This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
2-3-23	\$					
	ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	AC	COUNTING PERIOD COVERED BY THIS STATEMENT:						
Accounting Period		2022/2						
B	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.							
		SERVICE ELECTRIC CABLEVISION, INC.						
					6553	320222		
		4949 LIBERTY LANE, SUITE 400 ALLENTOWN, PA 18106						
С		STRUCTIONS: In line 1, give any business or trade names used to in mes already appear in space B. In line 2, give the mailing address or						
System	1	IDENTIFICATION OF CABLE SYSTEM: SUNBURY, PA		515111 HS H				
	2	MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number) (City, town, state, zip code)						
D	Ins	tructions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and rel	ist on page	1b		
Area Served	witl	n all communities. CITY OR TOWN	STATE					
First		Sunbury	PA					
Community	В	elow is a sample for reporting communities if you report multiple cha	annel line-ups in S	pace G.				
		CITY OR TOWN (SAMPLE)	STATE	CH LINE UP		GRP#		
Sample	Ald		MD	A		1		
		ance	MD	В		2		
	Gei	ring	MD	В		3		

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

Middlecreek Twp.

FORM SA3E, PAGE 1b SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM 6553 SERVICE ELECTRIC CABLEVISION, INC. 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# Sunburv PA AA **First** Beaver Twp. PA AA 2 Community PA **Beavertown Borough** AA Bloomsburg PA AC 4 Buffalo Twp. AD 9 PA AC Catawissa Borough PA 4 See instructions for PA AC 4 additional information Catawissa Twp. on alphabetization. 1 Centre Twp. PA AA 3 PA AC Cleveland Twp. Coal Twp. PA AB AB Conyngham PA Add rows as necessary. Cooper Twp. PA AD 9 AD 9 **Danville Borough** PA Delaware Twp. PA AD 9 Derry Twp. PA AD 9 East Buffalo Twp. PA AD 9 7 E. Cameron Twp. PA AB E. Chillisquaque Twp. PA AD 9 Franklin Twp. (Columbia) PA ΑE 5 Franklin Twp. (Snyder) PA AA Freeburg Borough PA AA PA AD 10 Gregg Twp. Hemlock Twp. AC PA 4 PA Herndon AA Jackson Twp. (Northumberland) PA AA Jackson Twp. (Snyder) PA AA Jordan Twp. PA AA Kelly Twp. PA AD 9 Kulpmont Borough PA AB AD 9 Lewis Twp. PA Lewisburg Borough AD 9 PA Liberty Twp. PA AD 9 Limestone Twp. (Union Co.) AA PA Limestone Twp. (Montour Co.) PA AD 9 Little Mahanoy Twp. PA AA 1 Locust Twp. PA AC 3 **Lower Augusta** PA AB Lower Mahanoy Twp. PA AA AD 9 Mahoning Twp. PA Main Twp. AC PA 4 Marian Heights Borough PA AB McEwensville Borough PA AD 10 Middleburg PA AA

AΑ

PA

Milton Borough	PA	AD	9
Monroe Twp.	PA	AA	1
Montour Twp.	PA	AF	6
Mt. Carmel Borough	PA	AB	7
Mt. Carmel Twp.	PA	AB	7
Mt. Pleasant Twp.	PA	AC	4
N. Centre Twp.	PA	AC	4
New Berlin Borough	PA	AA	1
Northumberland Borough	PA	AA	1
Orange Twp.	PA	AC	4
Penn Twp.	PA	AA	1
Point Twp.	PA	AG	8
Ralpho Twp.	PA	AB	
	PA		7
Riverside Borough		AD	9
Roaring Creek Twp.	PA	AC	3
Rockfeller Twp.	PA	AA	1
S. Centre Twp.	PA	AC	4
Scott Twp.	PA	AC	4
Selinsgrove Borough	PA	AA	11
Shamokin City	PA	AB	7
Shamokin Dam Borough	PA	AA	1
Shamokin Twp.	PA	AB	7
Snydertown Borough	PA	AB	7
Spring	PA	AA	2
Turbot Twp.	PA	AD	9
Turbotville Borough	PA	AD	10
Upper Augusta Twp.	PA	AA	1
Upper Mahanoy Twp.	PA	AA	1
Union Twp.	PA	AG	8
Valley Twp.	PA	AD	9
W. Cameron Twp.	PA	AB	7
W. Chillisquaque Twp.	PA	AD	9
Washington Twp. (Northumberland)	PA	AA	1
Washington Twp. (Snyder)	PA	AA	1
Washington (Wp. (Shyder) Washingtonville Borough	PA	AD	10
			ļ
Watsontown Borough	PA BA	AD	10
West Hemlock Twp.	PA	AD	9
White Deer Twp.	PA	AD	9
Zerbe Twp.	PA	AA	1
Rush Twp.	PA	AD	9
Union Twp. (Snyder)	PA	AA	1

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:
SERVICE ELECTRIC CABLEVISION, INC.
SYSTEM ID#

Ε

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLG	OCK 1		П	BLOCK 2				
	NO. OF			П		NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS		RATE	Ш	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:								
 Service to first set 	28,931	\$	19.95					
 Service to additional set(s) 	61,115		-					
 FM radio (if separate rate) 		1		11				
Motel, hotel	28	\$	591.81	1 [
Commercial	52	\$	939.21	11				
Converter		1		11				
Residential	37,279	\$	4.95	11				
Non-residential		ļ		11				
		†		1 -		······	†	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

	BLO	OCK 1		BLOCK 2
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE
Continuing Services:		Installation: Non-residential		
Pay cable	\$ 17.95	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	\$35/\$61	Burglar protection		
Additional set(s)	\$17/\$26	Other services:		
• FM radio (if separate rate)		• Reconnect	\$ 35.00	
Converter	\$ 35.00	Disconnect		
		Outlet relocation	\$ 43.00	
		 Move to new address 	\$35/\$43	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name SERVICE ELECTRIC CABLEVISION, INC. 6553 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 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 2 B'CAST 3 TYPE 4 DISTANT? 5 BASIS OF 6 LOCATION OF STATION SIGN CHANNEL OF (Yes or No) **CARRIAGE NUMBER STATION** (If Distant) **WYOU** 22 N NO **SCRANTON, PA (CBS) WBRE** WILKES BARRE, PA (NBC) 28 N NO See instructions for additional information on alphabetization. WITF 33 Ε NO HARRISBURG, PA (PBS) **WNEP** 16 Ν NO SCRANTON, PA (ABC) WNEP-2 SCRANTON, PA (Antenna) 16.2 I-M NO **WPIX** YES 11 ı 0 **NEW YORK, NY (CW) WQMY** 53 NO WILLIAMSPORT, PA (MyTV) 1 **WQPX** 64 ı NO **SCRANTON, PA (ION)** SCRANTON, PA (CW) **WSWB** 38 NO WSWB-2 38.2 I-M NO SCRANTON, PA (MeTV) WSWB-3 38.3 I-M NO SCRANTON, PA (Comet) 9 YES **WWOR** 0 **NEW YORK, NY (MyTV)** ı **WOLF** 56 ı NO **HAZLETON, PA (FOX) WVIA** YES 44 Ε 0 SCRANTON, PA (PBS) WVIA-2 44.2 E-M YES 0 SCRANTON, PA (PBS Kids)

Transmitters:

Television

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SERVICE ELECTRIC CABLEVISION, INC.

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	AA- PAGE 2	
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
WVIA-3	44.3	E-M	YES	0	SCRANTON, PA (PBS Create)
WBRE-2	28.2	I-M	NO		WILKES BARRE, PA (LAFF)
WBRE-3	28.3	I-M	NO		WILKES BARRE, PA (RewindTV)
WYOU-2	22.2	I-M	NO		SCRANTON, PA (ION Mystery)
WYOU-3	22.3	I-M	NO		SCRANTON, PA (Twist)
WYOU-4	22.4	I-M	NO		SCRANTON, PA (Cozi)
WBRE-4	28.4	I-M	NO		WILKES BARRE, PA (True Crime)
WSWB-4	38.4	I-M	NO		SCRANTON, PA (Stadium TV)
WOLF-4	56.4	I-M	NO		HAZLETON, PA (Charge)
WQPX-2	64.2	I-M	NO		SCRANTON, PA (Bounce)
WQPX-4	64.4	I-M	NO		SCRANTON, PA (Grit TV)
		Ī			

FORM SA3E, PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name SERVICE ELECTRIC CABLEVISION, INC. 6553 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:

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

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

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

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

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

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CHANNEL LINE-UP AB 1. CALL 2 B'CAST 3 TYPE 4 DISTANT? 5 BASIS OF 6 LOCATION OF STATION SIGN CHANNEL OF (Yes or No) **CARRIAGE NUMBER STATION** (If Distant) SCRANTON, PA (CBS) **WYOU** 22 N NO **WBRE** WILKES BARRE, PA (NBC) 28 N NO **WPVI** 6 YES 0 PHILADELPHIA, PA (ABC) Ν WITF 33 Ε NO HARRISBURG, PA (PBS) **WNEP** 16 Ν NO SCRANTON, PA (ABC) WNEP-2 I-M SCRANTON, PA (Antenna) 16.2 NO **WPIX** YES 11 ı 0 **NEW YORK, NY (CW) WQMY** 53 NO WILLIAMSPORT, PA (MyTV) 1 **WQPX** 64 ı NO **SCRANTON, PA (ION) WSWB** 38 NO SCRANTON, PA (CW) WSWB-2 38.2 I-M NO SCRANTON, PA (MeTV) WSWB-3 38.3 I-M NO SCRANTON, PA (Comet) 9 YES **WWOR** 0 **NEW YORK, NY (MyTV)** ı **WOLF** 56 ı NO **HAZLETON, PA (FOX) WVIA** NO 44 Ε SCRANTON, PA (PBS) WVIA-2 44.2 E-M NO SCRANTON, PA (PBS Kids)

G

Primary Transmitters: Television

Transmitters:

Television

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SERVICE ELECTRIC CABLEVISION, INC.

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

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

		CHANN	EL LINE-UP	AB - PAGE 2	
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
WVIA-3	44.3	E-M	NO		SCRANTON, PA (PBS Create)
WBRE-2	28.2	I-M	NO		WILKES BARRE, PA (LAFF)
WBRE-3	28.3	I-M	NO		WILKES BARRE, PA (RewindTV)
WYOU-2	22.2	I-M	NO		SCRANTON, PA (ION Mystery)
WYOU-3	22.3	I-M	NO		SCRANTON, PA (Twist)
WYOU-4	22.4	I-M	NO		SCRANTON, PA (Cozi)
WBRE-4	28.4	I-M	NO		WILKES BARRE, PA (True Crime)
WSWB-4	38.4	I-M	NO		SCRANTON, PA (Stadium TV)
WOLF-4	56.4	I-M	NO		HAZLETON, PA (Charge)
WQPX-2	64.2	I-M	NO		SCRANTON, PA (Bounce)
WQPX-4	64.4	I-M	NO		SCRANTON, PA (Grit TV)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name SERVICE ELECTRIC CABLEVISION, INC. 6553 PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

CHANNEL LINE-UP AC 1. CALL 2 B'CAST 3 TYPE 4 DISTANT? 5 BASIS OF 6 LOCATION OF STATION SIGN CHANNEL OF (Yes or No) **CARRIAGE NUMBER STATION** (If Distant) **WYOU** 22 N NO **SCRANTON, PA (CBS) WBRE WILKES BARRE, PA (NBC)** 28 Ν NO **WCAU** 10 N YES 0 PHILADELPHIA, PA (NBC) **WPVI** 6 0 N YES PHILADELPHIA, PA (ABC) WITF 33 Ε YES 0 HARRISBURG, PA (PBS) **WNEP** 16 Ν NO SCRANTON, PA (ABC) NO WNEP-2 I-M SCRANTON, PA (Antenna) 16.2 **WPIX** YES 11 ı 0 **NEW YORK, NY (CW) WQMY** 53 ı NO WILLIAMSPORT, PA (MyTV) **WQPX** 64 ı NO **SCRANTON, PA (ION) WSWB** 38 NO SCRANTON, PA (CW) WSWB-2 38.2 I-M NO SCRANTON, PA (MeTV) WSWB-3 38.3 I-M NO SCRANTON, PA (Comet) 9 YES **WWOR** 0 **NEW YORK, NY (MyTV)** ı **WOLF** 56 ı NO **HAZLETON, PA (FOX) WVIA** 44 NO Ε SCRANTON, PA (PBS) WVIA-2 44.2 E-M NO SCRANTON, PA (PBS Kids)

G

Primary Transmitters: Television

FORM SA3F PAGE 3 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name SERVICE ELECTRIC CABLEVISION, INC. 6553 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.

<u> </u>					
		CHANN	EL LINE-UP	AC - PAGE 2	
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
WVIA-3	44.3	E-M	NO		SCRANTON, PA (PBS Create)
WBRE-2	28.2	I-M	NO		WILKES BARRE, PA (LAFF)
WBRE-3	28.3	I-M	NO		WILKES BARRE, PA (RewindTV)
WYOU-2	22.2	I-M	NO		SCRANTON, PA (ION Mystery)
WYOU-3	22.3	I-M	NO		SCRANTON, PA (Twist)
WYOU-4	22.4	I-M	NO		SCRANTON, PA (Cozi)
WBRE-4	28.4	I-M	NO		WILKES BARRE, PA (True Crime)
WSWB-4	38.4	I-M	NO		SCRANTON, PA (Stadium TV)
WOLF-4	56.4	I-M	NO		HAZLETON, PA (Charge)
WQPX-2	64.2	I-M	NO		SCRANTON, PA (Bounce)
WQPX-4	64.4	I-M	NO		SCRANTON, PA (Grit TV)
		 			

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name SERVICE ELECTRIC CABLEVISION, INC. 6553 PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AD	
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
WYOU	22	N	NO		SCRANTON, PA (CBS)
WBRE	28	N	NO		WILKES BARRE, PA (NBC)
WITF	33	E	NO		HARRISBURG, PA (PBS)
WNEP	16	N	NO		SCRANTON, PA (ABC)
WNEP-2	16.2	I-M	NO		SCRANTON, PA (Antenna)
WPIX	11	I	YES	О	NEW YORK, NY (CW)
WQMY	53	I	NO		WILLIAMSPORT, PA (MyTV)
WQPX	64	I	NO		SCRANTON, PA (ION)
WSWB	38	I	NO		SCRANTON, PA (CW)
WSWB-2	38.2	I-M	NO		SCRANTON, PA (MeTV)
WSWB-3	38.3	I-M	NO		SCRANTON, PA (Comet)
WWOR	9	I	YES	0	NEW YORK, NY (MyTV)
WOLF	56	I	NO		HAZLETON, PA (FOX)
WVIA	44	Е	NO		SCRANTON, PA (PBS)
WVIA-2	44.2	E-M	NO		SCRANTON, PA (PBS Kids)

G

Primary Transmitters: Television

Transmitters:

Television

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SERVICE ELECTRIC CABLEVISION, INC.

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	AD - PAGE 2	
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
WVIA-3	44.3	E-M	NO		SCRANTON, PA (PBS Create)
WBRE-2	28.2	I-M	NO		WILKES BARRE, PA (LAFF)
WBRE-3	28.3	I-M	NO		WILKES BARRE, PA (RewindTV)
WYOU-2	22.2	I-M	NO		SCRANTON, PA (ION Mystery)
WYOU-3	22.3	I-M	NO		SCRANTON, PA (Twist)
WYOU-4	22.4	I-M	NO		SCRANTON, PA (Cozi)
WBRE-4	28.4	I-M	NO		WILKES BARRE, PA (True Crime)
WSWB-4	38.4	I-M	NO		SCRANTON, PA (Stadium TV)
WOLF-4	56.4	I-M	NO		HAZLETON, PA (Charge)
WQPX-2	64.2	I-M	NO		SCRANTON, PA (Bounce)
WQPX-4	64.4	I-M	NO		SCRANTON, PA (Grit TV)

FORM SA3E, PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name SERVICE ELECTRIC CABLEVISION, INC. 6553 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.
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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.

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

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

		CHANN	EL LINE-UP	AE	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WBRE	28	N	NO		WILKES BARRE, PA (NBC)
WCAU	10	N	YES	0	PHILADELPHIA, PA (NBC)
WPVI	6	N	YES	0	PHILADELPHIA, PA (ABC)
WITF	33	E	NO		HARRISBURG, PA (PBS)
WNEP	16	N	NO		SCRANTON, PA (ABC)
WNEP-2	16.2	I-M	NO		SCRANTON, PA (Antenna)
WPIX	11	l	YES	0	NEW YORK, NY (CW)
WQMY	53	ı	NO		WILLIAMSPORT, PA (MyTV)
WQPX	64	I	NO		SCRANTON, PA (ION)
WSWB	38	I	NO		SCRANTON, PA (CW)
WSWB-2	38.2	I-M	NO		SCRANTON, PA (MeTV)
WSWB-3	38.3	I-M	NO		SCRANTON, PA (Comet)
WWOR	9	I	YES	0	NEW YORK, NY (MyTV)
WYOU	22	N	NO		SCRANTON, PA (CBS)
WOLF	56	I	NO		HAZLETON, PA (FOX)
WVIA	44	E	NO		SCRANTON, PA (PBS)

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SERVICE ELECTRIC CABLEVISION, INC.

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

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	AE - PAGE 2	
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
WVIA-2	44.2	E-M	NO		SCRANTON, PA (PBS Kids)
WVIA-3	44.3	E-M	NO		SCRANTON, PA (PBS Create)
WBRE-2	28.2	I-M	NO		WILKES BARRE, PA (LAFF)
WBRE-3	28.3	I-M	NO		WILKES BARRE, PA (RewindTV)
WYOU-2	22.2	I-M	NO		SCRANTON, PA (ION Mystery)
WYOU-3	22.3	I-M	NO		SCRANTON, PA (Twist)
WYOU-4	22.4	I-M	NO		SCRANTON, PA (Cozi)
WBRE-4	28.4	I-M	NO		WILKES BARRE, PA (True Crime)
WSWB-4	38.4	I-M	NO		SCRANTON, PA (Stadium TV)
WOLF-4	56.4	I-M	NO		HAZLETON, PA (Charge)
WQPX-2	64.2	I-M	NO		SCRANTON, PA (Bounce)
WQPX-4	64.4	I-M	NO		SCRANTON, PA (Grit TV)
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Primary Transmitters: Television

FORM SA3F PAGE 3 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name SERVICE ELECTRIC CABLEVISION, INC. 6553 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations)

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AF - PAGE 1	
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
WCAU	10	N	YES	0	PHILADELPHIA, PA (NBC)
WBRE	28	N	NO		WILKES BARRE, PA (NBC)
WITF	33	E	NO		HARRISBURG, PA (PBS)
WNEP	16	N	NO		SCRANTON, PA (ABC)
WNEP-2	16.2	I-M	NO		SCRANTON, PA (Antenna)
WPIX	11	I	YES	0	NEW YORK, NY (CW)
WQMY	53	I	NO		WILLIAMSPORT, PA (MyTV)
WQPX	64	I	NO		SCRANTON, PA (ION)
WSWB	38	I	NO		SCRANTON, PA (CW)
WSWB-2	38.2	I-M	NO		SCRANTON, PA (MeTV)
WSWB-3	38.3	I-M	NO		SCRANTON, PA (Comet)
WWOR	9	I	YES	0	NEW YORK, NY (MyTV)
WYOU	22	N	NO		SCRANTON, PA (CBS)
WPVI	6	N	YES	0	PHILADELPHIA, PA (ABC)
WOLF	56	I	NO		HAZLETON, PA (FOX)

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:
SERVICE ELECTRIC CABLEVISION, INC.

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

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

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

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

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

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

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

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

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

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

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

		CHANN	AF - PAGE 2	2		
		CHANN	EL LINE-UP	AF - PAGE 2		
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	
WVIA	44	E	NO		SCRANTON, PA (PBS)	
WVIA-2	44.2	E-M	NO		SCRANTON, PA (PBS Kids)	
WVIA-3	44.3	E-M	NO		SCRANTON, PA (PBS Create)	
WBRE-2	28.2	I-M	NO		WILKES BARRE, PA (LAFF)	
WBRE-3	28.3	I-M	NO		WILKES BARRE, PA (RewindTV)	
WYOU-2	22.2	I-M	NO		SCRANTON, PA (ION Mystery)	
WYOU-3	22.3	I-M	NO		SCRANTON, PA (Twist)	
WYOU-4	22.4	I-M	NO		SCRANTON, PA (Cozi)	
WBRE-4	28.4	I-M	NO		WILKES BARRE, PA (True Crime)	
WSWB-4	38.4	I-M	NO		SCRANTON, PA (Stadium TV)	
WOLF-4	56.4	I-M	NO		HAZLETON, PA (Charge)	
WQPX-2	64.2	I-M	NO		SCRANTON, PA (Bounce)	
WQPX-4	64.4	I-M	NO		SCRANTON, PA (Grit TV)	
		Ţ	T			

Primary Transmitters: Television

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name SERVICE ELECTRIC CABLEVISION, INC. 6553 PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

CHANNEL LINE-UP AG 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) **WYOU** 22 N NO **SCRANTON, PA (CBS) WBRE** WILKES BARRE, PA (NBC) 28 N NO WITF 33 Ε NO HARRISBURG, PA (PBS) **WNEP** 16 Ν NO SCRANTON, PA (ABC) WNEP-2 SCRANTON, PA (Antenna) 16.2 I-M NO **WPIX** YES 11 ı 0 **NEW YORK, NY (CW) WQMY** 53 NO WILLIAMSPORT, PA (MyTV) 1 **WQPX** 64 ı NO **SCRANTON, PA (ION)** SCRANTON, PA (CW) **WSWB** 38 NO WSWB-2 38.2 I-M NO SCRANTON, PA (MeTV) WSWB-3 38.3 I-M NO SCRANTON, PA (Comet) 9 **WWOR** YES 0 **NEW YORK, NY (MyTV)** ı **WOLF** 56 ı NO **HAZLETON, PA (FOX) WVIA** NO 44 Ε SCRANTON, PA (PBS) WVIA-2 44.2 E-M NO SCRANTON, PA (PBS Kids)

G

Primary Transmitters: Television

Transmitters:

Television

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SERVICE ELECTRIC CABLEVISION, INC.

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	AG - PAGE 2	
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
WVIA-3	44.3	E-M	NO		SCRANTON, PA (PBS Create)
WBRE-2	28.2	I-M	NO		WILKES BARRE, PA (LAFF)
WBRE-3	28.3	I-M	NO		WILKES BARRE, PA (RewindTV)
WYOU-2	22.2	I-M	NO		SCRANTON, PA (ION Mystery)
WYOU-3	22.3	I-M	NO		SCRANTON, PA (Twist)
WYOU-4	22.4	I-M	NO		SCRANTON, PA (Cozi)
WBRE-4	28.4	I-M	NO		WILKES BARRE, PA (True Crime)
WSWB-4	38.4	I-M	NO		SCRANTON, PA (Stadium TV)
WOLF-4	56.4	I-M	NO		HAZLETON, PA (Charge)
WQPX-2	64.2	I-M	NO		SCRANTON, PA (Bounce)
WQPX-4	64.4	I-M	NO		SCRANTON, PA (Grit TV)

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name SERVICE ELECTRIC CABLEVISION, INC. 6553 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						5	SYSTEM ID#	Name
SERVICE ELECTRIC C	ABLEVIS	ION, INC.					6553	Numo
SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	IT AND PROGRAM LOG	i				ı
In General: In space I, identi substitute basis during the ac explanation of the programm	counting pe	riod, under spe	cific present and former FC0	C rules, regula	ations, or au	thorizations. F	or a further	Substitute
								Carriage:
 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? 								
Note: If your answer is "No' log in block 2.	, leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ıst complet	e the program	1	Program Log
period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love L Column 2: If the progran Column 3: Give the call Column 4: Give the broa the case of Mexican or Can	itute progra ce, please a of every noi distant stati gulations, o tion. Do no .ucy" or "NE n was broad sign of the s idcast static adian statio th and day	am on a separa attach additiona nnetwork televiton and that your authorizations to use general of BA Basketball: dicast live, enterstation broadcaph's location (thous, if any, the open additions, if any, the open additions additional and the second second in the second and the second additional a	al pages. dision program (substitute pur cable system substituted s. See page (vi) of the generategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the	rogram) that, I for the progeral instruction "basketball". o." m. station is lice	during the ramming or ons located List specifinsed by the tified).	accounting f another stati in the paper ic program e FCC or, in		
to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a er "R" if the ind regulation ogramming	l program carri listed program ons in effect du	was substituted for progra	5 p.m. to 6:2 mming that y enter the let under FCC re	8:30 p.m. s our system ter "P" if the	should be was required e listed pro gulations in		
S	UBSTITUT	E PROGRAM	1		IAGE OCC		7. REASON FOR	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		6. TIMES DELETION		
	100 01 110	OTTLE CICIT	i. Cirtioit C LOCKHOIT	7410 0711	1110111	10		
							 	
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ACCOUNTING PERIOD: 2022/2 FORM SA3E. PAGE 6.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SERVICE ELECTRIC CABLEVISION, INC.

PART-TIME CARRIAGE LOG

SYSTEM ID#

6553

J

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 CARRIAGE OCCURRED				CALL SIGN	WHEN	WHEN CARRIAGE OCCURRED		
	DATE	HOUF FROM	RS TO			DATE	HOUF FROM	RS TO	
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	SA3E. PAGE 7. L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#					
SEI	RVICE ELECTRIC CABLEVISION, INC.		6553	Name				
Inst all a (as i page	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's second dentifed in space E) during the accounting period. For a further explanation of how to consider (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	ndary transmis: ompute this am	sion service	K 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.								
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be 3 below.	entered on line	e 1 of					
3 be								
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shou block 4 below.	ld be entered o	on line					
Block 1								
	Enter the result here. This is your minimum fee.	\$	53,168.18					
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the ispace G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colum "Yes" in this block. • Did your cable system carry any distant television stations during the accounting perion X Yes—Complete the DSE schedule. No—Leave block 3 below blank and control of the contr	n 4, you must o	check					
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$	94,178.97					
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00					
	Line 3. Add lines 1 and 2 and enter here	\$	94,178.97					
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	<u></u> \$	94,178.97	Cable systems				
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.		0.00	submitting additional deposits under				
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	Section 111(d)(7) should contact the Licensing				
	Line 4. FILING FEE. \$ 725.00 TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here \$ 94,903.97							
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (S general instructions located in the paper SA3 form for more information.)	See page (i) of	the	additional fees.				

ACCOUNTING PERIOD: 2022/2

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID# 6553
	SERVICE ELECTRIC CABLEVISION, INC.	0333
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.	
Chamieis	1. Enter the total number of channels on which the cable system carried television broadcast stations	
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
Be Contacted for Further Information	Name Robert M. Wieand Telephone 610-432-2210	
	Address 4949 Liberty Lane, Suite 400 (Number, street, rural route, apartment, or suite number)	
	Allentown, PA 18106 (City, town, state, zip)	
	Email robert.wieand@secv.com Fax (optional)	
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)	
O Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or	
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.	·m
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	
	/s/ Mark D. Walter	
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press th button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.	e "F2"
	Typed or printed name: Mark D. Walter	
	Title: Senior Vice President (Title of official position held in corporation or partnership)	
	Date: February 3, 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#	Nome
SERVICE ELECTRIC CABLEVISION, INC.	6553	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding to lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the beservice of providing secondary transmissions of primary broadcast transmitters, the system shall not incluse scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section. For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmit made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	asic ude sub- 119." n the	Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Name Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underparter an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	ayment.	Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	- 0274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,		
space L, (page 7)	<u>-</u>	
(interest * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	3 ,	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the filling.		
Owner		
Address		
First community served		
Accounting period		
ID number		

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

ACCOUNTING PERIOD: 2022/2

DSE SCHEDULE. PAGE 10.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE

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

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

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

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

0.330% of gross receipts

· If any of the stations were partially distant:

The fifth and each additional DSE

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

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

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

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

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

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

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

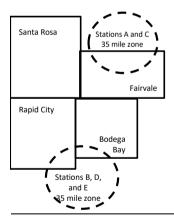
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

EXAMPLE:

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

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



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

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 %6 384.00

		ψ0,0000				
First Subscriber Group		Second Subscriber Group		Third Subscriber Group		
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)		
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00	
DSEs	2.472	DSEs	1.083	DSEs	1.389	
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03	
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80	
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23	
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03	

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

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

ACCOUNTING PERIOD: 2022/2

DSE SCHEDULE. PAGE	11. (CONTINUED)									
1	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM									
<u> </u>	SERVICE ELECTRIC CA		6553							
	SUM OF DSEs OF CATEGOR	Y "O" STATION	IS:							
	 Add the DSEs of each station. 									
	Enter the sum here and in line	of part 5 of this	schedule.		3.50					
2	Instructions:									
2	In the column headed "Call S	ign": list the cal	I signs of all distant stations i	dentified by the	e letter "O" in column 5					
Computation	of space G (page 3). In the column headed "DSE":	for each indepe	endent station, give the DSF	as "1 0"· for ea	ach network or noncom-					
of DSEs for	mercial educational station, give			45 1.0 , 101 0						
Category "O"			CATEGORY "O" STATION	S: DSEs						
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
	WPIX	1.000								
	WWOR	1.000								
	WVIA	0.250								
	WPVI	0.250								
	WCAU	0.250								
Add rows as	WITF	0.250								
necessary.	WVIA-2	0.250								
Remember to copy all	WVIA-3	0.250								
formula into new										
rows.										

Name		OWNER OF CABLE SYSTEM: ECTRIC CABLEVISION	ON, INC.				S	6553 6553
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should of Column 3 Column 4 be carried out Column 5 give the type-v	st the call sign of all distan the call station, give the correspond with the inform For each station, give the Divide the figure in colurat least to the third decimates For each independent states	e number of hours nation given in space total number of hom 2 by the figure in all point. This is the tation, give the "typumn 4 by the figure	your cable system e J. Calculate only ours that the station column 3, and given "basis of carriage e-value" as "1.0." F	carried the station one DSE for each on broadcast over the result in decentary for the station of the station o	n during the accounting pen station. the air during the account cimals in column 4. This fiction. or noncommercial education of the column 6. Round to no less	ing period. gure must onal station, than the	
Capacity	0, 10 101111		CATEGORY LA	C STATIONS:	COMPLITATION			
	1. CALL SIGN	2. NUMBEI OF HOU CARRIE SYSTEM	R 3. N JRS (NUMBER DF HOURS STATION DN AIR	4. BASIS OF CARRIAG VALUE	5. TYPE	6. DS	;E
			÷		=	x	=	
			÷		=	X		
						x x		
						x		
			÷		=	x	=	
			÷ -		=	x x	=	
Computation of DSEs for Substitute-Basis Stations	Instructions: Column 1: Giv • Was carried tions in effe • Broadcast o space I). Column 2: at your option. Column 3:	of each station. m here and in line 2 of pa e the call sign of each stat l by your system in substit ct on October 19, 1976 (a ne or more live, nonnetwo For each station give the r This figure should corresp Enter the number of days Divide the figure in column	tion listed in space ution for a program s shown by the letter programs during number of live, nonloond with the informin the calendar year	(page 5, the Log that your system ver "P" in column 7 that optional carrianetwork programs lation in space I.	of Substitute Prog was permitted to do of space I); and ge (as shown by the carried in substitute	elete under FCC rules and e word "Yes" in column 2 of tion for programs that wer	d regular- : e deleted	
		This is the station's DSE (F						
		Sl	JBSTITUTE-BA	SIS STATION	IS: COMPUTA	TION OF DSEs		
	1. CALL	2. NUMBER	3. NUMBER	4. DSE	1. CALL	2. NUMBER	3. NUMBER	4. DSE
	SIGN	OF PROGRAMS	OF DAYS IN YEAR		SIGN	OF PROGRAMS	OF DAYS IN YEAR	
				=		÷		=
		÷		=		÷		
				Ī		-		
		÷		=		÷		=
		÷		=		÷		=
	Add the DSEs	OF SUBSTITUTE-BASIS of each station. m here and in line 3 of pa		.,		0.00		
5		ER OF DSEs: Give the amos applicable to your system		s in parts 2, 3, and	4 of this schedule a	and add them to provide th	e total	
Total Number	1. Number	of DSEs from part 2 ●				-	3.50	
of DSEs	2. Number	of DSEs from part 3 ●				·	0.00	
	3. Number	of DSEs from part 4 ●				<u> </u>	0.00	
	TOTAL NUMBE	R OF DSEs						3.50

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

LEGAL NAME OF O			C.				S	YSTEM ID# 6553	Name
schedule.	'Yes," leave the re	mainder of pa	•	of the DSE schedu	ıle blank and c	complete part	3, (page 16) of the		6
If your answer if '	'No," complete blo	cks B and C		TELEVISION MA	VDKET6				Computation of
Is the cable systen	n located wholly ou	ıtside of all m		er markets as defin		on 76.5 of FC	C rules and regula	itions in	3.75 Fee
effect on June 24, Yes—Com	1981?	schedule—D	•	LETE THE REMAIN			· 3		
<u> </u>					ALTTED DOL				
Caluman 4	12.60 0.2			RIAGE OF PERM			20. 11		
Column 1: CALL SIGN	FCC rules and re	gulations pride e DSE Sched	or to June 25, 1 dule. (Note: The	part 2, 3, and 4 of the 981. For further ex letter M below refact of 2010.)	planation of pe	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 Noncommeric D Grandfatherec instructions fo E Carried pursus *F A station pre	les and reguled pursuant to on as defined al educational station (76.6 r DSE sched ant to individuiously carried the station will be station well and regular to station well as the station well as the station of the station well as the station of the station well as the station of the station well as the station well as the station of the station well as the station of the station well as the station well as the station well as the station of the station of the station well as the station of the station well as the stati	lations cited be of the FCC marks in 76.5(kk) (76 al station [76.59 55) (see paragrule). It was a waiver of FC don a part-time ithin grade-B co	e or substitute basi ontour, [76.59(d)(5)	e in effect on J 57, 76.59(b), 7 (1), 76.63(a) r (3) referring to stitution of gran	une 24, 1981. 76.61(b)(c), 76 eferring to 76. 5 76.61(d)] ndfathered sta 25, 1981	.63(a) referring to 61(e)(1) tions in the		
Column 3:		stations ide	ntified by the le	parts 2, 3, and 4 of tter "F" in column 2		mplete the wo	ksheet on page 14	4 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	
WWOR	D	1.00	WVIA-2	M	0.25				
WPIX	D	1.00	WVIA-3	M	0.25				
WITF	C	0.25							
WPVI	D	0.25							
WCAU WVIA	C	0.25 0.25							
								3.50	
		E	BLOCK C: CC	MPUTATION 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					
				of DSEs subject 7 of this schedule		ate.			
Line 4: Enter gro	ess receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ine 4 by 0.0375 a	and enter su	m here				x		permited/ partially nonpermitted
Line 6: Enter tota	al number of DSE	Es from line	3						carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ine 6 by line 5 an	d enter here	e and on line	2, block 3, space	L (page 7)			0.00	

	OWNER OF CABLES		IC.					STEM ID# 6553	Name
		BLOCK	A: TELEVI	SION MARKETS	(CONTINU	JED)			_
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
									Computation of 3.75 Fee
									3.73 T ee
		l							

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name SERVICE ELECTRIC CABLEVISION, INC. 6553 Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Computating Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. the DSE Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Schedule for Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). Carriage B-Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S-Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B. column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 6. PERMITTED 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT SIGN DSE **PERIOD CARRIAGE** DSE DSE Instructions: Block A must be completed. 7 In block A: Computation If your answer is "Yes," complete blocks B and C, below. 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? X Yes—Complete blocks B and C . No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Is any station listed in block B of part 6 the primary stream of a Was any station listed in block B of part 7 carried in any commucommercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer to former FCC rule 76.159) or in part, over the cable system? Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE X No-Enter zero and proceed to part 8. X No—Enter zero and proceed to part 8. CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE 0.00 0.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: SERVICE ELECTRIC CABLEVISION, INC.	SYSTEM ID# 6553	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	4,997,009.33	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 3a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	BE	
	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.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name		ME OF OWNER OF CABLE SYSTEM: SERVICE ELECTRIC CABLEVISION, INC.	SYSTEM ID# 6553
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1)	
of the Syndicated		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$	
Exclusivity Surcharge		C. Multiply line B by 3.000 and enter here	
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$	
		E. Subtract 4.000 from the total DSEs (the figure on line C in	
		section 2) and enter here.	
		F. Multiply line D by line E and enter here	
		Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge	
		Syndicated Exclusivity Curonarge.	
8 Computation of Base Rate Fee	You m 6 was In bloe 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 SUM OF PERMITTED DSEs in part 6, block B; however, if block A of particle of the state of the	ow
		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.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶ _ \$	
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.).	
	Section 3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.	
		A. Enter 0.01064 of gross receipts (the amount in section 1)	
		B. Enter 0.00701 of gross receipts (the amount in section 1)	
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here	
		D. Multiply line B by line C and enter here	
		E. Add lines A, and D. This is your base rate fee. Enter here	
		and in block 3, line 1, space L (page 7) Base Rate Fee	0.00

DSE SCH	HEDULE. PAGE 17.	ACCOUNTING	G PERIOD: 2022/2
	AME OF OWNER OF CABLE SYSTEM: /ICE ELECTRIC CABLEVISION, INC.	SYSTEM ID# 6553	Name
Section	If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.		
4	A. Enter 0.01064 of gross receipts (the amount in section 1) ▶\$		8
	B. Enter 0.00701 of gross receipts (the amount in section 1)		Computation of Base Rate Fee
	C. Multiply line B by 3.000 and enter here		Dase Rate Fee
	D. Enter 0.00330 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee \$	0.00	
	RTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca the reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channe G.	•	9
receipt	reral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate feets from subscribers located within the station's local service area, from your system's total gross receipts. To take a on, you must:	•	Computation of Base Rate Fee
station DSEs a	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	the number of	and Syndicated Exclusivity Surcharge for
	If any portion of your cable system is located within the top 100 television market and the station is not exempt in impute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B because the state of the		Partially Distant

if your cable system is wholly located outside all major television markets, complete block A only.

How to Identify a Subscriber Group for Partially Distant Stations

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

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

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

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

In each section:

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

Stations, and for Partially Permitted Stations

U.S. Copyright Office

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 6553 SERVICE ELECTRIC CABLEVISION, INC. 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.

		EVISION, INC.					6553	
		COMPUTATION C SUBSCRIBER GRO		ATE FEES FOR EAG		SER GROUP SUBSCRIBER GRO	LID	
COMMUNITY/ AREA	Sub Gre		UP	COMMUNITY/ ARE			<u>UP</u>	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WOR	1.00		<mark></mark>	WWOR	1.00			Base Rate Fe
WPIX	1.00			WPIX WVIA	1.00			and
					0.25			Syndicated
			<u>.</u>	WVIA-2 WVIA-3	0.25		······	Exclusivity
	····		·····	WVVIA-3	0.25			Surcharge for
			·····				······	Partially
							·····	Distant
							·····	Stations
			••••		······			Giations
			••••					
otal DSEs			2.00	Total DSEs			2.75	
Gross Receipts First G	Group	s 1,39	1,202.47	Gross Receipts Sec	cond Group	\$	57,727.90	
		-,						
Sase Rate Fee First G			4,554.72 UP	Base Rate Fee See		\$UBSCRIBER GRO	1,322.40 UP	
		SUBSCRIBER GRO	•	Base Rate Fee Sed	FOURTH	SUBSCRIBER GRO		
COMMUNITY/ AREA	THIRD	SUBSCRIBER GRO	•		FOURTH	SUBSCRIBER GRO		
COMMUNITY/ AREA CALL SIGN WWOR	THIRD Sub Gro	SUBSCRIBER GRO	UP	COMMUNITY/ ARE CALL SIGN WWOR	FOURTH Sub Groot DSE 1.00	SUBSCRIBER GRO	UP	
WWOR WPIX	THIRD Sub Gro	SUBSCRIBER GRO	UP	COMMUNITY/ ARE CALL SIGN WWOR WPIX	FOURTH Sub Groot DSE 1.00 1.00	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA CALL SIGN WWOR WPIX WPVI	THIRD Sub Gro DSE 1.00 1.00 0.25	SUBSCRIBER GRO	UP	COMMUNITY/ ARE CALL SIGN WWOR WPIX WITF	FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA CALL SIGN WWOR WPIX WPVI	THIRD Sub Gro	SUBSCRIBER GRO	UP	COMMUNITY/ ARE CALL SIGN WWOR WPIX WITF WPVI	DSE 1.00 1.00 0.25 0.25	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA CALL SIGN WWOR WPIX WPVI	THIRD Sub Gro DSE 1.00 1.00 0.25	SUBSCRIBER GRO	UP	COMMUNITY/ ARE CALL SIGN WWOR WPIX WITF	FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA CALL SIGN WWOR WPIX WPVI	THIRD Sub Gro DSE 1.00 1.00 0.25	SUBSCRIBER GRO	UP	COMMUNITY/ ARE CALL SIGN WWOR WPIX WITF WPVI	DSE 1.00 1.00 0.25 0.25	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA CALL SIGN WWOR WPIX WPVI	THIRD Sub Gro DSE 1.00 1.00 0.25	SUBSCRIBER GRO	UP	COMMUNITY/ ARE CALL SIGN WWOR WPIX WITF WPVI	DSE 1.00 1.00 0.25 0.25	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA CALL SIGN WWOR WPIX WPVI	THIRD Sub Gro DSE 1.00 1.00 0.25	SUBSCRIBER GRO	UP	COMMUNITY/ ARE CALL SIGN WWOR WPIX WITF WPVI	DSE 1.00 1.00 0.25 0.25	SUBSCRIBER GRO	UP	
CALL SIGN WWOR WPIX NPVI	THIRD Sub Gro DSE 1.00 1.00 0.25	SUBSCRIBER GRO	UP	COMMUNITY/ ARE CALL SIGN WWOR WPIX WITF WPVI	DSE 1.00 1.00 0.25 0.25	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA CALL SIGN WWOR WPIX WPVI	THIRD Sub Gro DSE 1.00 1.00 0.25	SUBSCRIBER GRO	UP	COMMUNITY/ ARE CALL SIGN WWOR WPIX WITF WPVI	DSE 1.00 1.00 0.25 0.25	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA CALL SIGN WWOR WPIX	THIRD Sub Gro DSE 1.00 1.00 0.25	SUBSCRIBER GRO	UP	COMMUNITY/ ARE CALL SIGN WWOR WPIX WITF WPVI	DSE 1.00 1.00 0.25 0.25	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA CALL SIGN WWOR WPIX WPVI	THIRD Sub Gro DSE 1.00 1.00 0.25	SUBSCRIBER GRO	UP	COMMUNITY/ ARE CALL SIGN WWOR WPIX WITF WPVI	DSE 1.00 1.00 0.25 0.25	SUBSCRIBER GRO	UP	
CALL SIGN WWOR WPIX VPVI	THIRD Sub Gro DSE 1.00 1.00 0.25	SUBSCRIBER GRO	UP	COMMUNITY/ ARE CALL SIGN WWOR WPIX WITF WPVI	DSE 1.00 1.00 0.25 0.25	SUBSCRIBER GRO	UP	
CALL SIGN WWOR WPIX NPVI	THIRD Sub Gro DSE 1.00 1.00 0.25	SUBSCRIBER GRO	UP	COMMUNITY/ ARE CALL SIGN WWOR WPIX WITF WPVI	DSE 1.00 1.00 0.25 0.25	SUBSCRIBER GRO	UP	
CALL SIGN WWOR WPIX NPVI	THIRD Sub Gro DSE 1.00 1.00 0.25	SUBSCRIBER GRO	UP	COMMUNITY/ ARE CALL SIGN WWOR WPIX WITF WPVI	DSE 1.00 1.00 0.25 0.25	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA CALL SIGN WWOR WPIX NPVI NCAU	THIRD Sub Gro DSE 1.00 1.00 0.25 0.25	SUBSCRIBER GRO Dup 3 CALL SIGN	UP DSE	COMMUNITY/ ARE CALL SIGN WWOR WPIX WITF WPVI WCAU	DSE 1.00 1.00 0.25 0.25	SUBSCRIBER GRO up 4 CALL SIGN	DSE DSE	
CALL SIGN WWOR WPIX WPVI WCAU	THIRD Sub Gro DSE 1.00 1.00 0.25 0.25	SUBSCRIBER GRO Dup 3 CALL SIGN \$ 6	2.50	COMMUNITY/ ARE CALL SIGN WWOR WPIX WITF WPVI WCAU Total DSEs	DSE	SUBSCRIBER GRO up 4 CALL SIGN	DSE 2.75	
CALL SIGN WWOR WPIX VPVI VCAU otal DSEs Gross Receipts Third C	THIRD Sub Gro DSE 1.00 1.00 0.25 0.25	SUBSCRIBER GRO Dup 3 CALL SIGN \$ 6	2.50 2,391.48	COMMUNITY/ ARE CALL SIGN WWOR WPIX WITF WPVI WCAU Total DSEs Gross Receipts For	DSE	SUBSCRIBER GRO up 4 CALL SIGN \$	2.75 607,506.59	

LEGAL NAME OF OWNE						,	6553 SYSTEM	Name
	BLOCK A:	COMPUTATION C	F BASE R	ATE FEES FOR EA	CH SUBSCRIB	ER GROUP		
	FIFTH	SUBSCRIBER GRO	UP		SIXTH	SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA	Sub Gro	oup 5		COMMUNITY/ ARE	EA Sub Grou	ıp 6		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WWOR	1.00			WWOR	1.00			Base Rate Fee
WPIX	1.00			WPIX	1.00			and
WPVI	0.25			WPVI	0.25			Syndicated
WCAU	0.25			WCAU	0.25			Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
	<u></u>							
Total DSEs			2.50	Total DSEs			2.50	
Gross Receipts First G	roup	\$ 1	0,732.43	Gross Receipts Se	cond Group	\$	35,613.87	
Base Rate Fee First G	roup	\$	227.04	Base Rate Fee Se	cond Group	\$	753.41	
	SEVENTH	SUBSCRIBER GRO	UP		EIGHTH S	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	Sub Gro	oup 7		COMMUNITY/ ARE	EA Sub Grou	ıp 8		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WWOR	1.00			WWOR	1.00			
WPIX	1.00			WPIX	1.00			
WPVI	0.25							
					····			
					····			
								
Total DSEs			2.25	Total DSEs	1		2.00	
Gross Possints Third C	Proup	¢ 4.20	0,091.59	Gross Possints Fa	urth Group	ė	170,324.52	
Gross Receipts Third 0	οιυυρ	₹ 1,2U	U,UU I.OU	Gross Receipts Fo	urur Group	•	170,324.32	
Base Rate Fee Third G	Group	\$ 2	3,284.78	Base Rate Fee Fo	urth Group	\$	3,006.23	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		
1		🧳 ,						

LEGAL NAME OF OWNE						Sì	STEM ID# 6553	Name
E	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRIE	BER GROUP		
		SUBSCRIBER GROU	IP			SUBSCRIBER GROUP	D	9
COMMUNITY/ AREA	Sub Gro	oup 9		COMMUNITY/ AREA	Sub Gro	up 10		Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WWOR	1.00			WWOR	1.00	-		Base Rate Fee
WPIX	1.00			WPIX	1.00			and
								Syndicated
								Exclusivity Surcharge
					·			for
						-		Partially
								Distant
								Stations
						-		
					<u> </u>			
							<u></u>	
Total DSEs			2.00	Total DSEs			2.00	
Gross Receipts First G	roup	s 1.379	,895.41	Gross Receipts Second	d Group	\$ 8	31,523.07	
		., .,						
Base Rate Fee First G	roup	\$ 24	,355.15	Base Rate Fee Second	d Group	\$	1,438.88	
E	LEVENTH	SUBSCRIBER GROU	P		TWELVTH	SUBSCRIBER GROUP	D	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					'	-		
						-		
								
							<u></u>	
					 			
					-			
	-				 		-	
Total DSEs	<u> </u>		0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
		·				·		
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			ber group a	s shown in the boxes abo	ove.	\$		

Computation Computation SE Of Base Rate F and Syndicate Exclusivit Surcharge for Partially Distant	UP	SUBSCRIBER GROU		TE FEES FOR EACH		A: COMPUTATION O	BLOCK A:	E
Computation E of Base Rate F and Syndicate Exclusivit Surcharge for Partially	UP		SECOND					
Computation E of Base Rate F and Syndicate Exclusivit Surcharge for Partially					JP	ST SUBSCRIBER GROU		
BE of Base Rate F and Syndicate Exclusivit Surcharge for Partially		oup 2	Sub Gro	COMMUNITY/ AREA		Group 1	Sub Gr	COMMUNITY/ AREA
and Syndicate Exclusivit Surchargo for Partially	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Syndicate Exclusivit Surcharge for Partially								
Exclusivit Surchargo for Partially								
Surcharge for Partially								
for Partially								
Partially								
Distant								
04-41								
Stations							<u>.</u>	
			·				·	
			†		<u> </u>		<u> </u>	
00	0.00			Total DSEs	0.00			Γotal DSEs
90	57,727.90	\$	d Group	Gross Receipts Secon	,202.47	\$ 1,391	oup	Gross Receipts First Gr
<u> </u>								
00	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
	UP	H SUBSCRIBER GROU	FOURTH		JP	RD SUBSCRIBER GROU	THIRD	
		oup 4	Sub Gro	COMMUNITY/ AREA		Group 3	Sub Gro	COMMUNITY/ AREA
 E	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	·····		<u>.</u>				<u>-</u>	
			<u> </u>					
00	0.00			Total DSEs	0.00	-		Total DSEs
59	607,506.59	\$ 6	Group	Gross Receipts Fourth	,391.48	\$ 62	roup	Gross Receipts Third G
00	0.00	\$	Group	Base Rate Fee Fourth	0.00	\$	roup	Base Rate Fee Third G

3	6553							SERVICE ELECTR
		IBER GROUP	SUBSCR	ATE FEES FOR EACH	F BASE RA	A: COMPUTATION O	BLOCK A:	E
	UP	SUBSCRIBER GROU	SIXTH		UP	H SUBSCRIBER GROU	FIFTH	
9 Computation		oup 6	Sub Gro	COMMUNITY/ AREA		Group 5	Sub Gr	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fee			<u>.</u>					
and and								
Syndicated			<u></u>					
Exclusivity				-				
Surcharge								
for			<u> </u>					
Partially Distant			. 	-				
Stations			. 	-			 	
Otations	······				····			
			-	-			-	
****			<u>-</u>				-	
_	0.00			Total DSEs	0.00			Total DSEs
-	35,613.87	\$	d Group	Gross Receipts Second	0,732.43	<u>\$</u> 10	oup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gr
	UP	SUBSCRIBER GROU	EIGHTH		UP	H SUBSCRIBER GROU	SEVENTH	;
		oup 8	Sub Gre	COMMUNITY/ AREA		Group 7	Sub Gr	COMMUNITY/ AREA
<u></u>	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			<u> </u>					
				-				
			. 	-				
	·····		. 				···	
							······································	
			<u></u>					
			<u> </u>				-	
_	0.00			Total DSEs	0.00			Total DSEs
_	170,324.52	<u>\$ 1</u>	Group	Gross Receipts Fourth	0,091.59	\$ 1,200	roup	Gross Receipts Third G
_				11		1		

Nonpermitted 3.75 Stations

		EVISION, INC.					6553	Name
J				TE FEES FOR EACH				
		SUBSCRIBER GRO)UP			SUBSCRIBER GRO	UP	0
COMMUNITY/ AREA	Sub Gr	oup 9		COMMUNITY/ AREA	Sub Gro	oup 10		9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computatio of
0,122 0.0.1	302	07.22 0.011	332	07.22 0.011		07.22 0.011	332	Base Rate Fo
					<u>-</u>			and
	-				<u>-</u>			Syndicated
	-				<u>-</u>			Exclusivity
	-				<u>-</u>			Surcharge
	-		····		<u>-</u>	-		for
	-				<u>-</u>			Partially
								Distant
	-		····		<u>-</u>	-		Stations
	-		····		<u>-</u>			
	1				<u> </u>			
					†		·····	
	<u> </u>				<u> </u>			
					<u> </u>			
								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	¢ 137	9,895.41	Gross Receipts Second	d Croup	¢	81,523.07	
31088 Receipts Filst G	oup	\$ 1,37	9,095.41	Gross Receipts Second	и Стоир	\$	61,525.07	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
Е	LEVENTH	SUBSCRIBER GRO)UP		TWELVTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
O'NEE O'O'N	DOL	OALE GIGIT	BOL	CALL SIGIV	BOL	O'TEE GIGIT	BOL	
							•••••	
Total DSEs			0.00	Total DSEs			0.00	
	roup	<u> </u>	0.00	Total DSEs Gross Receipts Fourth	Group	\$	0.00	
Total DSEs Gross Receipts Third C			0.00	Gross Receipts Fourth			0.00	
		\$				\$		

ACCOUNTING PERIOD: 2022/2

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

6553

Name SERVICE ELECTRIC CABLEVISION, INC.

9

Computation
of
Base Rate Fee
and
Syndicated
Exclusivity
Surcharge
for

Partially

Distant

Stations

BLOCK B:	COMPLITATION	OF SYNDICATED	EXCLUSIVITY	SURCHARGE FO	R FACH SU	BSCRIBER GROUI
DECON D.	OCIVII OTATION	OI OINDIOAILD	LACECCIVIII			

If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:

☐ First 50 major television market ☐ Second 50 major television market

INSTRUCTIONS:

- Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.
- Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.
- Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.
- **Step 4:** Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.

FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP			
Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation			
SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY			
SURCHARGE First Group	SURCHARGE Second Group			
THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP			
Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs			
Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs			
Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation			
SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group			

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

Transmitters: Radio

Accepted

C	Cable Worksheet		Total amount of remittance	Number of SAs rec'd		Initials	
			Date of remittance	Check	EFT	FILII	NG FEES
Cable ID #						Amount	Initials
Examined by		Reviewed by	Date examination completed	Allocatio	n number		
Space A Accounting Period					<u>'</u>		
	Janu	uary 1 - June 30, 2017	[July 1 - Decem	ber 31, 2017		
	Lette	er sent	[Information re	ceived		
	☐ Acce	epted	[Phone call/Dat	e/Contact		
Space B Owner							
	Lette	er sent	[Information re	ceived		
	Acce	epted	[Phone call/Dat	e/Contact		
Space D Area Served							
	Lette	er sent	[Information re	ceived		
	Acce	epted	[Phone call/Dat	e/Contact		
Space E Secondary Transission							
Service Subscribers:	Lette	er sent	[Information re	ceived		
and Rates	Acce	epted	[Phone call/Dat	e/Contact		
Space G Primary Transmitters:							
Television	Lette	er sent	[Information re	ceived		
	Acce	epted		Phone call/Dat	re/Contact		
Space H Primary							

Phone call/Date/Contact

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