, MA
WLVI	41	I	Yes	0	Cambridge, MA
WLVI.2	41.2	I	Yes	0	Cambridge, MA
WMUR	9	N	No		Manchester, NH
WMUR.2	9.2	I	No		Manchester, NH
WPXG	33	I	No		Concord, NH
WSBK	38	I	Yes	0	Boston, MA
WMFP	20	I	No		Boston, MA
WBTS.3	46	I	Yes	0	Boston, MA
***************************************		T			T

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Cogeco US (NH-ME), LLC 063733 PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN LOCATION OF STATION CALL SIGN AM or FM S/D AM or FM S/D LOCATION OF STATION

FORM SA3E. PAGE 5.						ACCOUNTING	PERIOD: 2022/2
LEGAL NAME OF OWNER OF		EM:				SYSTEM ID#	Name
Cogeco US (NH-ME), L	.LC					063733	
SUBSTITUTE CARRIAGE In General: In space I, identi					that vour cable system	carried on a	I
substitute basis during the ac	counting pe	riod, under spe	cific present and former FC0	c rules, regula	tions, or authorizations.	For a further	Cubatituta
explanation of the programm				general instru	uctions located in the pa	per SA3 form.	Substitute Carriage:
 SPECIAL STATEMENT During the accounting per broadcast by a distant stat 	iod, did you			s, any nonnet	twork television prograr	n X No	Special Statement and Program Log
Note: If your answer is "No'	, leave the	rest of this pag	je blank. If your answer is "	Yes," you mu	ist complete the progra	• •	i rogium Log
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love L Column 2: If the program Column 3: Give the call column 4: Give the broathe case of Mexican or Can Column 5: Give the monfirst. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progra ce, please a of every nor distant stati gulations, or tion. Do nor Lucy" or "NB n was broad sign of the s adcast statio adian statio atth and day by e "5/7." es when the Example: a er "R" if the and regulatic ogramming	am on a separa attach additional network televition and that your authorizational tuse general cast live, enterestation broadcast live, enterestation broadcast live, if any, the owner your systems bus at the substitute program carried listed program ons in effect du	al pages. Ision program (substitute program cable system substitute program (substitute program cable system substitute program categories like "movies", or 76ers vs. Bulls." "Yes." Otherwise enter "Nesting the substitute program community to which the secommunity with which the secommunity with which the secommunity with substitute program was carried by your ced by a system from 6:01:10 was substituted for programing the accounting period;	rogram) that, at for the program instruction "basketball". o." m. station is licentation is identation is identation is identation. Use able system. 5 p.m. to 6:20 mming that year enter the letited.	during the accounting ramming of another states and located in the paper List specific program and the program	nth	
	UDCTITUT	E PROGRAM			EN SUBSTITUTE IAGE OCCURRED	7. REASON	
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION	
					_		
					_		
					<u> </u>		
					_		
					_		
					_		
	 						

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Cogeco US (NH-ME), LLC

DARK TIME CARRIAGE LOG

J

Part-Time Carriage Log

PART-TIME CARRIAGE LOG

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

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

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

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

		DATES	AND HOURS	OF PART-TIME CARRIAGE				
CALL SIGN	WHEN	I CARRIAGE OCCL		CALL SIGN	WHEN CARRIAGE OCCURRED			
O, LEE GIGIT	DATE	HOUF FROM	RS TO	3/122 37311	DATE	DATE FROM		
						<u> </u>		
						<u> </u>		
						<u> </u>		
		<u> </u>				<u> </u>		
						_		
		_				_		
		_				_		
						_		
						_		
		_				_		

	SA3E. PAGE 7. AL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#					
Co	geco US (NH-ME), LLC			063733	Name				
Install a all a (as pag	Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amount of gross receipts)								
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.									
bloo	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee sho ck 3 below. art 6 of the DSE schedule was completed, the amount from line 7 of block C shoul								
3 be	elow. art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amour								
2 in	block 4 below.								
Block 1	least the minimum fee, regardless of whether they carried any distant stations. The system's gross receipts for the accounting period.			t of the					
	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.		8,275,331.00						
	This is your minimum fee.	L	\$	88,049.52					
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in "Yes" in this block. • Did your cable system carry any distant television stations during the accounting X Yes—Complete the DSE schedule. No—Leave block 3 below blank	column g period	4, you must c	heck					
Block 3	Line 1. BASE RATE FEE : Enter the base rate fee from either part 8, section 3 o 4, or part 9, block A of the DSE schedule. If none, enter zero	\$	121,633.31						
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero			9,520.22					
	Line 3. Add lines 1 and 2 and enter here		\$	131,153.52					
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimur from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line whichever is larger		\$	131,153.52	Cable systems				
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either p (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none zero.			0.00	submitting additional deposits under				
	Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, pa (Interest Worksheet)	•		0.00	Section 111(d)(7) should contact the Licensing				
	Line 4. FILING FEE								
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$	131,878.52	appropriate form for submitting the additional fees.					

ACCOUNTING PERIOD: 2022/2 FORM SA3E. PAGE 8.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID# 063733							
	Cogeco US (NH-ME), LLC	003733							
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations								
	Enter the total number of activated channels on which the cable system carried television broadcast stations								
	and nonbroadcast services								
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)								
for Further Information	Name Patrick Bratton Telephone 617-786-8800								
	Address 2 Batterymarch Park, Suite 205 (Number, street, rural route, apartment, or suite number)								
	Quincy, MA 02169 (City, town, state, zip)								
	Email pbratton@breezeline.com Fax (optional)								
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)								
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)								
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or								
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or								
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of the cable syster in line 1 of space B.	n							
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]								
	/s/ Patrick Bratton								
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.	"F2"							
	Typed or printed name: Patrick Bratton	·······							
	Title: Chief Financial Officer (Title of official position held in corporation or partnership)								
	Date: March 1, 2023								

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name						
Cogeco US (NH-ME), LLC	063733	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								
Name Name								
Mailing Address Mailing Address								
INTEREST ASSESSMENTS								
You must complete this worksheet for those royalty payments submitted as a result of a late p For an explanation of interest assessment, see page (viii) of the general instructions in the pa		Q						
Line 1 Enter the amount of late payment or underpayment		Interest Assessment						
	x 1%							
Line 2 Multiply line 1 by the interest rate* and enter the sum here	<u> </u>							
	xdays							
Line 3 Multiply line 2 by the number of days late and enter the sum here	-							
	x 0.00274							
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	\$ -							
	(interest charge)							
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	further assistance please							
** This is the decimal equivalent of 1/365, which is the interest assessment for one day lat	e.							
NOTE: If you are filing this worksheet covering a statement of account already submitted to the please list below the owner, address, first community served, accounting period, and ID numb 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 this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

ACCOUNTING PERIOD: 2022/2

DSE SCHEDULE. PAGE 10.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE

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

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

 1.064% of gross receipts

 Each of the second, third, and fourth DSEs

 0.701% of gross receipts

 The fifth and each additional DSE
 0.330% of gross receipts

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

- · If any of the stations were partially distant:
- 1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.
- 2. Identify the communities/areas represented by each subscriber group.
- 3. For each subscriber group, calculate the total number of DSEs of that group's complement of stations.

If your system is located wholly outside all major and smaller television markets, give each station's DSEs as you gave them in parts 2, 3, and 4 of the schedule; or

If any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this schedule.

4. Determine the portion of the total gross receipts you reported in space K (page 7) that is attributable to each subscriber group.

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

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

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

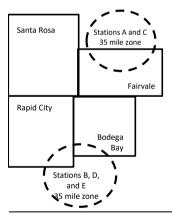
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

EXAMPLE:

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

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



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

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x .01064
 \$6.384.00

	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	. ,	DSEs	1.083	DSEs	1.389
	Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03
	\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80
	\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23
	Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03

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

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

DSE SCHEDULE. PAGE	E 11. (CONTINUED)											
4	LEGAL NAME OF OWNER OF CABLE	SYSTEM ID#										
·I	Cogeco US (NH-ME), LL		06373									
	SUM OF DSEs OF CATEGOR		IS:									
	Add the DSEs of each station.											
	Enter the sum here and in line 1	of part 5 of this	schedule.		12.50							
_	Instructions:											
2		ign": list the call	signs of all distant stations i	dentified by th	e letter "O" in column 5							
	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3).											
	In the column headed "DSE": mercial educational station, give			as "1.0"; for e	ach network or noncom-							
Category "O"	mercial educational station, give											
Stations	CALL SIGN	DSE	CATEGORY "O" STATION CALL SIGN	DSE	CALL SIGN	DSE						
	WBTS	0.250	OALL SIGN	DOL	CALL SIGIV	DOL						
	WBTS.2	1.000										
	WBZ	0.250										
	WBZ.2											
	WCVB	1.000 0.250										
Add rows as	WCVB.2											
necessary.		1.000										
Remember to convial	WFXT	0.250		 								
TORMILIA INTO NEW	WFXT.2	1.000		 								
rows	WFXT.3	1.000										
	WGBH	0.250										
	WGME	0.250										
	WLVI	1.000										
	WLVI.2	1.000										
	WSBK	1.000										
	WHDH	1.000		 								
	WHDH.2	1.000		 								
	WBTS.2	1.000										

Name		OWNER OF CABLE SYSTEM: (NH-ME), LLC					•	SYSTEM ID# 063733
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should of Column 3 Column 4 be carried out Column 5 give the type-1	st the call sign of all distar E For each station, give the correspond with the inform For each station, give the Divide the figure in colurat least to the third decimal For each independent solutions as ".25." Multiply the figure in colurations as ".25."	ne number of he nation given in the total number mn 2 by the figural point. This intation, give the furn 4 by the figuran 4 by the figuran 4 by the figuran 5 figuran 5 figuran 6 figuran 6 figuran 6 figuran 6 figuran 7 figuran 7 figuran 6 figuran 7 figuran 6 figuran 6 figuran 6 figuran 6 figuran 6 figuran 6 figuran 7 figuran 6 figuran	ours your cable system space J. Calculate only or of hours that the static ure in column 3, and git is the "basis of carriage "type-value" as "1.0."	carried the station of one DSE for each on broadcast over the result in de value" for the state of each network of the result in control of the control of the control of the state of the result in control of the result in	n during the accounting pe h station. the air during the account cimals in column 4. This fi	ing period. gure must onal station,	
Capacity		(CATEGOR	Y LAC STATIONS	COMPUTATI	ON OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	JRS ED BY M	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	E VALUE		SE
			÷		=	x x	<u>-</u>	
			÷			x	=	
						X		
					=	X	<u>-</u>	
			÷		=	x x		
			÷		=	x	=	
	Add the DSEs	OF CATEGORY LAC ST of each station. Im here and in line 2 of pa		edule,	▶	0.00		
Computation of DSEs for Substitute-Basis Stations	Was carried tions in effer tions in effer Broadcast of space I). Column 2: at your option. Column 3: Column 4:	ict on October 19, 1976 (a ine or more live, nonnetwo For each station give the i This figure should corresp Enter the number of days Divide the figure in columi	aution for a progas shown by the grograms du number of live, pond with the in the calendand 2 by the figure.	gram that your system or letter "P" in column 7 iring that optional carria nonnetwork programs information in space I. Ir year: 365, except in a se in column 3, and give	was permitted to do of space I); and lige (as shown by the carried in substitute leap year.	rams) if that station: elete under FCC rules and e word "Yes" in column 2 of tion for programs that wer mn 4. Round to no less that general instructions in the	e deleted an the third	
		Sl	JBSTITUTE	BASIS STATION	IS: COMPUTA	TION OF DSEs	1	
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBI OF DAY IN YEA	rs	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		4		=		÷		=
		4				÷	••••••	=
		4	-	=		÷		=
						÷		=
	Add the DSEs	OF SUBSTITUTE-BASIS	S STATIONS:			0.00]	
5 Total Number of DSEs	number of DSE: 1. Number 2. Number	ER OF DSEs: Give the ames applicable to your system of DSEs from part 2 ● of DSEs from part 3 ● of DSEs from part 4 ●		boxes in parts 2, 3, and	4 of this schedule	and add them to provide th	12.50 0.00 0.00	
	TOTAL NUMBE	R OF DSEs				>		12.50

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

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

LEGAL NAME OF O		SYSTEM:					S	YSTEM ID# 063733	Namo
Instructions: Bloc In block A: • If your answer if " schedule.			art 6 and part 7	of the DSE schedu	ule blank and	complete part	8, (page 16) of the		6
If your answer if "	'No," complete bloc	cks B and C		TELEVISION MA	ARKETS				Computation of
effect on June 24,	1981?		najor and small	er markets as defin	ed under sect		C rules and regula	tions in	3.75 Fee
	plete part 8 of the solete blocks B and (O NOT COMP	PLETE THE REMAIN	NDER OF PA	RT 6 AND 7.			
		BLO	CK B: CARF	RIAGE OF PERM	MITTED DS	Es			
Column 1: CALL SIGN	FCC rules and re	egulations prid le DSE Sche	or to June 25, 1 dule. (Note: Th	part 2, 3, and 4 of th 1981. For further ex he letter M below ref Act of 2010.)	planation of p	ermitted statio	ns, see the	·	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommerica D Grandfathered instructions fo E Carried pursua *F A station prev	lles and reguled pursuant to on as defined all educations distation (76.6 or DSE sched ant to individuations by the station will be station wi	lations cited be o the FCC mar in 76.5(kk) (76 al station [76.59 55) (see paragiule). Lal waiver of FC d on a part-tim rithin grade-B c	ne or substitute basis contour, [76.59(d)(5)	e in effect on c.57, 76.59(b), (1), 76.63(a) (a) referring the stitution of grass prior to June	June 24, 1981. 76.61(b)(c), 76 referring to 76.61(d)] ndfathered sta	5.63(a) referring to 61(e)(1) ations in the		
Column 3:		e stations ide	ntified by the le	parts 2, 3, and 4 of etter "F" in column 2			rksheet on page 14	l of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
WGBH	С	0.25	WCVB.2	М	1.00	WHDH	Α	1.00]
CKSH	В	#N/A	WFXT	Α	0.25	WHDH.2	M	1.00	
WGME	G	0.25	WFXT.2	M	1.00	WLVI	Α	1.00	
WBZ	A/G		WFXT.3	M		WLVI.2	M	1.00	
WBZ.2 WCVB	M A/G	1.00 0.25	WBTS.3	М	1.00	WSBK WBTS.2	M M	1.00 1.00	
	J						#N/A	A	
		I	BLOCK C: CC	OMPUTATION OF	3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule					
Line 2: Enter the	sum of permitte	d DSEs fror	n block B abo	ve					
				r of DSEs subject 7 of this schedule		ate.			
Line 4: Enter gro	ss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ne 4 by 0.0375 a	and enter su	m here						permited/ partially nonpermitted
Line 6: Enter tota	al number of DSE	Es from line	3						carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ne 6 by line 5 an	d enter her	e and on line	2, block 3, space	L (page 7)			0.00	

EGAL NAME OF	NH-ME), LLC							YSTEM ID# 063733	Name
	T		1	SION MARKETS			T		6
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
									Computation of 3.75 Fee

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Cogeco US (NH-ME), LLC 063733 Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Computating Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. the DSE Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). Carriage B-Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S-Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B. column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 6. PERMITTED 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT SIGN DSE **PERIOD CARRIAGE** DSE DSE Instructions: Block A must be completed. 7 In block A: Computation If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. of the **Syndicated BLOCK A: MAJOR TELEVISION MARKET Exclusivity** Surcharge Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? Yes—Complete blocks B and C . No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Is any station listed in block B of part 6 the primary stream of a Was any station listed in block B of part 7 carried in any commucommercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer to former FCC rule 76.159) or in part, over the cable system? Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE X No-Enter zero and proceed to part 8. X No—Enter zero and proceed to part 8. CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE 0.00 0.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Cogeco US (NH-ME), LLC 063733	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE	
Section 1	Enter the amount of gross receipts from space K (page 7)	7
Section 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	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	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 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? No—Complete the applicable section below.	
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	
	A. Enter 0.00599 of gross receipts (the amount in section1)	
	B. Enter 0.00377 of gross receipts (the amount in section 1)	
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here	
	D. Multiply line B by line C and enter here	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.	
	A. Enter 0.00599 of gross receipts (the amount in section 1)	
	B. Enter 0.00377 of gross receipts (the amount in section 1) ▶ \$	
	C. Multiply line B by 3.000 and enter here	
	D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ \$	
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here	
	F. Multiply line D by line E and enter here	
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	
	SECTION 4: SECOND 50 TELEVISION MARKET	
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?	
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.	
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 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		ME OF OWNER OF CABLE SYSTEM: Cogeco US (NH-ME), LLC	SYSTEM ID# 063733
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation of the		A. Enter 0.00300 of gross receipts (the amount in section 1)	
Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$	
Surcharge		C. Multiply line B by 3.000 and enter here	
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$	
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here	
		F. Multiply line D by line E and enter here	
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)	
		Syndicated Exclusivity Surcharge	
8 Computation of Base Rate Fee	You me 6 was In blo If you If you blank What i	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of particle of the total number of DSEs from part 5. Lock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. Lock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. Lock B, Leave part 9 blank. Lock B, Leave	w
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
		X Yes—Complete part 9 of this schedule. No—Complete the following sections.	
	Section	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	1	Enter the amount of gross receipts from space K (page 7) ▶\$	
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)	
	Section 3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1).	
		B. Enter 0.00701 of gross receipts (the amount in section 1).	
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here.	
		D. Multiply line B by line C and enter here	
		and in block 3, line 1, space L (page 7)	0.00
		Base Rate Fee	

DSE SCH	HEDULE. PAGE 17. ACCOUNTING	G PERIOD: 2022/2
	AME OF OWNER OF CABLE SYSTEM: CO US (NH-ME), LLC 063733	Name
Section 4	If the figure in section 2 is more than 4.000, 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. Enter 0.00701 of gross receipts	Computation
	(the amount in section 1) \$	of
		Base Rate Fee
	C. Multiply line B by 3.000 and enter here \$	
	D. Enter 0.00330 of gross receipts	
	(the amount in section 1) > \$	
	E. Subtract 4.000 from total DSEs	
	(the figure in section 2) and enter here	
	F. Multiply line D by line E and enter here ▶ \$	
	G. Add lines A, C, and F. This is your base rate fee.	
	Enter here and in block 3, line 1, space L (page 7) Base Rate Fee \$ 0.00	
	Base Rate Fee 0.00	
IMPOR	RTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall	
	be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in	9
receipts	reral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this on, you must:	Computation of Base Rate Fee

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

NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, if your cable system is wholly located outside all major television markets, complete block A only.

How to Identify a Subscriber Group for Partially Distant Stations

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

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

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

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

In each section:

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

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

U.S. Copyright Office

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 063733 Cogeco US (NH-ME), 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.

Cogeco US (NH-M	E), LLC						063733	Name
	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EACH	SUBSCRIB	ER GROUP		
	FIRST	SUBSCRIBER GROU	JP			SUBSCRIBER GRO		0
COMMUNITY/ AREA Rochester, Farmington, Milton, B COMMUNITY/ AREA Sanford, Lebanon, Shapleigh, Act						eigh, Acton	9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WGBH	0.25			WGBH	0.25			Base Rate F
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.25	Total DSEs			0.25	
Gross Receipts First G	roup	\$ 1,728	3,011.00	Gross Receipts Secon	d Group	\$ 1,°	181,546.00	
Base Rate Fee First G	roup	\$	4,596.51	Base Rate Fee Secon	d Group	\$	3,142.91	
	THIRD :	SUBSCRIBER GROU	JP		FOURTH:	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	Deerfiel	d, Northwood		COMMUNITY/ AREA	Belmont,	Center Harbor,	Gilford, Gil	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WGME	0.25			WGBH	0.25			
WGBH	0.25			WGME	0.25			
			<mark></mark>		-		······	
			<mark></mark>				······	
	···		<mark></mark>					
	···				<u></u>		······	
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			···				·····	
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	···		···		<u> </u>			
	<u> </u>		···		<u> </u>			
	<u> </u>		<u> </u>		<u> </u>			
	<u> </u>		<u> </u>					
Γotal DSEs			0.50	Total DSEs			0.50	
Gross Receipts Third G	Group	\$ 318	3,938.00	Gross Receipts Fourth	Group	\$ 3,2	287,271.00	
Base Rate Fee Third G	Group	\$	1,696.75	Base Rate Fee Fourth	Group	\$	17,488.28	
				Ш				
			iber group a	s shown in the boxes abo	ve.		124 622 24	
Enter here and in block	3, line 1, sp	ace L (page 7)				\$	121,633.31	

Call SiGN DSE CALL SiGN DSE CALL SiGN DSE	LEGAL NAME OF OWNE Cogeco US (NH-M		SYSTEM:				S	063733	Name
MANUALTY/AREA Franklin, Northfield, Epsom, Pitt COMMUNITY/AREA Alexandria, Bridgewater, Bristol, He Base Rate Fee Call Sign DSE Call Sign Call Sign Community/AREA Call Sign Community/AREA Call Sign Community/AREA Call Sign Community/AREA Call Sign Call Sign Community/AREA Call Sign C	E	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
Computation		FIFTH	SUBSCRIBER GROU	JP		SIXTH	SUBSCRIBER GROU	JP	•
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	COMMUNITY/ AREA	Franklir	ı, Northfield, Eps	om, Pitts	COMMUNITY/ AREA	_			
BTS.2 1.00 WBTS.2 1.00 WSBK 1.00 Syndicisted by BZ 2 0.25 WBZ 0.25 SEVENTH SUBSCRIBER GROUP SEVENTH SUBSCRIBER GROUP	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
BTS.3	WBTS	0.25			WBTS	0.25	WLVI.2	1.00	Base Rate Fe
BZ	WBTS.2	1.00			WBTS.2	1.00	WSBK	1.00	and
BZ.2	WBTS.3	1.00			WBTS.3	1.00			Syndicated
BZ.2	WBZ	0.25			WBZ	0.25			Exclusivity
MCVB.2	WBZ.2	•••••••				•••			
MFXT	WCVB	0.25			WCVB	0.25			for
MFXT	WCVB	0.25			WCVB.2	1.00			Partially
FXT.2 1.00 WFXT.2 1.00 WFXT.3 1.00 GBH 0.25 WGME 0.25 WGME 0.25 WHDH 1.00 WHDH 1.00 WHDH 2 1.00 WHDH 2 1.00 WLVI 1.00	WFXT				1	•••••••••••			Distant
FXT.3	WFXT.2	1.00			WFXT.2	1.00			Stations
MGBH	WFXT.3	••••••••			1	•••			
MGME	WGBH	••••••			1	•••			
Note	WGME	••••••••				•••••••••			
Name	WLVI	••••••••				•••••••••			
SBK	WLVI.2	•••••••••••••••••••••••••••••••••••••••			·	• • • • • • • • • • • • • • • • • • • •			
Total DSEs 9.75 Total DSEs 12.50 Gross Receipts First Group \$ 744,075.00 \$ 37,683.68 Base Rate Fee Second Group \$ 27,890.55	WSBK	•••			·	• • • • • • • • • • • • • • • • • • • •		···	
See Rate Fee First Group Sara, 37,683.68 Base Rate Fee Second Group Sara, 37,683.68 SEVENTH SUBSCRIBER GROUP SEIGHTH SUBSCRIBER GROUP SARA, 37,683.68 SEVENTH SUBSCRIBER GROUP SEIGHTH SUBSCRIBER GROUP SARA, 37,683.68 SEVENTH SUBSCRIBER GROUP SARA, 37,683.68 SA	Total DSEs			9.75		1100		12.50	
SEVENTH SUBSCRIBER GROUP SEVENTH SUBSCRIBER GROUP SEVENTH SUBSCRIBER GROUP SEVENTH SUBSCRIBER GROUP SEIGHTH SUBSCRIBER		oun.	s 744			d Group	s 4		
SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP	oroso rescripto i irst or	оцр		,070.00	Cross recorpts ecoorie	а Огоир		01,022.00	
COMMUNITY/ AREA Wolfeboro COMMUNITY/ AREA CALL SIGN DSE		•		•	Base Rate Fee Second				
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE BTS 0.25 BTS.2 1.00 BTS.3 1.00 BZ 0.25 BZ 0.25 BZ 1.00 CVB 0.25 CVB 0.25 CVB 0.25 FXT 0.25 FXT 0.25 FXT.3 1.00 GBH 0.25	;	SEVENTH	SUBSCRIBER GROU	JP		EIGHTH	SUBSCRIBER GROU	JP	
BTS 0.25	COMMUNITY/ AREA	Wolfebo	pro		COMMUNITY/ AREA			0	
BTS.2 1.00	CALL SIGN	_	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
BTS.3 1.00	WBTS	···							
BZ 0.25	WBTS.2	1.00							
BZ.2 1.00 CVB 0.25 CVB.2 1.00 FXT.2 1.00 FXT.3 1.00 GBH 0.25 CVB.2	WBTS.3	···							
CVB 0.25	WBZ								
CVB.2 1.00 FXT 0.25 FXT.2 1.00 FXT.3 1.00 GBH 0.25	WBZ.2	••••••••							
FXT 0.25	WCVB	0.25							
FXT.2 1.00	WCVB.2	···							
FXT.3 1.00 Signature	WFXT	0.25							
GBH 0.25 0.25 0.25 0.25 0.25 0.25 0.25 0.25	WFXT.2	1.00							
	WFXT.3	1.00							
	WGBH	0.25							
GME 0.25	WGME	0.25							
LVI 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.0	WLVI	1.00							
LVI.2 1.00 1 1.00 1 1.00 1 1 1 1 1 1 1 1 1 1	WLVI.2	1.00							
SBK 1.00 1	WSBK	1.00							
tal DSEs 10.50 Total DSEs 0.00	Total DSEs			10.50	Total DSEs	•	•	0.00	
soss Receipts Third Group \$ 548,468.00 Gross Receipts Fourth Group \$ 0.00	Gross Receipts Third G	roup	\$ 548	,468.00	Gross Receipts Fourth	Group	\$	0.00	
se Rate Fee Third Group \$ 29,134.62 Base Rate Fee Fourth Group \$ 0.00	Base Rate Fee Third G	roup	\$ 29	,134.62	Base Rate Fee Fourth	Group	\$	0.00	

LEGAL NAME OF OWNE Cogeco US (NH-M		E SYSTEM:				S	063733	Name
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
	FIRST	SUBSCRIBER GRO	UP		SECONE	SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA	Roches	ster, Farmington	Milton, E	COMMUNITY/ AREA	Sanford	d, Lebanon, Shaple	eigh, Acton	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
							····	Syndicated
	···		····					Exclusivity Surcharge
							····	for
					·			Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 1,72	8,011.00	Gross Receipts Second	d Group	\$ 1,1	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	d Group	\$		
	THIRD	SUBSCRIBER GRO	UP		FOURTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA		D SUBSCRIBER GROUP ield, Northwood		COMMUNITY/ AREA		nt, Center Harbor,		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	•••		····					
	•••••••				•			
					<u>.</u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$ 31	8,938.00	Gross Receipts Fourth	Group	\$ 3,2	87,271.00	
Base Rate Fee Third 0	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
<u> </u>								
Base Rate Fee: Add the Enter here and in block			riber group a	s shown in the boxes abo	ove.	\$	9,520.22	

LEGAL NAME OF OWNE Cogeco US (NH-M		SYSTEM:	-			S	063733	Name
E	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EACH	SUBSCRIE	BER GROUP		
	FIFTH	SUBSCRIBER GROU	JP		SIXTH	SUBSCRIBER GROL	JP	•
COMMUNITY/ AREA	Franklir	n, Northfield, Eps	om, Pitts	COMMUNITY/ AREA	Alexandı	ria, Bridgewater,	Bristol, He	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				WBTS	0.25			Base Rate Fee
								and
								Syndicated
								Exclusivity
						-		Surcharge
								for
						-		Partially
								Distant
							<u></u>	Stations
							 	
	<u></u>		<u> </u>		 			
	<u>-</u>		<u> </u>		.			
								
								
Total DSEs			0.00	Total DSEs			0.25	
Gross Receipts First G	roup	\$ 744	,075.00	Gross Receipts Second	d Group	\$ 4	67,022.00	
Base Rate Fee First G	oup -	\$	0.00	Base Rate Fee Second	d Group	\$	4,378.33	
	SEVENTH	SUBSCRIBER GROU	JP		EIGHTH	SUBSCRIBER GROL	JP	
COMMUNITY/ AREA	Wolfebo	SUBSCRIBER GROUP Oro		COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WBTS	0.25							
						-		
						-		
							<u></u>	
	<u></u>			-	<u>-</u>			
								
	-		<u></u>		 			
			<u></u>		 			
	-				 			
Total DSEs			0.25	Total DSEs	<u> </u>		0.00	
Gross Receipts Third G	Froup	s 548	,468.00	Gross Receipts Fourth	Group	\$	0.00	
, 2	•				•			
Base Rate Fee Third G	roup	\$ 5	5,141.89	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			iber group a	s shown in the boxes abo	ove.	\$		

Computation of Base Rate F	UP			TE FEES FOR EACH	F BASE RA	COMPLITATION C	DI OCK A	
Computation of Base Rate F	UP					001111	SLUCK A.	E
Computation of Base Rate F		SUBSCRIBER GROU	TENTH			SUBSCRIBER GRO		
of Base Rate F	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Base Rate F	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			•		····			
Syndicate								
Exclusivit		-						
Surcharge								
for								
Partially								
Distant								
Stations								
							<u>-</u>	
		H	<u> </u>				<mark></mark>	
					····		<u></u>	
	0.00			Total DSEs	0.00		1	Γotal DSEs
-	0.00	¢	d Croup	Gross Receipts Secon	0.00	•	-oup	Gross Receipts First Gr
- 1	0.00	\$	ia Group	Gross Receipts Secon	0.00	\$	oup	Joss Receipts First Gi
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
	UP	SUBSCRIBER GROU	TWELVTH		UP	SUBSCRIBER GRO	LEVENTH	Е
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
							<u></u>	
							 	
					···	 		
		_						
							 	
_	0.00		•	Total DSEs	0.00			Total DSEs
_	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G
	0.00	\$	ı Group	Base Rate Fee Fourth	0.00	\$	roup	Base Rate Fee Third G

DED ODOUD	OLIDOOD:	TE EEE0 E00 E10:	VE DACE 5:	OOMBUTATION: 0	DI OOK A	
		TE FEES FOR EACH		SUBSCRIBER GRO		
SUBSCRIBER GROUP 0	MICENIA	COMMUNITY/ AREA	0	SUBSURIDER GRU		COMMUNITY/ AREA
Col		COMMUNITY AREA				COMMUNITY AREA
CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Bas	DOL	O/ IEE STOTA	BOL	07 KEE 01011	DOL	07122 01011
			••••			
Sy				=		
E						
Si						
F						
<u> </u>						
0.00		Total DSEs	0.00			Total DSEs
\$ 0.00	d Croup	Cross Bossints Socor	0.00	.	Croun	Crass Bassints First C
\$ 0.00	a Group	Gross Receipts Secon	0.00	\$	Group	Gross Receipts First G
\$ 0.00	d Group	Base Rate Fee Secon	0.00	\$	Group	Base Rate Fee First G
			•			
SUBSCRIBER GROUP			UP	\$ SUBSCRIBER GRO	FIFTEENTH	F
			•		FIFTEENTH	F
SUBSCRIBER GROUP 0	IXTEENTH	COMMUNITY/ AREA	0 0	SUBSCRIBER GRO	FIFTEENTH	F COMMUNITY/ AREA
SUBSCRIBER GROUP			UP		FIFTEENTH	F
SUBSCRIBER GROUP 0	IXTEENTH	COMMUNITY/ AREA	0 0	SUBSCRIBER GRO	FIFTEENTH	F COMMUNITY/ AREA
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SUBSCRIBER GROUP 0	IXTEENTH	COMMUNITY/ AREA	0 0	SUBSCRIBER GRO	FIFTEENTH	F COMMUNITY/ AREA
SUBSCRIBER GROUP 0	IXTEENTH	COMMUNITY/ AREA	0 0	SUBSCRIBER GRO	FIFTEENTH	F COMMUNITY/ AREA
SUBSCRIBER GROUP 0	IXTEENTH	COMMUNITY/ AREA	0 0	SUBSCRIBER GRO	FIFTEENTH	F COMMUNITY/ AREA
SUBSCRIBER GROUP 0	IXTEENTH	COMMUNITY/ AREA	0 0	SUBSCRIBER GRO	FIFTEENTH	F COMMUNITY/ AREA
SUBSCRIBER GROUP 0	IXTEENTH	COMMUNITY/ AREA	0 0	SUBSCRIBER GRO	FIFTEENTH	F COMMUNITY/ AREA
SUBSCRIBER GROUP 0	IXTEENTH	COMMUNITY/ AREA	0 0	SUBSCRIBER GRO	FIFTEENTH	F COMMUNITY/ AREA
SUBSCRIBER GROUP 0	IXTEENTH	COMMUNITY/ AREA	0 0	SUBSCRIBER GRO	FIFTEENTH	F COMMUNITY/ AREA
SUBSCRIBER GROUP 0	IXTEENTH	COMMUNITY/ AREA	0 0	SUBSCRIBER GRO	FIFTEENTH	F COMMUNITY/ AREA
SUBSCRIBER GROUP 0	IXTEENTH	COMMUNITY/ AREA	0 0	SUBSCRIBER GRO	FIFTEENTH	F COMMUNITY/ AREA
SUBSCRIBER GROUP 0	IXTEENTH	COMMUNITY/ AREA	0 0	SUBSCRIBER GRO	FIFTEENTH	F COMMUNITY/ AREA
SUBSCRIBER GROUP 0	IXTEENTH	COMMUNITY/ AREA	0 0	SUBSCRIBER GRO	FIFTEENTH	F COMMUNITY/ AREA
SUBSCRIBER GROUP 0	IXTEENTH	COMMUNITY/ AREA	0 0	SUBSCRIBER GRO	FIFTEENTH	F COMMUNITY/ AREA
SUBSCRIBER GROUP 0	IXTEENTH	COMMUNITY/ AREA	0 0	SUBSCRIBER GRO	FIFTEENTH	CALL SIGN
SUBSCRIBER GROUP CALL SIGN DSE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DSE	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE O.000	SUBSCRIBER GRO CALL SIGN	FIFTEENTH	CALL SIGN CALL SIGN Total DSEs
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SUBSCRIBER GROUP CALL SIGN DSE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DSE	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE O.000	SUBSCRIBER GRO CALL SIGN	DSE STORY OF THE S	CALL SIGN CALL SIGN Total DSEs

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otal DSEs		0.00	Total DSEs			0.00	
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ross Receipts First Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
ase Rate Fee First Group	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00	
NINTEENT	H SUBSCRIBER GRO	UP	-	TWENTIETH	H SUBSCRIBER GROU	JP	
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CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
otal DSEs		0.00	Total DSEs			0.00	
ross Receipts Third Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
ase Rate Fee Third Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
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LEGAL NAME OF OWNE		E SYSTEM:				5	063733	Name
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	NTY-FIRST	SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	<i></i>		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Second	ond Group	\$	0.00	
	NTY-THIRD	SUBSCRIBER GRO		11		SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE/	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	th Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add to			criber group a	s shown in the boxes a	above.	\$		

LEGAL NAME OF OWNI Cogeco US (NH-N		E SYSTEM:				5	063733	Name
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	NTY-FIFTH	SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	4		0	Computation
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								Base Rate Fee
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Second	ond Group	\$	0.00	
TWENTY	-SEVENTH	SUBSCRIBER GRO	UP	TWE	NTY-EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE/	4		0	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Foun	th Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			criber group a	s shown in the boxes a	above.	\$		

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0	0.00 UP 0 DSE 0.00	SUBSCRIBER GROU	DSE	THIRT COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 DSE 0.00	SUBSCRIBER GRO	DSE	THIF COMMUNITY/ AREA CALL SIGN Total DSEs
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O	0.00 UP 0 DSE 0.00	SUBSCRIBER GROU	d Group (-SECOND DSE Group	THIRT COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 DSE 0.00	SUBSCRIBER GRO	RTY-FIRST DSE Group	THIF COMMUNITY/ AREA CALL SIGN Total DSEs

LEGAL NAME OF OWN Cogeco US (NH-I		E SYSTEM:	-			•	063733	Name
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		SUBSCRIBER GRO		11		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First		\$	0.00	Base Rate Fee Sec		\$	0.00	
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Total DSEs	•		0.00	Total DSEs	-		0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			criber group a	us shown in the boxes	above.	\$		

LEGAL NAME OF OWN Cogeco US (NH-I		E SYSTEM:				(063733	Name
				TE FEES FOR EAC	CH SUBSCR	BER GROUP		
		SUBSCRIBER GRO		11		SUBSCRIBER GRO		9
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CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
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Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			criber group a	s shown in the boxes	above.	\$		

O Computation DSE of Base Rate Ference and Syndicated Exclusivity Surcharge for Partially Distant Stations O.00 O.00 O.00 DSE	ROUP CRIBER GROU		TE FEES FOR EACH				
Computation DSE of Base Rate Ference and Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 0.00 0.00			FORT	F BASE RA	COMPUTATION O	BLOCK A:	E
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0	0.00 UP	I SUBSCRIBER GROU	d Group	Base Rate Fee Secon FOR COMMUNITY/ AREA	0 0	\$ SUBSCRIBER GRO	-SEVENTH	Base Rate Fee First G FORTY- COMMUNITY/ AREA
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0	0.00 UP	I SUBSCRIBER GROU	d Group	Base Rate Fee Secon FOR COMMUNITY/ AREA	0 0	\$ SUBSCRIBER GRO	-SEVENTH	Base Rate Fee First G FORTY- COMMUNITY/ AREA
0	0.00 UP	I SUBSCRIBER GROU	d Group	Base Rate Fee Secon FOR COMMUNITY/ AREA	0 0	\$ SUBSCRIBER GRO	-SEVENTH	Base Rate Fee First G FORTY- COMMUNITY/ AREA
0	0.00 UP	I SUBSCRIBER GROU	d Group	Base Rate Fee Secon FOR COMMUNITY/ AREA	0 0	\$ SUBSCRIBER GRO	-SEVENTH	Base Rate Fee First G FORTY- COMMUNITY/ AREA
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0	0.00 UP	I SUBSCRIBER GROU	d Group	Base Rate Fee Secon FOR COMMUNITY/ AREA	0 0	\$ SUBSCRIBER GRO	-SEVENTH	Base Rate Fee First G FORTY- COMMUNITY/ AREA
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0	0.00 UP	I SUBSCRIBER GROU	d Group	Base Rate Fee Secon FOR COMMUNITY/ AREA	0 0	\$ SUBSCRIBER GRO	-SEVENTH	Base Rate Fee First G FORTY- COMMUNITY/ AREA
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DSE of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 0.00 0.00		CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 0.00 0.00						3,12 51311	552	OF TEE CIGIT
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		\$	nd Group	Base Rate Fee Secon	0.00	\$	Group	Base Rate Fee First G
	OUP	SUBSCRIBER GRO	ENTY-SIXTH	SEVE	UP	SUBSCRIBER GRO	NTY-FIFTH	SEVEN
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	063733						E), LLC	Cogeco US (NH-M
		BER GROUP	I SUBSCRI	TE FEES FOR EACH	F BASE RA	COMPUTATION C	BLOCK A:	
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9	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computation of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			T	0.00			
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			Croup	Gross Receipts Fourth	0.00	\$	Froup	Gross Receipts Third G
	0.00	\$	i Group					5.000 p.o

							IE), LLC	Cogeco US (NH-N
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	Y-SECOND			SUBSCRIBER GRO	HTY-FIRST	
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of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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and								
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	Base Rate Fee First G
	JP	SUBSCRIBER GROU	Y-FOURTH	EIGHT	UP	SUBSCRIBER GRO	HTY-THIRD	EIGH
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	UP	SUBSCRIBER GROU	TY-EIGHTH	EIGH	JP	SUBSCRIBER GROU	SEVENTH	EIGHTY-
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	DI COLL	COMPUTATION	DE DAGE 5	TE EEEO EOO E : :	II OUBCOE	IDED COOLS		
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								and
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orosa receipta i irat e	Jioup		0.00	Oross Receipts occu	па Огоар	<u> </u>	0.00	
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NIN	ETV EIDST		•			<u> </u>		
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		IDED ODOLIE	OLIDOOD.		OF D 4 OF F :	COMPUTATION	DI COLC 1	
	NI ID			TE FEES FOR EACH		SUBSCRIBER GRO		
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00 SE	DUP DSE	I SUBSCRIBER GRO	ETY-SIXTH	CALL SIGN	DUP 0	SUBSCRIBER GRO	ETY-FIFTH	NINI COMMUNITY/ AREA CALL SIGN
00	DUP DSE DOME DO	CALL SIGN	DSE	CALL SIGN CALL SIGN Total DSEs	DUP DSE DOSE O.000	CALL SIGN	DSE DSE	NINI COMMUNITY/ AREA CALL SIGN Fotal DSEs
00	DUP DSE	I SUBSCRIBER GRO	DSE	CALL SIGN	DUP 0	SUBSCRIBER GRO	DSE DSE	NINI COMMUNITY/ AREA CALL SIGN Total DSEs
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LEGAL NAME OF OWNI Cogeco US (NH-N		E SYSTEM:				\$	063733	Name
	BLOCK A:	COMPUTATION (OF BASE RA	ATE FEES FOR EAC	CH SUBSCR	BER GROUP		
	-SEVENTH	SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
								Exclusivity
		 						Surcharge for
								Partially
								Distant
								Stations
						H		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First C	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NINI	ETY-NINTH	SUBSCRIBER GRO)UP	ONE	HUNDREDTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		 						
	•••••		•••••					
Total DSEs	•		0.00	Total DSEs	·		0.00	
Gross Receipts Third	Group	<u>\$</u>	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
	e fees			as shown in the boxes		\$	0.00	

1							IE), LLC	
	ID.			TE FEES FOR EACH				
9	_	SUBSCRIBER GROU	SECOND			SUBSCRIBER GRO	KED FIRST	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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and					••••			
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	JP	SUBSCRIBER GROU) FOURTH	ONE HUNDRE	DUP	SUBSCRIBER GRO	ED THIRD	ONE HUNDR
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00			Gross Receipts Fourth	0.00			Total DSEs Gross Receipts Third C
		\$				\$		

LEGAL NAME OF OWNE Cogeco US (NH-M		E SYSTEM:				\$	063733	Name
		COMPUTATION (SUBSCRIBER GRO		ATE FEES FOR EAC		BER GROUP SUBSCRIBER GRO	UP	_
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fe
								Syndicated
								Exclusivity Surcharge
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								Partially
				-				Distant Stations
			····	-				
				-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
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Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	SEVENTH	SUBSCRIBER GRO)UP 0	ii i		SUBSCRIBER GRO	UP 0	
COMMUNITY/ AREA			U	COMMUNITY/ ARE	4			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
				-				
				-				
Total DSEs	-		0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
		e fees for each subse	criber group a	as shown in the boxes	above.	\$		

	UD			TE FEES FOR EACH				
9	_	1 SUBSCRIBER GROU	ED TENTH			SUBSCRIBER GRO	KED NINTH	
Computati	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	UP 0	I SUBSCRIBER GROU	TWELVTH	ONE HUNDREI	0 0	SUBSCRIBER GRO	ELEVENTH	ONE HUNDRED E
	UP 0	I SUBSCRIBER GROU	TWELVTH	ONE HUNDREI	0 0	SUBSCRIBER GRO	ELEVENTH	ONE HUNDRED E
	UP 0	I SUBSCRIBER GROU	TWELVTH	ONE HUNDREI	0 0	SUBSCRIBER GRO	ELEVENTH	ONE HUNDRED E
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	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
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LEGAL NAME OF OWNE Cogeco US (NH-M		E SYSTEM:				\$	063733	Name
		COMPUTATION C		ONE HUNDRED	EIGHTEENTH	BER GROUP SUBSCRIBER GROUP	0	9
COMMONT I/ AREA				COMMONT 1/ AREA	······································			Computation
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED NI	NTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED	TWENTIETH	SUBSCRIBER GRO	UP	
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Total DSEs			0.00	Total DSEs			0.00	
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Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
		e fees for each subso	criber group a	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE Cogeco US (NH-N		E SYSTEM:				\$	063733	Name
		COMPUTATION C		ONE HUNDRED TWI		BER GROUP SUBSCRIBER GROUP)	•
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								Syndicated Exclusivity
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								for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Sec		\$	0.00	
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						TI		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
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Name 9 Computation	063733						ME), LLC	Cogeco US (NH-N
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LEGAL NAME OF OWNE Cogeco US (NH-N		E SYSTEM:				\$	063733	Name
				ATE FEES FOR EAC				
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CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
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Gross Receipts First G	iroup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
3ase Rate Fee First G	iroup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	IIRTY-FIRST	SUBSCRIBER GROUI		ii		SUBSCRIBER GROUP		
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Total DSEs	•		0.00	Total DSEs	-		0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
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		e fees for each subso	criber group a	as shown in the boxes a	above.	\$		

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Name 9 Computation	YSTEM ID# 063733	•				E SYSTEM:		LEGAL NAME OF OWNE Cogeco US (NH-M
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Name	063733						IE), LLC	Cogeco US (NH-M
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	,				BLOCK A: COMPUTATION OF BASE R						
9		1 SUBSCRIBER GROUP	UKTY-SIXIF			ONE HUNDRED FORTY-FIFTH SUBSCRIBER GROUP					
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	0			COMMUNITY/ AREA	0	SUBSCRIBER GROU	Y-SEVENTH	ONE HUNDRED FORT			
	0			COMMUNITY/ AREA	0	SUBSCRIBER GROU	Y-SEVENTH	ONE HUNDRED FORT			
	DSE			COMMUNITY/ AREA	DSE	SUBSCRIBER GROU	Y-SEVENTH	ONE HUNDRED FORT			
	0			COMMUNITY/ AREA	0	SUBSCRIBER GROU	Y-SEVENTH	ONE HUNDRED FORT			
	DSE		DSE	COMMUNITY/ AREA	DSE	SUBSCRIBER GROU	DSE DSE	ONE HUNDRED FORT			
	0 DSE	CALL SIGN	DSE	COMMUNITY/ AREA CALL SIGN Total DSEs	0 DSE	SUBSCRIBER GROU CALL SIGN	DSE DSE	ONE HUNDRED FORT			
	0 DSE	CALL SIGN	DSE	COMMUNITY/ AREA CALL SIGN Total DSEs	0 DSE	SUBSCRIBER GROU CALL SIGN	DSE OF OUT OF OUT OF OUT OF OUT	ONE HUNDRED FORT			

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cogeco US (NH-ME), LLC 063733										
	IIP			TE FEES FOR EACH							
9 Commutation	ONE HUNDRED FIFTIETH SUBSCRIBER GROUP COMMUNITY/ AREA 0				0	ONE HUNDRED FORTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA 0					
Computation of	CALL SIGN DSE CALL SIGN DSE				CALL SIGN DSE CALL SIGN DSE						
Base Rate F											
and Syndicate											
Exclusivity											
Surcharge for			<u> </u>								
Partially											
Distant						 					
Stations											
	0.00			Total DSEs	0.00			otal DSEs			
	0.00										
	0.00	\$	d Group	Gross Receipts Seco	0.00	\$	Group	ross Receipts First G			
		\$	d Group	Gross Receipts Secon	0.00	\$	Group	ross Receipts First G			
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	ase Rate Fee First G			
	0.00 0.00		d Group	Base Rate Fee Secon	0.00		Group IFTY-FIRST	ase Rate Fee First G			
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group IFTY-FIRST	ase Rate Fee First G			
	0.00 0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group IFTY-FIRST	ONE HUNDRED FI			
	0.00 0.00	\$ SUBSCRIBER GROU	d Group Y-SECOND	Base Rate Fee Second ONE HUNDRED FIF COMMUNITY/ AREA	0.00 UP	\$ SUBSCRIBER GRC	Group IFTY-FIRST	ONE HUNDRED FI			
	0.00 0.00	\$ SUBSCRIBER GROU	d Group Y-SECOND	Base Rate Fee Second ONE HUNDRED FIF COMMUNITY/ AREA	0.00 UP	\$ SUBSCRIBER GRC	Group IFTY-FIRST	ONE HUNDRED FI			
	0.00 0.00	\$ SUBSCRIBER GROU	d Group Y-SECOND	Base Rate Fee Second ONE HUNDRED FIF COMMUNITY/ AREA	0.00 UP	\$ SUBSCRIBER GRC	Group IFTY-FIRST	ase Rate Fee First G ONE HUNDRED FI OMMUNITY/ AREA			
	0.00 0.00	\$ SUBSCRIBER GROU	d Group Y-SECOND	Base Rate Fee Second ONE HUNDRED FIF COMMUNITY/ AREA	0.00 UP	\$ SUBSCRIBER GRC	Group IFTY-FIRST	ONE HUNDRED FI			
	0.00 0.00	\$ SUBSCRIBER GROU	d Group Y-SECOND	Base Rate Fee Second ONE HUNDRED FIF COMMUNITY/ AREA	0.00 UP	\$ SUBSCRIBER GRC	Group IFTY-FIRST	ase Rate Fee First G ONE HUNDRED FI OMMUNITY/ AREA			
	0.00 0.00	\$ SUBSCRIBER GROU	d Group Y-SECOND	Base Rate Fee Second ONE HUNDRED FIF COMMUNITY/ AREA	0.00 UP	\$ SUBSCRIBER GRC	Group IFTY-FIRST	ONE HUNDRED FI			
	0.00 0.00	\$ SUBSCRIBER GROU	d Group Y-SECOND	Base Rate Fee Second ONE HUNDRED FIF COMMUNITY/ AREA	0.00 UP	\$ SUBSCRIBER GRC	Group IFTY-FIRST	ONE HUNDRED FI			
	0.00 0.00	\$ SUBSCRIBER GROU	d Group Y-SECOND	Base Rate Fee Second ONE HUNDRED FIF COMMUNITY/ AREA	0.00 UP	\$ SUBSCRIBER GRC	Group IFTY-FIRST	ONE HUNDRED FI			
	0.00 0.00	\$ SUBSCRIBER GROU	d Group Y-SECOND	Base Rate Fee Second ONE HUNDRED FIF COMMUNITY/ AREA	0.00 UP	\$ SUBSCRIBER GRC	Group IFTY-FIRST	ONE HUNDRED FI			
	0.00 0.00	\$ SUBSCRIBER GROU	d Group Y-SECOND	Base Rate Fee Second ONE HUNDRED FIF COMMUNITY/ AREA	0.00 UP	\$ SUBSCRIBER GRC	Group IFTY-FIRST	ONE HUNDRED FI			
	0.00 0.00	\$ SUBSCRIBER GROU	d Group Y-SECOND	Base Rate Fee Second ONE HUNDRED FIF COMMUNITY/ AREA	0.00 UP	\$ SUBSCRIBER GRC	Group IFTY-FIRST	ase Rate Fee First G ONE HUNDRED FI OMMUNITY/ AREA			
	0.00 0.00	\$ SUBSCRIBER GROU	d Group Y-SECOND	Base Rate Fee Second ONE HUNDRED FIF COMMUNITY/ AREA	0.00 UP	\$ SUBSCRIBER GRC	Group IFTY-FIRST	ONE HUNDRED FI OMMUNITY/ AREA CALL SIGN			
	0.00 UP 0 DSE	\$ SUBSCRIBER GROU	d Group Y-SECOND DSE	Base Rate Fee Second ONE HUNDRED FIF COMMUNITY/ AREA	0.00 UP 0 DSE	\$ SUBSCRIBER GRC	JOSE DSE	ONE HUNDRED FI COMMUNITY/ AREA CALL SIGN otal DSEs			
	0.00 UP	SUBSCRIBER GROU	d Group Y-SECOND DSE	Base Rate Fee Second ONE HUNDRED FIFT COMMUNITY/ AREA	0.00 UP 0 DSE	SUBSCRIBER GRO	JOSE DSE	ONE HUNDRED FI			

ONE HUNDRED FIFTY-TH	BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								
ONE HONDINED III I I I I I I			ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP						
OMMUNITY/ AREA	ND GODGONIDEN GIV	0	ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA 0				9		
OMMONTI I/ AINLA							Computatio		
CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of			
		ALL SIGN DSE					Base Rate F		
							and		
							Syndicated		
							Exclusivity		
							Surcharge		
							for		
							Partially		
							Distant		
							Stations		
otal DSEs		0.00	Total DSEs			0.00			
roce Bessints First Croup	•	0.00	Cross Bossints See	and Craun	<u> </u>	0.00			
ross Receipts First Group	<u>\$</u>	0.00	Gross Receipts Sec	ona Group	\$	0.00			
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00			
ONE HUNDRED FIFTY-FIF	TH SUBSCRIBER GR		ONE HUNDRED FIFTY-SIXTH SUBSCRIBER GROUP						
OMMUNITY/ 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			
otal DSEs	s	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00			
	\$			rth Group	\$				
ross Receipts Third Group	\$	0.00	Gross Receipts Fou		\$	0.00			
	\$ \$				\$				

LEGAL NAME OF OWN Cogeco US (NH-I		E SYSTEM:				•	063733	Name
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP ONE HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP COMMUNITY AREA								9
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				Computation
CALL SIGN	CALL SIGN DSE CALL SIGN		DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	FTY-NINTH	SUBSCRIBER GRO		11		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		H	0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third Group \$ 0.00			0.00	Base Rate Fee Four	rth Group	\$	0.00	
		e fees for each subsequence L (page 7)	criber group a	as shown in the boxes a	above.	\$		