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
8/23/23	\$ ALLOCATION NUMBER
	THE STATE OF THE S

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STA	TEMENT:		
Accounting Period	2023/1			
B	Instructions: Give the full legal name of the owner of the cable system. I rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conding of the were different owners during the accounting period, a single statement of account and royalty fee payment covering. Check here if this is the system's first filing. If not, enter the conditions are considered as the conditions of the conditions are considered.	ucts the business of the cable system only the owner on the last day of the the entire accounting period.	m. e accounting period should su	
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE CABLE ONE, INC.	SYSTEM		
				1037920231
				10379 2023/1
	210 E EARLL DRIVE PHOENIX, AZ 85012			
С	INSTRUCTIONS: In line 1, give any business or trade na names already appear in space B. In line 2, give the maili			
System	1 IDENTIFICATION OF CABLE SYSTEM: SPARKLIGHT	ing address of the system, it dill	Signit from the address give	iii iii space 2.
	MAILING ADDRESS OF CABLE SYSTEM: 1007 N ONE MILE RD (Number, street, rural route, apartment, or suite number) DEXTER, MO 63841 (City, town, state, zip code)			
D	Instructions: For complete space D instructions, see page	ge 1b. Identify only the frst comm	nunity served below and rel	ist on page 1b
Area Served	with all communities.	T		
First	CITY OR TOWN DEXTER	STATE MO		
Community	Below is a sample for reporting communities if you repo		nace G	
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
Sample	Alda	MD	Α	1
Jailiple	Alliance	MD	В	2
	Gering	MD	В	3

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

FORM SA3E. PAGE 1b. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 10379 CABLE ONE, 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 frst community that you list will serve as a form Δrea 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# **DEXTER** MO AA First **BERNIE** MO AA 1 Community **BLOOMFIELD** MO AA 1 **ESSEX** MO AA **DUNKLIN CO.** MO AB 2 2 **CAMPBELL** MO AB See instructions for **CLARKTON** AB 2 MO additional information on alphabetization. **HOLCOMB** MO AB 2 3 **MALDEN** AB MO 3 **GIDEON** MO AB **PARMA** MO AB 3 Add rows as necessary. 3 **PORTAGEVILLE** MO AB 3 **RISCO** MO AB **KENNETT** AD MO 4 AD 4 **SENATH** MO CLAY CO. AC 5 AR **GREENWAY** 5 AR AC 5 PIGGOTT AR AC **POLLARD** AR AC 5 5 **RECTOR AR** AC ST. FRANCIS AR AC 5 AR AC 5 **GREENE CO.** LAFE AR AC 5 **MARMADUKE** AR 5 AC **STEELE** MO AD 6 PEMISCOT CO. AD 6 MO 7 AD WARDELL MO **HOMESTOWN** MO AD NORTH WARDELI MO AD

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Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1		BLOCK 2				
	NO. OF				NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS		RATE	CATEGORY OF SERVICE	SUBSCRIBERS		RATE
Residential:							
 Service to first set 	882	\$	42.00	ECONOMY IPTV	799	\$	54.00
 Service to additional set(s) 							
 FM radio (if separate rate) 							
Motel, hotel	103	\$	56.00				
Commercial							
Converter							
 Residential 							
Non-residential		ļ				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 sted in block 1 and for which a separate charge was made or established. List these other services in the form of a

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	CK 1			BLOCK 2	2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE		CATEGORY OF SERVICE	E	RATE	
Continuing Services:		Installation: Non-residential					
 Pay cable 	10.99-19.00	Motel, hotel			STANDARD CABLE	\$	67.75
 Pay cable—add'l channel 		Commercial			DIGITAL FAMILY PAK	\$	16.00
 Fire protection 		• Pay cable			IPTV STANDARD	\$	67.75
Burglar protection		Pay cable-add'l channel		HISPANIC TIER	\$	6.00	
Installation: Residential		Fire protection					
First set	0-90.00	Burglar protection					
 Additional set(s) 		Other services:					
 FM radio (if separate rate) 		Reconnect		0-90.00			
Converter		Disconnect					
		Outlet relocation	\$	30.00			
		Move to new address	\$	30.00			

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

OLIANDEL LINE LID AA

		CHANN	EL LINE-UP	AA		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
KBSI	36.1	I	No		CAPE GIRARDEAU, MO	
KFVS	11.1	N	No		CAPE GIRARDEAU, MO	
KFVS-2	11.2	I-M	No		CAPE GIRARDEAU, MO	i
WDKA-2	25.2	I-M	No		PADUCAH, KY	
KFVS-4	11.4	I-M	No		CAPE GIRARDEAU, MO	
КРОВ	15.1	N	No		POPLAR BLUFF, MO	
WPSD	19.1	N	No		PADUCAH, KY	
WPSD-3	19.3	I-M	No		PADUCAH, KY	
WTCT	30	I	No		MARION, IL	
KTEJ	20.1	Е	Yes	0	JONESBORO, AR	
KFVS-3	11.3	I-M	No		CAPE GIRARDEAU, MO	
KBSI-2	36.2	I-M	No		CAPE GIRARDEAU, MO	
KFVS-5	11.5	I-M	No		CAPE GIRARDEAU, MO	
WDKA-3	25.3	I-M	No		PADUCAH, KY	
WDKA-4	25.4	I-M	No		PADUCAH, KY	
KBSI-3	36.3	I-M	No		CAPE GIRARDEAU, MO	
KPOB-2	15.2	I-M	No		POPLAR BLUFF, MO	
KPOB-4	15.4	I-M	No		POPLAR BLUFF, MO	

G

Primary Transmitters: Television

See instructions for additional information on alphabetization.

U.S. Copyright Office

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AA CONT	
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
KPOB-SIMUL	15.1	N	No		POPLAR BLUFF, MO
KFVS-SIMUL	11.1	N	No		CAPE GIRARDEAU, MO
KBSI-SIMUL	36.1	ı	No		CAPE GIRARDEAU, MO
WPSD-SIMUL	19.1	N	No		PADUCAH, KY
KTEJ-SIMUL	20.1	E	Yes	E	JONESBORO, AR
WQWQ-SIMUL	18	I	No		PADUCAH, KY
	 	†			

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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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.

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CHANNEL LINE-UP AB 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF **CARRIAGE** SIGN (Yes or No) **NUMBER STATION** (If Distant) KBSI 36.1 CAPE GIRARDEAU, MO ı No **KFVS** CAPE GIRARDEAU, MO 11.1 Ν No KFVS-4 CAPE GIRARDEAU, MO 11.4 I-M No KFVS-2 11.2 I-M No CAPE GIRARDEAU, MO KFVS-5 11.5 I-M No CAPE GIRARDEAU, MO **WPSD** N PADUCAH, KY 19.1 No WPSD-3 19.3 I-M No PADUCAH, KY **KTEJ** 0 20.1 Ε Yes JONESBORO, AR **KPOB** 15.1 Ν No POPLAR BLUFF, MO KFVS-3 11.3 I-M No CAPE GIRARDEAU, MO KBSI-2 I-M 36.2 No **CAPE GIRARDEAU, MO** WDKA-2 25.2 I-M PADUCAH, KY No **WTCT** 30 ı No MARION, IL WDKA-3 25.3 I-M No PADUCAH, KY WDKA-4 PADUCAH, KY 25.4 I-M No KPOB-2 15.2 I-M No POPLAR BLUFF, MO KBSI-3 36.3 I-M No CAPE GIRARDEAU, MO 15.4 I-M POPLAR BLUFF, MO KPOB-4 No

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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3. TYP ANNEL OF MBER STA 5.1 N 1.1 N 6.1 I 9.1 N	(Yes or No) No	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION POPLAR BLUFF, MO CAPE GIRARDEAU, MO
1.1 N 6.1 I	No		
6.1 I			CAPE GIRARDEAU, MO
	No		
9.1 N			CAPE GIRARDEAU, MO
	No		PADUCAH, KY
0.1 E	No		JONESBORO, AR
18 I	No		PADUCAH, KY
1	8 1	8 I No	8 I No

G

Primary Transmitters: Television

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.

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

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

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

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

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

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

		CHANN	EL LINE-UP	AC			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
KJNB-LD	16.1	I	No		JONESBORO, AR		
KJNB-LD2	16.2	N-M	No		JONESBORO, AR		
KVTJ	18.1	I	No		JONESBORO, AR		
KTEJ	20.1	E	No		JONESBORO, AR		
KAIT-1	8.1	N	No		JONESBORO, AR		
KAIT-2	8.2	N-M	No		JONESBORO, AR		
KAIT-3	8.3	I-M	No		JONESBORO, AR		
KJNB-LD-SIMUL	16.1	I	No		JONESBORO, AR		
KAIT-SIMUL	8.1	N	No		JONESBORO, AR		
KAIT-2-SIMUL	8.2	N-M	No		JONESBORO, AR		
KAIT-3-SIMUL	8.3	I-M	No		JONESBORO, AR		
KTEJ-SIMUL	20.1	E	No		JONESBORO, AR		
KJNB-LD2-SIMUL	16.2	N-M	No		JONESBORO, AR		

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.					ACCOUN	TING PERIOD: 2023,
LEGAL NAME OF OW	NER OF CABLE SY	STEM:			SYSTEM ID:	#
CABLE ONE, I					10379	Name
PRIMARY TRANSMITT	ERS: TELEVISIO	N				
carried by your cable FCC rules and regula 76.59(d)(2) and (4), 7 substitute Basis basis under specifc F • Do not list the statio station was carried • List the station here basis. For further i in the paper SA3 f Column 1: List ea each multicast stream cast stream as "WET. WETA-simulcast). Column 2: Give tr its community of licen on which your cable s Column 3: Indicat educational station, b (for independent mult For the meaning of th Column 4: If the s planation of local serv Column 5: If you r cable system carried carried the distant sta For the retransmis of a written agreement the cable system and tion "E" (exempt). For	G, identify every system during the tions in effect on 6.61(e)(2) and (4 asis, as explainer Stations: With record of the control of the contr	r television standard tele	period, except of all permitting the eferring to 76.61 paragraph. It distant stations orizations: It in space I (the station was carried ute basis station cording to its over be reported in or as assigned to the annel 4 in Wash attion is a network etwork), "N-M" (freducational), or a general instruction of the educational), or a general instruction of the educational or accounting period ause of lack of a sam that is not some 30, 2009, be a sociation represeduced.	(1) stations carried e carriage of certa (e)(2) and (4))]; and (e)(2) and (f)(2); and (f)(s". If not, enter "No". For an ex- paper SA3 form. tating the basis on which your ering "LAC" if your cable system	Primary Transmitters: Television
FCC. For Mexican or	Canadian station	ns, if any, give	e the name of th	e community with	to which the station is licensed by the which the station is identifed.	
Note: If you are utilizi	ng multiple chan	nel line-ups,	use a separate s	space G for each o	channel line-up.	
	1	CHANN	EL LINE-UP	AC CONT		_
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	

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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		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
KBSI	36.1	I	No		CAPE GIRARDEAU, MO
KFVS	11.1	N	No		CAPE GIRARDEAU, MO
KFVS-2	11.2	I-M	No		CAPE GIRARDEAU, MO
KVTJ	18.1	I	No		JONESBORO, AR
КРОВ	15.1	N	No		POPLAR BLUFF, MO
WPSD	19.1	N	No		PADUCAH, KY
WPSD-3	19.3	I-M	No		PADUCAH, KY
KFVS-3	11.3	I-M	No		CAPE GIRARDEAU, MO
KTEJ	20.1	Е	Yes	0	JONESBORO, AR
WDKA-2	25.2	I-M	No		PADUCAH, KY
KBSI-2	36.2	I-M	No		CAPE GIRARDEAU, MO
KFVS-4	11.4	I-M	No		CAPE GIRARDEAU, MO
KFVS-5	11.5	I-M	No		CAPE GIRARDEAU, MO
WDKA-3	25.3	I-M	No		PADUCAH, KY
WDKA-4	25.4	I-M	No		PADUCAH, KY
KBSI-3	36.3	I-M	No		CAPE GIRARDEAU, MO
KPOB-4	15.4	I-M	No		POPLAR BLUFF, MO
KPOB-2	15.2	I-M	No		POPLAR BLUFF, MO

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

CHANNEL LINE-UP				AD CONT	
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
KPOB-SIMUL	15.1	N	No		POPLAR BLUFF, MO
KFVS-SIMUL	11.1	N	No		CAPE GIRARDEAU, MO
KBSI-SIMUL	36.1	I	No		CAPE GIRARDEAU, MO
WPSD-SIMUL	19.1	N	No		PADUCAH, KY
KTEJ-SIMUL	20.1	E	Yes	E	JONESBORO, AR
WQWQ-SIMUL	18	ı	No		PADUCAH, KY

G

Primary Transmitters: Television

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.	FORM SA3E. PAGE 3. LEGAL NAME OF OWNE	ER OF CABLE SY	STEM:			SYSTEM ID#	
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 feet on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: 10 not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. 1. List the station here, and also in space I, if the 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 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 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "for independent), "I-M" (for independent multicast), "E' (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you			OTEM.				Name
Courted by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))); and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: 10 not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. 1. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast streams and swell-read stations are "WETA-2." Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for independent), "I-M" (for independent multicast). "E" (for noncommercial educational) or "E-M" (for independent multicast). "E" (for noncommercial educational) or "E-M" (for independent multicast). 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 hav	PRIMARY TRANSMITTE	RS: TELEVISIO	N				
FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)/2) and (4), 76.51(e)/2) and (4), 07.651(e)/2) and (4), 07.651(e)/2) and (4), 07.651(e)/2) and (4)); and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: - Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. 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" (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 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station on a part-time basis because of lack of activated channel capac							•
Primar Transmitt Teach (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))); and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: 10 not list the station here in space (3—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. 1. List the station here, and also in space I, if the 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. 1. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). 1. 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. 1. 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. 1. 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. 1		-	-		, ,	•	G
Substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "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),"-I-M" (f							Primary
basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream ascociated 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 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"." (for ont, 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 d	(// / / //	(/(/	,,	U	. (0)(2) and (1))], a	na (2) contain classic cames on a	Transmitters
• 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 multicasts stream associated with a station according to its over-the-air designation. For example, report multicasts 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), "To for independently, "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational station, or an explanation of local service area, 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					carried by your ca	able system on a substitute program	Television
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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 AE 1. CALL SIGN 2. B'CAST GHANNEL 3. TYPE 4. DISTANT? 5. BASIS OF CARRIAGE	,	•	•	annei 4 in vvasn	ington, D.C. This i	may be different from the channel	
(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 clause is the cable system and a primary transmitter or an association representing the channel on any other basis, enter "0." 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 AE 1. CALL SIGN CHANNEL OF CHANNEL SIGN CHANNEL	Column 3: Indicate	in each case v	whether the sta				
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of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AE 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF CHANNEL OF CARRIAGE		•					
the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AE 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF CHANNEL OF CARRIAGE							
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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 AE 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF (Yes or No) CARRIAGE							
CHANNEL LINE-UP AE 1. CALL SIGN 2. B'CAST CHANNEL 3. TYPE 4. DISTANT? (Yes or No) CARRIAGE 6. LOCATION OF STATION CARRIAGE	FCC. For Mexican or C	anadian statio	ns, if any, give	e the name of th	e community with	which the station is identifed.	
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION (Yes or No) CARRIAGE	Note: If you are utilizing	g multiple chan	inel line-ups, i	use a separate s	space G for each	channel line-up.	
SIGN CHANNEL OF (Yes or No) CARRIAGE			CHANN	EL LINE-UP	AE		
						6. LOCATION OF STATION	
NUMBER STATION (IF Distant)	SIGN			(Yes or No)			
		NUMBER	STATION		(If Distant)		
			<u> </u>			-	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OW	NER OF CABLE SY	STEM:			SYSTEM ID#	Name
CABLE ONE, I	NC.				10379	Hame
PRIMARY TRANSMITT	ERS: TELEVISIO	N				
carried by your cable	system during th	ne accounting	period, except ((1) stations carried	and low power television stations) I only on a part-time basis under in network programs [sections	G
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						
oasis under specifc F	CC rules, regula n here in space (tions, or autho G—but do list	orizations:		nt and Program Log)—if the	Television
List the station here	, and also in spa nformation conce	ce I, if the sta			ute basis and also on some other the general instructions located	
Column 1: List ea	ch station's call s	-			such as HBO, ESPN, etc. Identify	
			•	•	ion. For example, report multi- stream separately; for example	
WETA-simulcast). Column 2: Give th	ne channel numb	er the FCC h	as assigned to t	he television station	on for broadcasting over-the-air in	
its community of licen on which your cable s	se. For example ystem carried th	, WRC is Cha e station.	nnel 4 in Washi	ington, D.C. This r	may be different from the channel	
					pendent station, or a noncommercial st), "I" (for independent), "I-M"	
or the meaning of th	ese terms, see p	age (v) of the	e general instruc	ctions located in th		
Column 4: If the solanation of local serv			•	,	s". If not, enter "No". For an ex- paper SA3 form.	
Column 5: If you h	nave entered "Ye	es" in column	4, you must con	nplete column 5, s	tating the basis on which your	
cable system carried carried the distant sta		•	٠.	•	ering "LAC" if your cable system apacity.	
					payment because it is the subject	
-				•	tem or an association representing y transmitter, enter the designa-	
					ner basis, enter "O." For a further	
					I in the paper SA3 form. to which the station is licensed by the	
				•	which the station is identifed.	
Note: If you are utilizi	ng mulliple chan		•		manner line-up.	
		CHANN	EL LINE-UP	AF		
1. CALL			4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)		
	NOMBLIX	OTATION		(II Distant)		
	···					
	···					

FORM SA3E. PAGE 3.						ı
LEGAL NAME OF OWN	NER OF CABLE SY	STEM:			SYSTEM ID#	Name
CABLE ONE, II	NC.				10379	Name
PRIMARY TRANSMITTI	ERS: TELEVISIO	N				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program ba Substitute Basis s basis under specifc FC Do not list the station station was carried List the station here, basis. For further in the paper SA3 fc Column 1: List eace each multicast stream cast stream as "WETA- WETA-simulcast). Column 2: Give th its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multi For the meaning of the Column 4: If the si planation of local serv Column 5: If you h cable system carried t carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these th Column 6: Give th	system during the ions in effect or 5.61(e)(2) and (esis, as explaine stations: With recording the in space only on a substand also in spanformation concording the interest of the interest of the interest of the interest of the distant station is outside interest of a distant tentered into or a primary transis simulcasts, also are categories, e location of ea Canadian station.	ne accounting a June 24, 1984, or 76.63 (not in the next prespect to any attions, or authors, or a station account of a station account of the station. The station account of the station account of the station account of the station. The station account of the station or before Junitter or an associated as the station or before Junitter or an associated account of the station. For any, give the station, if any, give	period, except (81, permitting the eferring to 76.61 paragraph. distant stations orizations: it in space I (the tition was carried ute basis station eport origination cording to its over be reported in compared to the effect of the educational), or egeneral instructive, you must confuse of lack of a eaccounting period use of lack of a eaccounting peri	(1) stations carried e carriage of certa (e)(2) and (4))]; all carried by your case. Special Statement both on a substitution, see page (v) of a program services er-the-air designate column 1 (list each the television static ington, D.C. This rock station, an indeport network multicator. "E-M" (for noncoutions located in the instant"), enter "Ye on located in the column 5, so desired channel cubject to a royalty tween a cable systematical on any other structions located in the instructions located in the community the community with the same carried and the community with the carried and the	paper SA3 form. tating the basis on which your ering "LAC" if your cable system apacity. payment because it is the subject tem or an association representing y transmitter, enter the designa- ner basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	G Primary Transmitters Television
		CHANN	EL 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)		
	···	ļ				
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		CHANN	EL 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)	
		 			

	l				21/2-	EN4 15 "	
	WNER OF CABLE SYSTE	EM:				EM ID#	Name
CABLE ONE,	INC.					10379	
PRIMARY TRANSMIT	TERS: TELEVISION						
•			, ,		and low power television stations) only on a part-time basis under		G
•				•	in network programs [sections		
. , . , . , , , , , , , , , , , , , , ,	76.61(e)(2) and (4), pasis, as explained ir	,	-	I(e)(2) and (4))]; a	nd (2) certain stations carried on a		Primary Transmitters
	, ·		0 1	carried by your ca	able system on a substitute program		Television
Do not list the stati	•	–but do list		e Special Stateme	nt and Program Log)—if the		
	ed only on a substitut		tion was sarried	l both on a substitu	its basis and also an same other		
	information concern				the general instructions located		
• •		ın. Do not r	eport origination	program services	such as HBO, ESPN, etc. Identify		
			U	· ·	on. For example, report multi-		
	TA-2". Simulcast stre	eams must	be reported in o	column 1 (list each	stream separately; for example		
WETA-simulcast). Column 2: Give	the channel number	the FCC h	as assigned to t	he television station	on for broadcasting over-the-air in		
•	• •		annel 4 in Wash	ington, D.C. This r	nay be different from the channel		
	system carried the s ate in each case whe		ation is a netwo	rk station an inde	pendent station, or a noncommercial		
					st), "I" (for independent), "I-M"		
•	,		, .	,	nmercial educational multicast).		
	these terms, see pag						
	rvice area, see page		•	,	s". If not, enter "No". For an ex- paper SA3 form		
					tating the basis on which your		
•		•	٠.	•	ering "LAC" if your cable system		
	tation on a part-time			ctivated channel c	apacity.		
	ission of a distant mit			ubject to a revaltu	normant baseries it is the subject		
or a written adreeme					payment because it is the subject		
_	ent entered into on or	r before Ju	ne 30, 2009, be	tween a cable syst	payment because it is the subject em or an association representing y transmitter, enter the designa-		
the cable system an tion "E" (exempt). Fo	ent entered into on or id a primary transmiti or simulcasts, also er	r before Jui ter or an as nter "E". If y	ne 30, 2009, be ssociation repres you carried the o	tween a cable syst senting the primar channel on any oth	em or an association representing y transmitter, enter the designa- ner basis, enter "O." For a further		
the cable system an tion "E" (exempt). Fo explanation of these	ent entered into on or d a primary transmit or simulcasts, also er three categories, se	r before Juiter or an as nter "E". If y ee page (v)	ne 30, 2009, be ssociation repres you carried the of the general i	tween a cable syst senting the primar channel on any oth nstructions located	em or an association representing y transmitter, enter the designa- ner basis, enter "O." For a further I in the paper SA3 form.		
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CABLE ONE, II	NER OF CABLE SYS	STEM [.]			SYSTEM ID#	
		O I LIVI.			10379	Name
		N			100.0	
			ation (including t	translator stations	and low power television stations)	_
carried by your cable	system during th	e accounting	period, except	(1) stations carried	d only on a part-time basis under	G
•				•	in network programs [sections	Deimone
/6.59(ɑ)(∠) anɑ (4), /(substitute program ba	. , . ,	,	-	i(e)(2) and (4))]; a	nd (2) certain stations carried on a	Primary Transmitter
Substitute Basis	Stations: With re	espect to any	distant stations	carried by your ca	able system on a substitute program	Television
pasis under specifc F	-			a Special Stateme	ent and Program Log)—if the	
station was carried	•		it iii space i (tiii	e opecial otateme	ent and Program Log)—it the	
List the station here, basis. For further in	and also in space	ce I, if the sta			ute basis and also on some other the general instructions located	
in the paper SA3 for		sian Do not re	enort origination	nrogram services	s such as HBO, ESPN, etc. Identify	
		-			ion. For example, report multi-	
ast stream as "WET/					stream separately; for example	
NETA-simulcast).	e channel numb	er the ECC h	as assigned to t	he television static	on for broadcasting over-the-air in	
			•		may be different from the channel	
on which your cable s	ystem carried the	e station.			•	
					pendent station, or a noncommercial ast), "I" (for independent), "I-M"	
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or the meaning of the						
Column 4: If the solanation of local serv			•	•	s". If not, enter "No". For an ex-	
					stating the basis on which your	
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		or before Jui	ne 30, 2009, be		payment because it is the subject tem or an association representing	
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FORM SA3E. PAGE 3.	ED OF 045: = 5::	OTEM			OVOTEM ID#	
CABLE ONE, IN		STEM:			SYSTEM ID# 10379	Name
PRIMARY TRANSMITTE		N			100.0	
In General: In space G carried by your cable st FCC rules and regulation	6, identify every ystem during th ons in effect on .61(e)(2) and (4	television state accounting June 24, 198 J), or 76.63 (rd	period, except (31, permitting the eferring to 76.61	(1) stations carried e carriage of certa	and low power television stations) I only on a part-time basis under in network programs [sections nd (2) certain stations carried on a	G Primary Transmitters:
Substitute Basis S basis under specifc FC • Do not list the station station was carried o • List the station here, a	tations: With re C rules, regulathere in space (only on a substand also in spa	espect to any tions, or autho G—but do list itute basis. ce I, if the sta	distant stations orizations: it in space I (the tion was carried	e Special Stateme	able system on a substitute program Int and Program Log)—if the Ite basis and also on some other Ithe general instructions located	Television
in the paper SA3 for Column 1: List each each multicast stream as "WETA-WETA-simulcast). Column 2: Give the	rm. n station's call sassociated with -2". Simulcast sachannel numb e. For example	sign. Do not ro a station acc streams must er the FCC ha , WRC is Cha	eport origination cording to its over be reported in case assigned to the	program services er-the-air designat column 1 (list each the television statio	s such as HBO, ESPN, etc. Identify ion. For example, report multi- stream separately; for example on for broadcasting over-the-air in may be different from the channel	
Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the sta planation of local servic Column 5: If you ha	in each case we entering the let ast), "E" (for no se terms, see pation is outside ce area, see paave entered "Ye	whether the stater "N" (for ne concommercial page (v) of the the local serv ge (v) of the (se" in column	etwork), "N-M" (f educational), or e general instruc ice area, (i.e. "d general instructi 4, you must con	or network multica "E-M" (for noncou- tions located in the listant"), enter "Ye ons located in the nplete column 5, s	s". If not, enter "No". For an ex-	
of a written agreement the cable system and a tion "E" (exempt). For s explanation of these the Column 6: Give the	on of a distant entered into on primary transr simulcasts, also ree categories, location of eac anadian station	multicast stree or before Jui nitter or an as e enter "E". If y see page (v) ch station. Foi ns, if any, give	am that is not some 30, 2009, beto sociation represous carried the confidence of the general in the confidence of the general in the confidence of the name of the second confidence of the second c	ubject to a royalty tween a cable system of the primar channel on any other tructions located ist the community with	payment because it is the subject tem or an association representing by transmitter, enter the designater basis, enter "O." For a further d in the paper SA3 form. It is which the station is licensed by the which the station is identifed.	
Trotor ir you are amizing	g manipio onan		EL LINE-UP	'	manner into up.	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE LEGAL NAME OF C	OWNER OF CABLE SYSTEM:			SYSTEM ID#	
CABLE ONE	, INC.			10379	Name
RIMARY TRANSMI	ITTERS: TELEVISION				
n General: In space arried by your cab CC rules and regule. 5.59(d)(2) and (4) ubstitute program Substitute Basiasis under specific Do not list the station was carrillated the station was carrillated the station has station was carrillated the station has station at the station at the station of the meaning of Column 4: If the	ce G, identify every television standard control of the system during the accounting ulations in effect on June 24, 198, 76.61(e)(2) and (4), or 76.63 (not basis, as explained in the next points stations: With respect to any control of the system of the	period, except (81, permitting the eferring to 76.61 paragraph. distant stations orizations: at it in space I (the ation was carried ute basis station cording to its over be reported in coas assigned to the ation is a network), "N-M" (for educational), or egeneral instructions (13, permitting to 15,	(1) stations carried e carriage of certa (e)(2) and (4))]; all carried by your case Special Statemed both on a substitute, see page (v) of a program services er-the-air designaticolumn 1 (list each the television staticington, D.C. This result in the station, an independent of the station, and independent of the station	in network programs [sections and (2) certain stations carried on a substitute program able system on a substitute program and and Program Log)—if the suite basis and also on some other the general instructions located a such as HBO, ESPN, etc. Identify ion. For example, report multistream separately; for example on for broadcasting over-the-air in may be different from the channel pendent station, or a noncommercial sist), "I" (for independent), "I-M" mmercial educational multicast). e paper SA3 form.	G Primary Transmitter Television
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					ΔCCOLINT	ING PERIOD: 2023/
FORM SA3E. PAGE 3.					Accoont	ING I ENIOD. 2023,
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name
CABLE ONE, IN	IC.				10379	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
In General: In space C carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If you cable system carried the cable system carried the cable system carried the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the	G, identify every eystem during the ons in effect on a feffect on a fe	r television state accounting June 24, 198 h), or 76.63 (rd in the next pespect to any tions, or author G—but do list itute basis. ce I, if the staterning substitute basis. The state of the station according to the station according to the station. The state "N" (for new the local serving (v) of the station of the local serving (v) of the station of the local serving the station of the station. The station of the station of the station of the station of the station. The station of the station. For the station of the station o	period, except (al., permitting the eferring to 76.61 paragraph. distant stations orizations: it in space I (the tion was carried ute basis station eport origination cording to its over be reported in control of the end of the end of the end of the end of the general instruction of lack of a counting period use of lack of a care and the end of the general instruction of the general instruction of the end of the general instruction of the general instruction of lack of a counting period use of lack of a care of lack of a counting period use of lack of a care and the tion of the general instruction of the gene	(1) stations carried e carriage of certa (e)(2) and (4))]; and (e)(2) and (f)(2); and (f)(paper SA3 form. tating the basis on which your ering "LAC" if your cable system apacity. payment because it is the subject tem or an association representing by transmitter, enter the designa- ner basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	Primary Transmitters: Television
•		CHANN	EL LINE-UP	ΛI	·	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.	NED 05 315: 5	(OTEN			OVOTEM ID#	
CABLE ONE, I		STEM:			SYSTEM ID# 10379	Name
PRIMARY TRANSMITT)N				
In General: In space carried by your cable FCC rules and regula	G, identify every system during the tions in effect or	television state ne accounting June 24, 198	period, except (31, permitting the	stations carried e carriage of certa	and low power television stations) d only on a part-time basis under hin network programs [sections	G
substitute program ba	asis, as explaine	d in the next p	oaragraph.	. , , , , , , , , , , ,	nd (2) certain stations carried on a able system on a substitute program	Primary Transmitters:
basis under specifc F	CC rules, regula	itions, or auth	orizations:		ent and Program Log)—if the	Television
station was carried List the station here basis. For further i	l only on a subsi , and also in spa nformation conc	titute basis. ice I, if the sta	ation was carried	l both on a substit	ute basis and also on some other f the general instructions located	
	ch station's call	-			s such as HBO, ESPN, etc. Identify ion. For example, report multi-	
			•	•	n stream separately; for example	
its community of licer	ise. For example	e, WRC is Cha	-		on for broadcasting over-the-air in may be different from the channel	
	e in each case v	vhether the st			pendent station, or a noncommercial ast), "I" (for independent), "I-M"	
	icast), "E" (for no	oncommercial	l educational), o	r "E-M" (for nonco	mmercial educational multicast).	
planation of local serv	vice area, see pa	age (v) of the	general instructi	ions located in the		
cable system carried	the distant statio	on during the	accounting perio	od. Indicate by ent	stating the basis on which your ering "LAC" if your cable system	
	sion of a distant	multicast stre	eam that is not s	subject to a royalty	payment because it is the subject tem or an association representing	
the cable system and tion "E" (exempt). For explanation of these t Column 6: Give the	a primary transi simulcasts, also hree categories, ne location of ea	mitter or an as o enter "E". If , see page (v) ch station. Fo	ssociation repressive carried the control of the general in Turns, Its stations, Its stations, Its stations, Its stations, Its stations, Its stations, Its stations of the sta	senting the primar channel on any otl nstructions located list the community	y transmitter, enter the designa- ner basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the	
Note: If you are utilize					which the station is identifed. channel line-up.	
		CHANN	EL LINE-UP	AM		
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	
				,		
	····	 		·		

ACCOUNTI	ING PERIOD: 2023/1
FORM SA3E. PAGE 3.	
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	.,
CABLE ONE, INC. 10379	Name
PRIMARY TRANSMITTERS: TELEVISION	
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under	G
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	Transmitters: Television
basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the	

• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

 List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

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

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

CHANNEL LINE-UP AN								
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
SIGN	CHANNEL		(Yes or No)	CARRIAGE				
	NUMBER	STATION		(If Distant)				
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LEGAL NAME OF C	3. OWNER OF CABLE SYST	TFM [.]			SYSTEM ID:	#
CABLE ONE		I CIVI.			10379	Name
	TTERS: TELEVISION				1007	,
			ation (including t	translator atations	and law newer television atations)	
•			, ,		and low power television stations) only on a part-time basis under	G
		_		, ,	in network programs [sections	
				1(e)(2) and (4))]; a	nd (2) certain stations carried on a	Primary
	basis, as explained in the stations: With res		0 1	carried by your ca	ible system on a substitute program	Transmitter Television
oasis under specifc	FCC rules, regulation	ons, or autho	orizations:			relevision
	iion nere in space G ied only on a substitu		it in space i (th	e Speciai Stateme	nt and Program Log)—if the	
	•		tion was carried	l both on a substitu	ite basis and also on some other	
		ning substitu	ute basis statior	ns, see page (v) of	the general instructions located	
in the paper SA3		an Do not r	oport origination	nrogram convices	such as HPO ESPN ata Identify	
		-			such as HBO, ESPN, etc. Identify on. For example, report multi-	
			•	•	stream separately; for example	
NETA-simulcast).						
			-		on for broadcasting over-the-air in	
•	ense. For example, e system carried the		innei 4 in vvasn	ington, D.C. This r	nay be different from the channel	
•	•		ation is a netwo	rk station, an inder	pendent station, or a noncommercial	
	,	,	,. ,		st), "I" (for independent), "I-M"	
•	,		,.	,	nmercial educational multicast).	
	these terms, see pa e station is outside th				e paper SA3 form. s". If not, enter "No". For an ex-	
	ervice area, see pag					
Column 5: If you	u have entered "Yes	" in column	4, you must con	nplete column 5, s	tating the basis on which your	
•		-	accounting perio	od. Indicate by ente	ering "LAC" if your cable system	
	station on a part-time		af laak af a		•	
For the retransm	•			ctivated channel c	apacity.	
	nission of a distant m	nulticast stre	am that is not s	ubject to a royalty	•	
of a written agreem the cable system ar	nission of a distant ment entered into on ondered a primary transmi	nulticast stre or before Jur itter or an as	eam that is not s ne 30, 2009, be ssociation repres	ubject to a royalty tween a cable syst senting the primar	apacity. payment because it is the subject em or an association representing / transmitter, enter the designa-	
of a written agreementhe cable system ar tion "E" (exempt). F	nission of a distant ment entered into on one on the distance of a primary transmitor simulcasts, also e	nulticast stre or before Jur itter or an as enter "E". If y	eam that is not some 30, 2009, bestociation repressous the control of the control	ubject to a royalty tween a cable syst senting the primary channel on any oth	apacity. payment because it is the subject em or an association representing / transmitter, enter the designa- ier basis, enter "O." For a further	
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	ACCOUNTI	NG PERIOD: 2023/
FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nama
CABLE ONE, INC.	10379	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power television's carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis	under	G
FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [secti 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 carri		Primary
substitute program basis, as explained in the next paragraph.	ou on u	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	ie	
station was carried only on a substitute basis.		

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).

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

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

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

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

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

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

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

CHANNEL LINE-UP AP										
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION					
SIGN	CHANNEL		(Yes or No)	CARRIAGE						
	NUMBER	STATION		(If Distant)						
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FORM SA3E. PAGE 3	3.				ACCOL	JNTING PERIOD: 20
	WNER OF CABLE SYS	STEM:			SYSTEM II	
CABLE ONE,	INC.				103	79 Name
RIMARY TRANSMIT	TTERS: TELEVISIO	N				
referral: In space arrived by your cable arrived by your cable arrived by your cable arrived by your cable arrived by and (4), substitute Basis assis under specifc. Do not list the statis station was carried. List the station here basis. For further in the paper SA3 Column 1: List endeath multicast stream as "WE VETA-simulcast). Column 2: Give arrived by the column 3: Indicated and the column 3: Indicated arrived by the column 4: If the column 4: If the column 4: If the column 5: If your arrived the distant station of local search arrived the distant station arrived station arrived the distant station arrived the distant station arrived the distant station arrived station arriv	e G, identify every e system during the lations in effect on 76.61(e)(2) and (4 basis, as explained; as Stations: With references Stations: With references Stations: With references Stations: With references of the lation here in space (2 bed only on a substitute, and also in space information concest form. Beach station's call state as a substitute of the station's call state and associated with a transportation. The lation is call state in each case we have the lation in the lation of the lation on a part-time is sistenced in the lation of a distant the lation of a distant lation on a part-time is sistenced in the lation of a distant lation of a distant lation of a distant lation of a lation of a distant lation of	television state accounting June 24, 198 Jun	period, except before period, except before period, except before period	(1) stations carried e carriage of certa (e)(2) and (4))]; and (e)(2) and (d))]; and carried by your case Special Statement both on a substitute, see page (v) of a program services er-the-air designation column 1 (list each che television static ington, D.C. This rark station, an indeptor network multicate "E-M" (for noncolutions located in the inplete column 5, sold. Indicate by entertivated channel couple to a royalty tween a cable system time the community of the community of the community is the community instructions located list the community	s". If not, enter "No". For an ex- paper SA3 form. tating the basis on which your ering "LAC" if your cable system	Primary Transmitter: Television
lote: If you are utiliz	zing multiple chani	nel line-ups, ı	use a separate s	space G for each o	channel line-up.	
		CHANN	EL LINE-UP	AQ		
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	

	ACCOUNTI	NG PERIOD: 2023/1
FORM SA3E. PAGE 3.	OVOTEM ID#	
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	10379	- Trainio
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power television station (stations) are carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis	under	G
FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [secti-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 carrisubstitute program basis, as explained in the next paragraph.		Primary 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 th station was carried only on a substitute basis. 	e	
 List the station here, and also in space I, if the station was carried both on a substitute basis and also on some basis. For further information concerning substitute basis stations, see page (v) of the general instructions lo 		

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

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify

in the paper SA3 form.

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

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

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

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

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

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

CHANNEL LINE-UP AR											
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION						
SIGN	CHANNEL		(Yes or No)								
	NUMBER	STATION		(If Distant)							
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FORM SA3E. PAGE 3. LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name	
	CABLE ONE, INC. 10379						
PRIMARY TRANSMITTE	RS: TELEVISIO	N					
carried by your cable s FCC rules and regulation 76.59(d)(2) and (4), 76	ystem during thons in effect on .61(e)(2) and (4	ne accounting June 24, 198 1), or 76.63 (re	period, except (31, permitting the eferring to 76.61	(1) stations carried e carriage of certa	and low power television stations) I only on a part-time basis under in network programs [sections nd (2) certain stations carried on a	G Primary	
substitute program bas Substitute Basis S				carried by your ca	able system on a substitute program	Transmitters: Television	
	here in space	G—but do list		e Special Stateme	nt and Program Log)—if the		
	and also in spa formation conc	ce I, if the sta			ute basis and also on some other the general instructions located		
Column 1: List each each multicast stream cast stream as "WETA	n station's call : associated with	a station acc	ording to its over	er-the-air designat	such as HBO, ESPN, etc. Identify ion. For example, report multi- stream separately; for example		
			-		on for broadcasting over-the-air in may be different from the channel		
on which your cable sy Column 3: Indicate	stem carried th in each case v	e station. hether the sta	ation is a networ	k station, an inder	pendent station, or a noncommercial		
(for independent multic For the meaning of the	ast), "E" (for no se terms, see p	oncommercial page (v) of the	educational), or general instruc	r "E-M" (for noncor			
planation of local service	ce area, see pa	ge (v) of the	general instructi	ons located in the	s". If not, enter "No". For an ex- paper SA3 form. tating the basis on which your		
carried the distant stati	on on a part-tir	ne basis beca	use of lack of a	ctivated channel c	ering "LAC" if your cable system apacity. payment because it is the subject		
of a written agreement the cable system and a tion "E" (exempt). For s	entered into or primary transr simulcasts, also	or before Juin mitter or an as o enter "E". If y	ne 30, 2009, bet sociation repres you carried the o	tween a cable syst senting the primary channel on any oth	tem or an association representing y transmitter, enter the designa- ner basis, enter "O." For a further d in the paper SA3 form.		
Column 6: Give the	location of eac anadian station	ch station. For ns, if any, give	U.S. stations, I the name of th	ist the community e community with	to which the station is licensed by the which the station is identifed.		
	3h		EL LINE-UP	•			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	o. Looking to think		
	NUMBER	STATION		(If Distant)			
							
				1			

LEGAL NAME OF OWN		STEM:			SYSTEM ID# 10379	Name		
CABLE ONE, IN								
PRIMARY TRANSMITTE								
•			, ,		and low power television stations) I only on a part-time basis under	G		
FCC rules and regulation	ons in effect on	1 June 24, 198	31, permitting the	e carriage of certa	in network programs [sections			
76.59(d)(2) and (4), 76	Primary							
substitute program bas Substitute Basis S				carried by your ca	able system on a substitute program	Transmitters Television		
basis under specifc FC								
 Do not list the station station was carried 	•		it in space I (the	e Special Stateme	ent and Program Log)—if the			
	•		tion was carried	both on a substitu	ute basis and also on some other			
		erning substiti	ute basis station	is, see page (v) of	the general instructions located			
in the paper SA3 for Column 1: List each		sign. Do not re	eport origination	program services	s such as HBO, ESPN, etc. Identify			
each multicast stream	associated with	n a station acc	ording to its over	er-the-air designat	ion. For example, report multi-			
cast stream as "WETA WETA-simulcast).	-2". Simulcast s	streams must	be reported in o	column 1 (list each	stream separately; for example			
,	channel numb	er the FCC ha	as assigned to t	he television station	on for broadcasting over-the-air in			
•	•		innel 4 in Wash	ington, D.C. This r	may be different from the channel			
on which your cable sy Column 3: Indicate			ation is a networ	k station an inder	pendent station, or a noncommercial			
				•	est), "I" (for independent), "I-M"			
•	,		,.	,	mmercial educational multicast).			
For the meaning of the Column 4: If the sta					e paper SA3 form. s". If not, enter "No". For an ex-			
planation of local servi			•	,				
•			•	•	tating the basis on which your			
cable system carried tr carried the distant stati		-		•	ering "LAC" if your cable system apacity.			
	•				payment because it is the subject			
•				•	tem or an association representing			
•			•	• .	y transmitter, enter the designa- ner basis, enter "O." For a further			
explanation of these th	ree categories,	see page (v)	of the general in	nstructions located	d in the paper SA3 form.			
				•	to which the station is licensed by the which the station is identifed.			
Note: If you are utilizing				•				
		CHANN	EL LINE-UP	ΔТ				
1. CALL	2. B'CAST	1	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	0. LOCATION OF STATION			
0.0.1	NUMBER	STATION	(100 01 110)	(If Distant)				
	 	ļ						
	1							

FORM SA3E. PAGE 3.					ACCOUNT	ING PERIOD: 2023
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name
CABLE ONE, IN	IC.				10379	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable s FCC rules and regulation 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specific FC • Do not list the station station was carried of • List the station here, at basis. For further int in the paper SA3 for Column 1: List each each multicast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy. Column 3: Indicate educational station, by (for independent multice For the meaning of the Column 4: If the sta planation of local service Column 5: If you had cable system carried the carried the distant stati For the retransmissi of a written agreement the cable system and at tion "E" (exempt). For sexplanation of these th	G, identify every ystem during the ons in effect on .61(e)(2) and (4 sis, as explained tations: With record only on a substand also in spate formation concern. In station's call associated with -2". Simulcast see channel numbers the cast, "E" (for no see terms, see pation is outside the distant station on a part-tire ion of a distant entered into or a primary transse simulcasts, also ree categories,	r television state accounting a June 24, 198 4), or 76.63 (nd in the next pespect to any tions, or authors, or a station acceptate and or authors, whether the Station. The station acceptate or authors, or auth	period, except (81, permitting the eferring to 76.61 paragraph. distant stations orizations: it in space I (the tion was carried ute basis station eport origination cording to its over be reported in contact as assigned to the tion is a network (1.e., "dispensation of the general instruction of lack of a accounting perioduse of lack of a accounting perioduse of lack of a semithat is not some 30, 2009, between the contact of the general instruction o	(1) stations carried e carriage of certa (e)(2) and (4))]; all carried by your case Special Statement both on a substitute, see page (v) of a program services er-the-air designation of the television static ington, D.C. This result in the television static ington, D.C. This result is a service of the television static ington, D.C. This result is the television static ington, but the television static ington, bu	s". If not, enter "No". For an ex- paper SA3 form. tating the basis on which your ering "LAC" if your cable system	Primary Transmitters: Television
					which the station is identifed.	
Note: If you are utilizing	g multiple chan	nel line-ups, i	use a separate s	space G for each o	channel line-up.	
	T	CHANN	EL LINE-UP	AU		
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	

					ACCOUN	TING PERIOD: 2023/
FORM SA3E. PAGE 3. LEGAL NAME OF OWN	ER OF CARLE SV	STEM:			SYSTEM ID	±
CABLE ONE, IN		OTEIVI.			10379	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
In General: In space C carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the sta planation of local servic Column 5: If you d cable system carried th carried the distant stati For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the	G, identify every yestem during the ons in effect on .61(e)(2) and (4 sis, as explained tations: With rectations: With rectations: With rectations: With rectations: With rectations: With rectations and also in spatement of the station of carm. In station of sections associated with .2". Simulcast sections as echannel numbers, sections are terms, see pation is outside the cereary on a part-time ion of a distant entered into on a primary transresimulcasts, also ree categories, elocation of each canadian station canadian station of a distant entered into on a primary transresimulcasts, also ree categories, elocation of each canadian station canadian station canadian station canadian station of a distant entered into on a primary transresimulcasts, also ree categories, elocation of each canadian station station station station and station canadian station and station station of each canadian station and station station and station a	television state accounting June 24, 198 Jun	period, except (81, permitting the eferring to 76.61 paragraph. distant stations orizations: it in space I (the tion was carried ute basis station eport origination cording to its over be reported in cording in cording in cording in cordinate in	(1) stations carried e carriage of certa (e)(2) and (4))]; at carried by your carried both on a substitute, see page (v) of a program services er-the-air designation of the television static ington, D.C. This rack station, an indeport network multicar "E-M" (for noncontions located in the instant"), enter "Yesons located in the inplete column 5, so d. Indicate by entectivated channel cubject to a royalty tween a cable systemating the primary channel on any off instructions located ist the community e community with	paper SA3 form. tating the basis on which your ering "LAC" if your cable system apacity. payment because it is the subject tem or an association representing y transmitter, enter the designa- ner basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	G Primary Transmitters: Television
,			EL LINE-UP	'	·	_
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	_
]

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name
CABLE ONE, IN	C.				10379	
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable so FCC rules and regulation 76.59(d)(2) and (4), 76. substitute program has Substitute Basis S basis under specific FC • Do not list the station station was carried to List the station here, a basis. For further ind in the paper SA3 for Column 1: List each multicast stream as "WETA-simulcast). Column 2: Give the its community of licension which your cable systems.	ystem during the ons in effect on 61(e)(2) and (4 is, as explained tations: With records or a substitute of the control of the	e accounting June 24, 198 June 24, 198 June 26, 198 Jule	period, except (81, permitting the eferring to 76.61 paragraph. distant stations prizations: it in space I (the tion was carried ute basis station eport origination cording to its over the period in coast assigned to the tion washing the tion washing the reported in coast assigned to the tinnel 4 in Washing to 76.61 permitting the tion washing	(1) stations carried e carriage of certa (e)(2) and (4))]; and carried by your case Special Stateme both on a substitute, see page (v) of a program services er-the-air designation to list each the television staticington, D.C. This result of carried expension of the carried expension of the second carried expension of the television staticington, D.C. This result is the carried expension of th	and low power television stations) I only on a part-time basis under in network programs [sections and (2) certain stations carried on a able system on a substitute program and Program Log)—if the ate basis and also on some other ithe general instructions located a such as HBO, ESPN, etc. Identify ion. For example, report multi- stream separately; for example on for broadcasting over-the-air in may be different from the channel	G Primary Transmitters: Television
educational station, by (for independent multic For the meaning of the: Column 4: If the state planation of local servic Column 5: If you hat cable system carried the carried the distant statis For the retransmission of a written agreement the cable system and attion "E" (exempt). For sexplanation of these the Column 6: Give the	entering the let ast), "E" (for no se terms, see pation is outside area, see pauve entered "Ye de distant statio on on a part-tim on of a distant entered into on primary transmimulcasts, also ree categories, location of eac anadian statior	ter "N" (for near commercial comm	etwork), "N-M" (freducational), or general instructional, it is general instructional, it is general instructional, you must contact outside of lack of a counting perional instructional instructiona	or network multicar "E-M" (for noncortions located in the istant"), enter "Yes ons located in the nplete column 5, s.d. Indicate by entertivated channel cubject to a royalty tween a cable systemating the primary channel on any other tructions located ist the community with	ist), "I" (for independent), "I-M" mmercial educational multicast). e paper SA3 form. s". If not, enter "No". For an expaper SA3 form. tating the basis on which your ering "LAC" if your cable system apacity. payment because it is the subject tem or an association representing y transmitter, enter the designater basis, enter "O." For a further in the paper SA3 form. to which the station is licensed by the which the station is identifed.	
,		CHANN	EL LINE-UP	ΔW	·	
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	

ACCOUNTING PERIOD: 2023/1 FORM SA3E. PAGE 4.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#

10379

Н

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period.

Primary Transmitters: Radio Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form.

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATIO
							
							
							
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FORM SA3E. PAGE 5.						ACCOUNTING	PERIOD: 2023/1
LEGAL NAME OF OWNER OF	CABLE SYSTI	EM:			,	SYSTEM ID#	Name
CABLE ONE, INC.							
SUBSTITUTE CARRIAGE					that your cable exctame	parried on a	ı
In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further							
explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.							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? 							Special Statement and Program Log
Note: If your answer is "No'	lote: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program						
period, was broadcast by a under certain FCC rules, res SA3 form for futher informatitles, for example, "I Love L Column 2: If the program Column 3: Give the call s Column 4: Give the broat the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	citute prograice, please a of every nor distant static gulations, or tion. Do not accept or "NB n was broad sign of the sadcast station adian station at the and day we "5/7." es when the Example: a er "R" if the land regulatic ogramming	m on a separa attach additional network televion and that your authorizations tuse general c A Basketball: cast live, entertation broadcan's location (thins, if any, the content at the content at the content at the content and the content at the content and the content at the content and the content a	al pages. sion program (substitute paur cable system substitute paur cable system substituteds. See page (vi) of the generategories like "movies", or 76ers vs. Bulls." "Yes." Otherwise enter "N sting the substitute programe community to which the stommunity with which the stem carried the substitute pagram was carried by your ceed by a system from 6:01:1 was substituted for programing the accounting period;	rogram) that, if for the program instruction "basketball". o." m. station is licentation is identation is identation. Use able system. 5 p.m. to 6:2 mming that yearter the let	during the accounting ramming of another stat ins located in the paper. List specific program insed by the FCC or, in tified). In tified, with the monounce of the times accurated 8:30 p.m. should be our system was required ter "P" if the listed pro	ion th y	
9	SUBSTITUTE PROGRAM WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASON						
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	MONTH 6. TIMES DELETIC		
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Part-Time Carriage Log

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

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

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

		DA	TES	AND HOURS	OF F	PART-TIME CAR	RIAGE				
CALL SIGN	WHEN CARRIAGE OCCURRED HOURS					CALL SIGN	WHEI	WHEN CARRIAGE OCCURRED			
	DATE	FROM	OUR	:S TO			DATE	FROM	IOURS	TO	
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LEGA	L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name			
CA	BLE ONE, INC.		10379				
Inst all a (as i page	PSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount y mounts (gross receipts) paid to your cable system by subscribers for the system's secondentifed in space E) during the accounting period. For a further explanation of how to core (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. DRTANT: You must complete a statement in space P concerning gross receipts.	dary transmission pute this amou	on 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 $\mathfrak c$ 3 below.	entered on line	1 of				
▶ If pa	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be en low.	tered on line 2	in block				
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should block 4 below.	d be entered on	line				
Block MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period.							
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 State the answer has a second of the						
	Enter the result here. This is your minimum fee.	\$	7,814.76				
2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the in space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period X Yes—Complete the DSE schedule. No—Leave block 3 below blank and column television. In the same part 8, section 3 or	14, you must ch	ock 4.				
Block 3	4, or part 9, block A of the DSE schedule. If none, enter zero	<u>\$</u>	1,001.82				
	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	\$	1,001.82				
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	\$	7,814.76	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. 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	additional fees. Division for the appropriate			
TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.							
	Add Lines 1, 2 and 3 of block 4 and enter total here	\$	8,539.76	submitting the additional fees.			
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (Signeral instructions located in the paper SA3 form for more information.)	ee page (i) of th	e				

ACCOUNTING PERIOD: 2023/1
FORM SA3E PAGE 8

		FURINI SASE, PAGE 8.							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.	SYSTEM ID# 10379							
M	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.								
Channels	1. Enter the total number of channels on which the cable system carried television broadcast stations								
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	275							
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	ther Name JENAE HECK Telephone 602-364-6092								
	Address 210 E EARLL DRIVE (Number, street, rural route, apartment, or suite number)								
	PHOENIX, AZ 85012 (City, town, state, zip)								
	Email JENAE.HECK@CABLEONE.BIZ Fax (optional) 602-364-	6013							
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regul	ations.)							
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 I	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.								
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact containe 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)]	d herein							
	X /s/Quynh Tran								
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compa								
	Typed or printed name: QUYNH TRAN								
	Title: VICE PRESIDENT & TREASURER (Title of official position held in corporation or partnership)								
	Date: August 23, 2023								

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Nama
CABLE ONE, INC. 10379	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.	Special Statement Concerning Gross Receipts Exclusion
During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENTS	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x 0.00274 Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	
(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.	
Owner Address	
First community served	
Accounting period ID number	

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ACCOUNTING PERIOD: 2023/1

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

SCHEDULE

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

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

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

 The fifth and each additional DSE
 0.330% of gross receipts

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

- Calculate a separate base rate fee for each subscriber group, using
 the rates given above;
 the total number of DSEs for that group's complement of stations;
 and
 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:

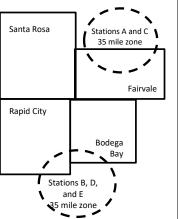
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x .01064
 \$6,384.00

		1 - 1				
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: 2023/1

DSE SCHEDULE. PAGE 11. (CONTINUED)

DSE SCHEDULE. PAGE	LEGAL NAME OF OWNER OF CABLE	E CVCTEM:			8,	YSTEM ID#				
1		_ 3131EW.			J	10379				
	CABLE ONE, INC.					10379				
	SUM OF DSEs OF CATEGOR		IS:							
	 Add the DSEs of each station Enter the sum here and in line 		schedule		0.25					
	Enter the earn here and in line	r or part o or time	comodato.	l		J				
	Instructions:	'imm". list the sell	signs of all distant stations i	dontified by the	letter "O" in column F					
	n the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3).									
Computation	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-									
	mercial educational station, give the DSE as ".25."									
Category "O"			CATEGORY "O" STATION		_					
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
	KTEJ	0.250								
Add rows as										
necessary.										
Remember to copy all										
formula into new										
rows.										
						······				
						······				
						······				
				I		l				

Name	CABLE ONE	WNER OF CABLE SYSTEM: , INC.						SYSTEM ID# 10379
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 decimaters.	e number of lation given in e total number on 2 by the final point. This eation, give the	hours your cable system space J. Calculate on er of hours that the statigure in column 3, and g is the "basis of carriage e "type-value" as "1.0."	n carried the station of the station of the station broadcast over give the result in determine the state of	on during the account station. the air during the account station. cities in column 4 tion. or noncommercial column 6. Round to	accounting period This figure must educational station no less than the	t on,
Capacity		(CATEGOR	Y LAC STATIONS	: COMPUTATI	ON OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	IRS D BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE		TYPE /ALUE	6. DSE
					=			
			÷ ÷		=	x x		
					=		=	
							_	
			÷		=	x	=	
	Add the DSEs	OF CATEGORY LAC ST of each station. m here and in line 2 of pa		hedule,			0.00	
Computation of DSEs for Substitute-Basis Stations	Was carried tions in efferations in efferations of the space I). Column 2: at your option. Column 3: Column 4: l	e the call sign of each stat I 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 columr This is the station's DSE (f	ution for a pross shown by the programs do number of live bond with the in the calendar 2 by the figures.	ogram that your system he letter "P" in column in Juring that optional carri e, nonnetwork programs information in space I. ar year: 365, except in a Jure in column 3, and giv	was permitted to or of space (); and lage (as shown by the scarried in substitute a leap year.	delete under FCC reference	ules and regular- umn 2 of that were deleted less than the thir	d
		SL	IBSTITUTI	E-BASIS STATIO	NS: COMPUTA	TION OF DSE	S	
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUME OF DA IN YEA	YS	1. CALL SIGN	2. NUMBER OF PROGRA	OF [MBER 4. DSE DAYS /EAR
		÷		<u>=</u>			÷	=
		÷		=			÷	=
		÷		=			÷	=
		÷		<u>-</u>			÷	
	Add the DSEs	OF SUBSTITUTE-BASIS of each station. m here and in line 3 of pa					0.00	
5	number of DSEs	ER OF DSEs: Give the amos applicable to your system		e boxes in parts 2, 3, and	d 4 of this schedule	and add them to pr		
Total Number		of DSEs from part 2 ●				<u> </u>	0.25	
of DSEs		of DSEs from part 3 ● of DSEs from part 4 ●				<u> </u>	0.00	
	o. Italiibei	S. DOLO HOM Part 7 •				·		
	TOTAL NUMBE	R OF DSEs						0.25

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2023/1

CABLE ONE, I	OWNER OF CABLE S	SYSTEM:					S	YSTEM ID# 10379	Name	
In block A: • If your answer if schedule.	ck A must be comp "Yes," leave the rer "No," complete blo	mainder of pa	·	of the DSE schedu	ule blank and o	complete part 8	3, (page 16) of the		6	
BLOCK A: TELEVISION MARKETS										
effect on June 24,	m located wholly ou 1981? nplete part 8 of the olete blocks B and	schedule—D	O NOT COMPI		NDER OF PA	RT 6 AND 7.	C rules and regula	tions in	3.75 Fee	
0 - 1 4 -									-	
Column 1: CALL SIGN	FCC rules and re instructions for th Satellite Television	gulations price e DSE Sched on Extension	or to June 25, 1 dule. (Note: The and Localism A	,	planation of p fers to an exer	ermitted statior npt multicast s	ns, see the	•		
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommeric D Grandfathered instructions fo E Carried pursue *F A station previous control of the cont	les and reguled pursuant to on as defined all educational station (76.6 r DSE schedunt to individuciously carried HF station wield produced produce	ations cited belothe FCC markin 76.5(kk) (76 I station [76.59 is) (see paragralle). al waiver of FC don a part-time thin grade-B co	e or substitute basi ontour, [76.59(d)(5)	e in effect on 3.57, 76.59(b), (1), 76.63(a) referring to stitution of grads s prior to June	lune 24, 1981.) 76.61(b)(c), 76 referring to 76.6 o 76.61(d)] ndfathered stat	.63(a) referring to 61(e)(1) ions in the			
Column 3:	*(Note: For those this schedule to c	e stations ider letermine the	ntified by the le	parts 2, 3, and 4 of tter "F" in column 2	2, you must co	mplete the wor	. · ·	l of		
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE		
KTEJ	C	0.25	01014	Briolo		Ololy	Bricio		-	
								0.25		
		E	BLOCK C: CC	MPUTATION OF	F 3.75 FEE					
Line 1: Enter the	e total number of	DSEs from _l	oart 5 of this s	schedule						
Line 2: Enter the	sum of permitte	d DSEs from	n block B abo	ve						
	line 2 from line 1 leave lines 4–7 b			•		ate.				
Line 4: Enter gro	oss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represent partially	
Line 5: Multiply I	ine 4 by 0.0375 a	ınd enter su	m here				х		permited/ partially nonpermitted	
Line 6: Enter tota	al number of DSE	s from line	3						carriage? If yes, see part 9 instructions.	
Line 7: Multiply I	ine 6 by line 5 an	d enter here	e and on line 2	2, block 3, space	L (page 7)			0.00		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 10379									Name
1. CALL	2. PERMITTED		1. CALL	SION MARKETS 2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE	6
SIGN	BASIS		SIGN	BASIS		SIGN	BASIS		Computation of
						<u> </u>			3.75 Fee
						<u> </u>			
						<u> </u>			
							-		
						<u> </u>			
									
						<u> </u>			
						H			

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE. INC. 10379 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 the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute -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 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED SIGN DSE **PERIOD CARRIAGE** DSE DSE Instructions: Block A must be completed. 7 In block A: Computation If your answer is "Yes," complete blocks B and C, below. of the If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. Syndicated **BLOCK A: MAJOR TELEVISION MARKET Exclusivity** Surcharge Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? 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 or in part, over the cable system? to former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. X No—Enter zero and proceed to part 8. CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE 0.00 0.00 TOTAL DSEs **TOTAL DSEs**

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.	10379	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	734,470.02	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 any	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		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	=	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1) \$ C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ <u>\$</u>		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
Section 4a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)		
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name		IE OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. 10379								
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.								
Computation of the		A. Enter 0.00300 of gross receipts (the amount in section 1)								
Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ _\$								
Surcharge		C. Multiply line B by 3.000 and enter here								
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$								
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here								
		F. Multiply line D by line E and enter here								
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)								
		Syndicated Exclusivity Surcharge								
8 Computation of Base Rate Fee	 • Was checked "Yes," use the total number of DSEs from part 5. • In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. • If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. • If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B be 									
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS								
	• Did yo	our cable system retransmit the signals of any partially distant television stations during the accounting period?								
		Yes—Complete part 9 of this schedule. No—Complete the following sections.								
	Section	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE								
	1	Enter the amount of gross receipts from space K (page 7) ▶ _\$								
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)								
	Section 3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1)								
		D. Multiply line B by line C and enter here								
		and in block 3, line 1, space L (page 7)								
		Base Rate Fee								

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2023/1

LEGAL N	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
CABL	E ONE, INC.	10379	Name
Section 4	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		_
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
	C. Multiply line B by 3.000 and enter here	_	Base Rate Fee
	D. Enter 0.00330 of gross receipts (the amount in section 1) \$ \bigsec* \$ \		
	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	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcarbe reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channers		9
•	o. eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee	, to exclude	Computation
	s from subscribers located within the station's local service area, from your system's total gross receipts. To take ac on, you must:	dvantage of this	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 Add up 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
also co	If any portion of your cable system is located within the top 100 television market and the station is not exempt in purply a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B becable system is wholly located outside all major television markets, complete block A only.		Partially Distant Stations, and
Step 1	Identify a Subscriber Group for Partially Distant Stations For each community served, determine the local service area of each wholly distant and each partially distant stat to that community.	ion you	for Partially Permitted Stations
Step 2: outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were located station's local service area. A subscriber located outside the local service area of a station is distant to that station, the station is distant to the subscriber.)		
subscri	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant, ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note the will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
Compu groups	iting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system.	em's subscriber	
	section:		
• Give t	fy the communities/areas represented by each subscriber group. he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all bers in the group.	of the	
• If:			
, -	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it ir s schedule; or,	n parts 2, 3, and	
, .	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in b 6 of this schedule.	lock B,	
• Add tl	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general in paper SA3 form.	nstructions	
• Comp	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the plant making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that		

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

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.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 10379 CABLE ONE, 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.

CABLE ONE, INC.	R OF CABLE	SYSTEM:				S	YSTEM ID# 10379	Name
E	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
	FIRST	SUBSCRIBER GROU	Р		SECOND	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA STODDARD CO				COMMUNITY/ AREA	DUNKL	IN COUNTY CENT	9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
KTEJ	0.25	0/122 0.0.1	202	07.22 0.0.1	202	07.22 0.0.1	302	Base Rate Fee
					•••••••••			and
								Syndicated
					•••••••			Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
			ļ		<u> </u>			
Total DSEs			0.25	Total DSEs		,	0.00	
Gross Receipts First Gr	oup	\$ 264,	966.49	Gross Receipts Second	d Group	\$	41,434.93	
Base Rate Fee First Gr	oup	\$	704.81	Base Rate Fee Second	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	P		FOURTH	SUBSCRIBER GROU	P	
COMMUNITY/ AREA		IN CO NORTH & N		COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
KTEJ	0.25							
								
	<u></u>							
	···							
								
	···							
					•••••••			
	<u> </u>				<u> </u>			
					••••••••		••••	
Total DSEs			0.25	Total DSEs			0.00	
Gross Receipts Third G	roup	\$ 110,	023.91	Gross Receipts Fourth	Group	\$ 15	51,289.42	
Base Rate Fee Third G	roup	\$	292.66	Base Rate Fee Fourth	Group	\$	0.00	
D D-4- 5 A 111								
Enter here and in block			per group a	s shown in the boxes abo	ove.	\$	1,001.82	

CABLE ONE, INC.	R OF CABLE	SYSTEM:				S	YSTEM ID# 10379	Name
E	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
	FIFTH	SUBSCRIBER GROU	JP		SIXTH	SUBSCRIBER GROU	IP	•
COMMUNITY/ AREA	CLAY 8	GREENE COUN	TIES (AF	COMMUNITY/ AREA	PEMISO	OT COUNTY SOU	ITH	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
		-						Partially
								Distant
								Stations
								
	-				<u> </u>			
						-		
	···				···			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	s 138	,670.87	Gross Receipts Secon	d Group	\$	26,449.40	
,	•				,			
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	SEVENTH	SUBSCRIBER GROU	JP		EIGHTH	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA	PEMISO	COT COUNTY NO	RTH	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
KTEJ	0.25							
	.							
					<u></u>			
	··· · ································							
	-					-		
			 		 	+		
					·			
Total DSEs			0.25	Total DSEs			0.00	
Gross Receipts Third G	Group	\$ 1	,635.00	Gross Receipts Fourth	Group	\$	0.00	
							1	
Base Rate Fee Third G	Group	\$	4.35	Base Rate Fee Fourth	Group	\$	0.00	
			iber group a	s shown in the boxes ab	ove.			
Enter here and in block	3, line 1, sp	pace L (page 7)				\$		

LEGAL NAME OF OWI		E SYSTEM:				S	SYSTEM ID#	Name
CABLE ONE, INC	C.						10379	Name
	BLOCK A:	COMPUTATION (OF BASE RA	ATE FEES FOR EAC	CH SUBSCR	BER GROUP		
	NINTH	SUBSCRIBER GRO	DUP		TENTH	SUBSCRIBER GROU	JP	^
COMMUNITY/ AREA	١		0	COMMUNITY/ ARE	A		0	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
			·····					Surcharge
			····					for
			•••••					Partially
								Distant
								Stations
			<u></u>					
Total DCFs			0.00	Total DCC-			0.00	
Total DSEs				Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
					T.A.(E.).(E.)			
		SUBSCRIBER GRO		 		SUBSCRIBER GROU	_	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DOL	CALL SIGN	DOL	CALL SIGN	DOL	CALL SIGN	DOL	
			····					
			····			H		
			•••••					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
2.000 . (000)pto 111110	. J. 54p	· ·			C.Oup	· ·		
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				<u>II</u>				
Base Rate Fee: Add Enter here and in blo			criber group a	as shown in the boxes	above.	s		
	on 0, 11110 1, 5	pado L (pago 1)				<u> </u>		

SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE B	9 Computation
THIRTEENTH SUBSCRIBER GROUP UNITY/ AREA O COMMUNITY/ AREA O SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE B B	Computatio
UNITY/ AREA O COMMUNITY/ AREA SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE B B	Computatio
SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE B	
	Base Rate F
	and
	Syndicated Exclusivity
	Surcharge
	for
	Partially
	Distant
	Stations
SES 0.00 Total DSES 0.00	
Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00	
ate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00	
FIFTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP	
UNITY/ AREA 0 COMMUNITY/ AREA 0	
SIGN DSE CALL SIGN DSE CALL SIGN DSE	
SES	
Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	
ate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	

LEGAL NAME OF OW		E SYSTEM:				S	SYSTEM ID#	Name
CABLE ONE, IN	C.						10379	Name
	BLOCK A:	COMPUTATION (OF BASE RA	ATE FEES FOR EAG	CH SUBSCR	BER GROUP		
		SUBSCRIBER GRO		11		SUBSCRIBER GROU		9
COMMUNITY/ AREA	······		0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DOL	CALL SIGN	DOL	CALL SIGIN	DOL	CALL SIGN	DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
			<u>.</u>					for Partially
								Distant
								Stations
	•••••				•••••			
Total DSEs		11	0.00	Total DSEs		1.1	0.00	
	•							
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	NINTEENTH	SUBSCRIBER GRO	DUP		TWENTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
								
			·····					
			<u>.</u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	. 1-	·			r	·		
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				Ц				
Base Rate Fee: Add	the hase rate	e fees for each subs	criber aroun	as shown in the boxes	above			
Enter here and in blo			/ g. oup t		- -	\$		
İ						1		

CABLE ONE, INC		E SYSTEM:				\$	10379	Name
				TE FEES FOR EAC				
TWE	NTY-FIRST	SUBSCRIBER GRO		TWEN	ITY-SECOND	SUBSCRIBER GRO	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
		+				 		Surcharge
								for
								Partially
								Distant
						-		Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
TWE	NTY-THIRD	SUBSCRIBER GRO)UP	TWE	NTY-FOURTH	SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		=				-		
		 						
		H				 		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t Enter here and in block			criber group a	s shown in the boxes	above.	\$		

LEGAL NAME OF OWI		E SYSTEM:				S	SYSTEM ID#	Name
CABLE ONE, INC	C .						10379	Name
	BLOCK A:	COMPUTATION (OF BASE RA	TE FEES FOR EAG	CH SUBSCR	BER GROUP		
		SUBSCRIBER GRO		ii .		SUBSCRIBER GROU		9
COMMUNITY/ AREA	١		0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fee
						-		and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
				-		 		Stations
T / LD05			0.00	T / 1 DOF			0.00	
Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
TWENT	V-SEVENTH	SUBSCRIBER GRO	JI ID	TWE	NTY-FIGHTH	SUBSCRIBER GROU	ID	
COMMUNITY/ AREA		SUBSCRIBER GRO	0	COMMUNITY/ ARE		SUBSCRIBER GROC	0	
COMMONT I/ AILA				COMMONT IT AIRE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
07.22 0.0.1	202	07122 07011	332	07.122 01011	332	07.122 0.011	332	
						-		
						H		
						<u> </u>		
						•		
Total DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts Third	i Group	*	0.00	Gross Receipts Fou	rın Group	>	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				Ш				
Base Rate Fee: Add Enter here and in blo			criber group a	s shown in the boxes	above.	\$		
	o,o i, o	(pago 1)				*		

CABLE ONE, INC.	R OF CABLE	SYSTEM:				•	10379	Name
				TE FEES FOR EAC				
	TY-NINTH	SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE/	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
	<u> </u>							and Syndicated
								Exclusivity
								Surcharge
								for
								Partially
	<u></u>							Distant Stations
								
	<u></u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Seco		\$	0.00	
	TY-FIRST	SUBSCRIBER GRO		11		SUBSCRIBER GRO	_	
COMMUNITY/ AREA			0	COMMUNITY/ ARE/	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
	<u></u>		····					
	<u> </u>							
		-						
	-							
	<u></u>					†		
Total DSEs	_		0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Foul	th Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group a	s shown in the boxes	above.	\$		

CABLE ONE, INC.		E SYSTEM:				\$	10379	Name
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
THIF	RTY-THIRD	SUBSCRIBER GRO		THI	RTY-FOURTH	SUBSCRIBER GRO	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
						-		Stations
		+						
T-4-1 DOF-			0.00	T-4-1 DOF-			0.00	
Total DSEs Gross Receipts First G	Proup	<u> </u>	0.00	Total DSEs Gross Receipts Sec	and Group	\$	0.00	
Gloss Receipts Filst C	лоир	4	0.00	Gioss Receipts Sec	ond Group	3	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Sec		\$	0.00	
	RTY-FIFTH	SUBSCRIBER GRO		ii —		SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group a	s shown in the boxes	above.	\$		

Name	YSTEM ID# 10379	S				E SYSTEM:	R OF CABLE	CABLE ONE, INC.
	103/9							
	P	BER GROUP SUBSCRIBER GROUP		TE FEES FOR EACH		COMPUTATION C SUBSCRIBER GRO		
9	0			COMMUNITY/ AREA	0	- GOBGCKIBEK GRO		COMMUNITY/ AREA
Computatio of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe	332	S, 122 S.S.1	232	57.122 575.1	332	97.122 97971	202	0, 122 0.0.1
and								
Syndicated								
Exclusivity								
Surcharge for								
Partially	<u></u>				····			
Distant								
Stations								
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	roup	Gross Receipts First Gr
		· ·	,			-	•	, ,
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr
	Р	SUBSCRIBER GROUP	FORTIETH		UP	SUBSCRIBER GRO	TY-NINTH	THIR
	COMMUNITY/ AREA 0							COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
					<u></u>			
	0.00			Total DSEs	0.00			Total DSEs
	0.00			Total DSEs	0.00			
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

LEGAL NAME OF OWI		E SYSTEM:				S	SYSTEM ID#	Name
CABLE ONE, INC	C.						10379	Name
	BLOCK A:	COMPUTATION O	OF BASE RA	ATE FEES FOR EAC	CH SUBSCR	BER GROUP		
F	ORTY-FIRST	SUBSCRIBER GRO	DUP	FOR	RTY-SECOND	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA	١		0	COMMUNITY/ ARE	Α		0	9
	l	Ш			T = ==	II		Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
			····	-				and
				-		 		Syndicated
			····	·		-		Exclusivity
								Surcharge
								for
								Partially
								Distant
			<u></u>					Stations
			····	·		<u> </u>		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
		·				· ·		
Dana Bata Fan Firet	0		0.00	B B-4- F 0	d O		0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ona Group	\$	0.00	
FC	ORTY-THIRD	SUBSCRIBER GRO	DUP	FOI	RTY-FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	·		0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
			····					
						H		
			<u></u>			 -		
			·····					
Total DSEs		II.	0.00	Total DSEs		<u>II</u>	0.00	
Gross Receipts Third	l Group	¢	0.00	Gross Receipts Fou	rth Group	•	0.00	
C.000 Receipts Tillic	. Oroup	*	0.00	O COST NOCOSIPIS FOU	Group	*	<u> </u>	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				H				
Base Rate Fee: Add	the base rate	e fees for each subs	criber aroun	s shown in the boxes	above			
Enter here and in blo			9, oup 6	5		\$		

LEGAL NAME OF OWN		E SYSTEM:				S	SYSTEM ID#	Name
CABLE ONE, INC	.ز 						10379	1141116
				ATE FEES FOR EAC				
		SUBSCRIBER GRO		ii		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
						-		Syndicated
								Exclusivity
								Surcharge for
		H	····			 		Partially
								Distant
								Stations
						<u> </u>		
Total DSEs			0.00	Total DSEs		_	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
•	•				•	-		
Base Rate Fee First	Group	¢	0.00	Base Rate Fee Sec	and Group	\$	0.00	
		\$					•	
FORT	Y-SEVENTH	SUBSCRIBER GRO	DUP	ii		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	¢	0.00	Gross Receipts Fou	rth Group	•	0.00	
C. 555 Resemble Tilliu	Потопр	*	<u> </u>	Cross Receipts Fou	Oroup	•	3.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				Щ				
Base Rate Fee: Add	the base rate	e fees for each subs	criber aroun a	as shown in the boxes	above.			
Enter here and in blo			3.547	2000		\$		
						-		

LEGAL NAME OF OWN		E SYSTEM:				5	10379	Name
		00115::=:=:				UDED 07.5117	103/9	
		COMPUTATION (SUBSCRIBER GRO		ATE FEES FOR EAC		IBER GROUP I SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE.			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated Exclusivity
				-				Surcharge
								for
								Partially
								Distant Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First 0	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
F	IFTY-FIRST	SUBSCRIBER GRO	OUP	FIF	TY-SECONE	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	·····							
				-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	<u></u>	0.00	
	•				4			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee Third of Base Rate Fee: Add the Enter here and in block	he base rat	e fees for each subs				\$	0.00	

CABLE ONE, INC		E SYSTEM:				\$	10379	Name
				TE FEES FOR EAG	CH SUBSCR	IBER GROUP		
FI	FTY-THIRD	SUBSCRIBER GRO		FI	FTY-FOURTH	SUBSCRIBER GRO	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
						-		Surcharge
								for
								Partially
								Distant
						-		Stations
						 		
T			0.00	T			0.00	
Total DSEs	roup.	•	0.00	Total DSEs Gross Receipts Sec	and Craup	•	0.00	
Gross Receipts First G	эгоир	3	0.00	Gross Receipts Sec	ona Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Sec		\$	0.00	
	IFTY-FIFTH	SUBSCRIBER GRO				SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	•••••							
						-		
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third Group \$ 0.00			Base Rate Fee Fou	rth Group	\$	0.00		
Base Rate Fee: Add t Enter here and in block			criber group a	s shown in the boxes	above.	\$		

LEGAL NAME OF OWI		E SYSTEM:				S	SYSTEM ID#	Name	
CABLE ONE, INC.									
	BLOCK A:	COMPUTATION (OF BASE RA	TE FEES FOR EAC	CH SUBSCR	BER GROUP			
		SUBSCRIBER GRO		11		SUBSCRIBER GROU		9	
COMMUNITY/ AREA	······		0	COMMUNITY/ ARE	Α		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
O/ LEE GIGIT	BOL	O'ALL GIGIT	DOL	ONLE GIGIT	DOL	O'ALL GIGIT	DOL	Base Rate Fee	
								and	
								Syndicated	
								Exclusivity	
								Surcharge	
								for Partially	
						H		Distant	
								Stations	
		H							
				-		-			
				-		<u> </u>			
Total DSEs	•		0.00	Total DSEs	•		0.00		
Gross Receipts First	Croup	¢	0.00	Gross Receipts Sec	and Croup	•	0.00		
Gloss Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
.	•								
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
F	FIFTY-NINTH	SUBSCRIBER GRO	DUP		SIXTIETH	SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
				-					
				-					
		-							
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
				Щ					
Base Rate Fee: Add Enter here and in blo			criber group a	s shown in the boxes	apove.	\$			
	.,, 0	. (195.1							

LEGAL NAME OF OWN		E SYSTEM:				S	SYSTEM ID#	Name
CABLE ONE, INC	; .						10379	Name
	BLOCK A:	COMPUTATION (OF BASE RA	ATE FEES FOR EAC	CH SUBSCR	BER GROUP		
S	IXTY-FIRST	SUBSCRIBER GRO	DUP	SIX	KTY-SECOND	SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9
		11			······			Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
								and
								Syndicated
						 		Exclusivity
						-		Surcharge
								for
								Partially
								Distant
								Stations
		H						
		<u> </u>	····			<u> </u>		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Croup	¢	0.00	Gross Receipts Sec	and Croup	¢	0.00	
Gloss Receipts First	Group	\$	0.00	Gloss Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SI	IXTY-THIRD	SUBSCRIBER GRO	DUP	SI	XTY-FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						H		
						-		
T / 1 D 0 F			0.00	_ , , , , , , ,			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
		-					1	
Base Rate Fee: Add			criber group a	as shown in the boxes	above.			
Enter here and in bloc	ж З, line 1, s	pace ∟ (page 7)				\$		

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABL	E SYSTEM:				5	10379	Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
		SUBSCRIBER GRO		TI .		IBER GROUP I SUBSCRIBER GROU	IP		
COMMUNITY/ AREA		- CODOCKIDEN CINC	0	COMMUNITY/ ARE			0	9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computatio of	
								Base Rate Fe	
								and	
								Syndicated	
								Exclusivity Surcharge	
								for	
								Partially	
								Distant	
						<u> </u>		Stations	
						<u> </u>			
				-		1			
Total DOF			0.00	Total DCCs			0.00		
Total DSEs				Total DSEs					
ross Receipts First Group \$ 0.00			0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First G	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
CIVTV	OEVENTU	SUBSCRIBER GRO	NID.		IVTV FIGUTE	I SUBSCRIBER GROU	ID.		
COMMUNITY/ AREA	SEVENTI	SUBSCRIBER GRO	0	COMMUNITY/ ARE		1 30B3CKIBEK GKO	0		
OCIVIIWOTTT 17 7 TKL7				COMMONT IT TO THE					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
						<u> </u>			
			····	-		<u> </u>			
				-		+			
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third Group \$ 0.00				Gross Receipts Fou	rth Group	<u> </u>	0.00		
Base Rate Fee Third Group \$ 0.00				Base Rate Fee Fou	rth Group	\$	0.00		
Base Rate Fee Third G Base Rate Fee: Add th Enter here and in block	e base rat	e fees for each subs				\$	0.00		

LEGAL NAME OF OWN		E SYSTEM:				S	SYSTEM ID#	Name	
ABLE ONE, INC. 10379									
	BLOCK A:	COMPUTATION O	OF BASE RA	ATE FEES FOR EAG	CH SUBSCR	BER GROUP			
S	IXTY-NINTH	SUBSCRIBER GRO	DUP		SEVENTIETH	SUBSCRIBER GROU	JP	0	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9	
	T = ==	П				II		Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee	
								and	
						 		Syndicated	
			····			-		Exclusivity	
								Surcharge	
								for	
								Partially	
								Distant	
								Stations	
			<u>.</u>						
		H							
						-			
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
		·*							
Dana Bata Fan Firet	C		0.00	Dage Bate Fee Con	and Charles		0.00		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
SEVE	ENTY-FIRST	SUBSCRIBER GRO	DUP	SEVE	NTY-SECOND	SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
			····			-			
			<u></u>						
						<u> </u>			
			·····			<u> </u>			
Total DSEs			0.00	Total DSEs	<u>'</u>		0.00		
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
	•								
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
				Н					
Base Rate Fee: Add	the base rate	e fees for each subs	criber aroun a	as shown in the hoxes	above				
Enter here and in bloo			/ g. oup t			\$			
İ						L			

CABLE ONE, INC		E SYSTEM:				\$	10379	Name
				TE FEES FOR EAC				
SEVE	NTY-THIRD	SUBSCRIBER GRO		SEVEN	ITY-FOURTH	SUBSCRIBER GRO	UP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
			····					
			····					
Total DSEs		-	0.00	Total DSEs		-	0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First 0		\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
SEVE	NTY-FIFTH	SUBSCRIBER GRO	UP	SEV	'ENTY-SIXTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
			····					
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third Group \$ 0.00			Base Rate Fee Four	th Group	\$	0.00		
Base Rate Fee: Add t Enter here and in bloo			riber group a	s shown in the boxes	above.	\$		

LEGAL NAME OF OWN		E SYSTEM:				S	SYSTEM ID#	Name		
CABLE ONE, INC	ABLE ONE, INC.									
	BLOCK A:	COMPUTATION (OF BASE RA	ATE FEES FOR EAC	CH SUBSCR	BER GROUP				
SEVENT	Y-SEVENTH	SUBSCRIBER GRO	DUP	SEVE	NTY-EIGHTH	SUBSCRIBER GROU	JP	0		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9		
								Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee		
								and		
								Syndicated		
						H		Exclusivity		
								Surcharge		
								for		
								Partially		
								Distant		
								Stations		
Total DSEs			0.00	Total DSEs			0.00			
	C	•	0.00		and Charles	•	0.00			
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ona Group	\$	0.00			
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00			
SEVE	NTY-NINTH	SUBSCRIBER GRO	DUP		EIGHTIETH	SUBSCRIBER GROU	JP			
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
			••••							
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00			
	· ===	<u> </u>	0.00		- ·	LŦ	0.00			
										
			criber group a	as shown in the boxes	above.					
Enter here and in bloo	ck 3, line 1, s	pace L (page 7)				\$				

LEGAL NAME OF OWN		E SYSTEM:				S	SYSTEM ID#	Name		
CABLE ONE, INC	ABLE ONE, INC. 10379									
	BLOCK A:	COMPUTATION (OF BASE RA	ATE FEES FOR EAC	CH SUBSCR	BER GROUP				
		SUBSCRIBER GRO		11		SUBSCRIBER GROU		9		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fee		
						-		and		
								Syndicated		
								Exclusivity		
								Surcharge		
								for		
			····					Partially Distant		
			·····			 		Stations		
						-				
						-				
T-4-1 D05-			0.00	Tatal DOEs			0.00			
Total DSEs			0.00	Total DSEs		-	0.00			
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00			
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00			
FIC	CHTV_THIRD	SUBSCRIBER GRO	JI ID	FIG	TV-EOURTH	SUBSCRIBER GROU	ID			
COMMUNITY/ AREA		SUBSCRIBER GRO	0	COMMUNITY/ ARE		SUBSCRIBER GROC	0			
COMMONT I/ AREA				COMMONT IT AIRE	¬					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
07.22 0.0.1	202	07122 07011		07.122.01.01.1	302	07.122.01011	332			
						-				
		H	····							
						<u> </u>				
			••••			•				
Total DSEs	•		0.00	Total DSEs	•		0.00			
Gross Receipts Third	Group	*	0.00	Gross Receipts Fou	rın Group	>	0.00			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00			
				Ц						
Base Rate Fee: Add Enter here and in blo			criber group a	as shown in the boxes	above.	\$				
	v,v 1, o	(pago 1)				<u>*</u>				

CABLE ONE, INC.		E SYSTEM:	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 10379								
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP					
EIG	HTY-FIFTH	SUBSCRIBER GRO		E	IGHTY-SIXTH	SUBSCRIBER GRO	UP	9			
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of			
								Base Rate Fee			
								and			
								Syndicated Exclusivity			
								Surcharge			
								for			
								Partially			
								Distant			
								Stations			
Total DSEs			0.00	Total DSEs			0.00				
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00				
Base Rate Fee First G		\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00				
EIGHTY	-SEVENTH	SUBSCRIBER GRO	UP	EIG	HTY-EIGHTH	SUBSCRIBER GRO	UP				
COMMUNITY/ AREA			0	COMMUNITY/ ARE							
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
		<u> </u>									
Total DSEs			0.00	Total DSEs			0.00				
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00				
Base Rate Fee Third 0	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00				
Base Rate Fee: Add the Enter here and in block			criber group a	s shown in the boxes	above.	\$					

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABL	E SYSTEM:				S	10379	Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
		SUBSCRIBER GRO				IBER GROUP I SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fe	
								and	
	. 							Syndicated Exclusivity	
								Surcharge	
								for	
								Partially Distant	
	. 					- 		Stations	
	<u> </u>								
	<u></u>		····						
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Gr	Gross Receipts First Group \$ 0.00				Gross Receipts Second Group \$ 0.00				
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00		
NINE	TY-FIRST	SUBSCRIBER GRO)UP	NINE	TY-SECOND	SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	<u></u>		····						
	<u></u>								
						-			
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00		
						·			
Base Rate Fee Third Group \$ 0.00				Base Rate Fee Four	th Group	\$	0.00		
e Fee: Add the	e base rat e			Base Rate Fee Four		\$	0.00		

LEGAL NAME OF OWI		E SYSTEM:				S	SYSTEM ID#	Name		
CABLE ONE, INC	ABLE ONE, INC. 10379									
	BLOCK A:	COMPUTATION (OF BASE RA	TE FEES FOR EAG	CH SUBSCR	BER GROUP				
		SUBSCRIBER GRO		ii .		SUBSCRIBER GROU		9		
COMMUNITY/ AREA	١		0	COMMUNITY/ ARE	Α		0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of		
CALL SIGN	DOL	CALL SIGN	DOL	CALL SIGIN	DOL	CALL SIGN	DOL	Base Rate Fee		
								and		
								Syndicated		
								Exclusivity		
								Surcharge		
								for Partially		
			••••					Distant		
								Stations		
Total DSEs			0.00	Total DSEs	•		0.00			
	0	•			and Casua	•				
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ona Group	\$	0.00			
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00			
NI	NETY-FIFTH	SUBSCRIBER GRO	DUP	N	INETY-SIXTH	SUBSCRIBER GROU	JP			
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
						-				
						-				
						-				
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third	I Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00			
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00			
				<u> </u>						
							-			
Base Rate Fee: Add Enter here and in blo			criber group a	s shown in the boxes	above.	s				
Lines here and in bio	on o, iii io 1, 5	pado L (pago 1)				V				

LEGAL NAME OF OWN		E SYSTEM:				5	10379	Name
OADLE ONE, INC							103/9	
NINET		COMPUTATION (SUBSCRIBER GRO		ATE FEES FOR EAC		IBER GROUP I SUBSCRIBER GROU	IP	
COMMUNITY/ AREA		- GODOGRIDER GRE	0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computatio of
								Base Rate Fe
								and
								Syndicated
								Exclusivity Surcharge
					•••••			for
								Partially
								Distant
				-		+		Stations
						<u> </u>		
				-		1		
Total DSEs			0.00	Total DSFo			0.00	
Total DSEs				Total DSEs				
cross Receipts First Group \$ 0			0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
						<u>-</u>	•	
		SUBSCRIBER GRO		li		SUBSCRIBER GROU)P	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-		+		
				-		<u> </u>		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	rth Group	<u></u>	0.00	
					•			
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				<u> </u>				
Page Pate Fee: Add	the hear ret	o food for each archa	oribor graus	no abourn in the basses	abovo			
Enter here and in blo			criber group a	s shown in the boxes	auuve.	\$		

CABLE ONE, INC.	R OF CABLE	SYSTEM:				\$	10379	Name
В	LOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDR	ED FIRST	SUBSCRIBER GRO	UP	ONE HUNDR	ED SECOND	SUBSCRIBER GRO	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	<u> </u>							Base Rate Fee
	<u></u>							and
		-						Syndicated
								Exclusivity Surcharge
	·							for
	<u></u>		···					Partially
								Distant
								Stations
	<mark></mark>		<u></u>			-		
	<u> </u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr	•	\$	0.00	Base Rate Fee Seco		\$	0.00	
	בט וחואט	SUBSCRIBER GRO		1		SUBSCRIBER GRO	0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>					
	<u></u>		···					
						-		
	<u> </u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group a	s shown in the boxes a	above.	s		

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABL	E SYSTEM:				S	10379	Name
							103/9	
		SUBSCRIBER GRO		ATE FEES FOR EAC		IBER GROUP I SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
								Exclusivity Surcharge
				-		<u> </u>		for
								Partially
								Distant
								Stations
						 		
T-4-1 DOE-			0.00	T-4-LDOF-			0.00	
Total DSEs			0.00	Total DSEs				
Gross Receipts First Group \$ 0.			0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Sec		\$	0.00	
	SEVENTH	SUBSCRIBER GRO		li		SUBSCRIBER GROU	_	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						<u> </u>		
		<u> </u>						
						 		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	iroup	**************************************	0.00	Gross Receipts Fou	rth Group	\$	0.00	
					•			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				Ш				
Base Rate Fee: Add th Enter here and in block			criber group a	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN		E SYSTEM:				\$	10379	Name
		00115::=:-:-:				1050 05 C: 15	103/9	
		COMPUTATION C SUBSCRIBER GRO		TE FEES FOR EAC		IBER GROUP I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
						<u> </u>		Syndicated Exclusivity
			••••					Surcharge
								for
		 						Partially
								Distant Stations
								Stations
Total DSEs		II	0.00	Total DSEs		11	0.00	
	-roup	•	0.00	Gross Receipts Sec				
Gross Receipts First Group \$ 0.			0.00	Oross receipts occ	ond Group	\$	0.00	
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED	ELEVENTH	SUBSCRIBER GRO	DUP	ONE HUNDRE	D TWELVTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
						<u> </u>		
		-				<u> </u>		
						<u> </u>		
		-						
						1		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	th Group	\$	0.00	
								
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	th Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			criber group a	s shown in the boxes	above.	\$		

CABLE ONE, INC.	R OF CABLE	SYSTEM:				\$	10379	Name
В	LOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCR	BER GROUP		
ONE HUNDRED THI	RTEENTH	SUBSCRIBER GROU	JP	ONE HUNDRED FO	DURTEENTH	SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
	<u>-</u>							and Syndicated
	<u>-</u>		······································			<u> </u>		Exclusivity
						-		Surcharge
								for
		-						Partially
		-						Distant Stations
						-		Stations
		-	······································			 		
Total DCC			0.00	Tatal DOFa			0.00	
Total DSEs Gross Receipts First Gr	oun	•	0.00	Total DSEs Gross Receipts Seco	and Group	\$	0.00	
Gloss Necelpts I list Gl	oup	•	0.00	Gross Receipts Seco	ли Стоир	Ψ	0.00	
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Seco		\$	0.00	
	FTEENTH	SUBSCRIBER GROU		11		SUBSCRIBER GROU	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
	<u> </u>							
						 		
	<u>-</u>							
	 		-			-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group a	s shown in the boxes a	above.	\$		

CABLE ONE, INC.	R OF CABLE	SYSTEM:				S	10379	Name
E	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCR	BER GROUP		
ONE HUNDRED SEVE	NTEENTH	SUBSCRIBER GROU	JP	ONE HUNDRED E	IGHTEENTH	SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
			······································					Exclusivity
	<u> </u>					-		Surcharge
								for
								Partially
								Distant
								Stations
	•		••••••••					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED NI	NTEENTH	SUBSCRIBER GROU	JP	ONE HUNDRED	TWENTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u>-</u>							
	<u></u>							
	<u></u>		······································		·····			
								
			-			 -		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group a	s shown in the boxes a	bove.	\$		

CABLE ONE, INC.	R OF CABLE	SYSTEM:				\$	10379	Name	
E	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP			
ONE HUNDRED TWE	NTY-FIRST	SUBSCRIBER GRO	UP	ONE HUNDRED TWE	NTY-SECOND	SUBSCRIBER GROUP)	9	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
	-							and Syndicated	
			<u> </u>					Exclusivity	
						-		Surcharge	
								for	
								Partially	
		-						Distant Stations	
						-		Stations	
	<u> </u>		<u> </u>						
						-			
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00		
		· ·				·			
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00		
	NTY-THIRD	SUBSCRIBER GROUP		11		SUBSCRIBER GROUP	_		
COMMUNITY/ AREA			0	COMMUNITY/ AREA					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
						-			
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third G	Froup	•	0.00	Gross Receipts Four	th Group	•	0.00		
TOTOSS NECEIPIS THIRD G	πoup	4	0.00	Gross Receipts Four	и	\$	0.00		
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00		
Base Rate Fee: Add th	e base rate	e fees for each subsc	riber aroup a	s shown in the boxes	above.				
Enter here and in block			g. sup c		· - · • ·	\$			

CABLE ONE, INC		SYSTEM:				\$	10379	Name
	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDRED TW	ENTY-FIFTH	SUBSCRIBER GROUP)	ONE HUNDRED T	WENTY-SIXTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	······		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First C	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
ONE HUNDRED TWENT	Y-SEVENTH	SUBSCRIBER GROUP)	ONE HUNDRED TW	ENTY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	••••							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			riber group a	s shown in the boxes a	above.	\$		

LEGAL NAME OF OWN		E SYSTEM:				8	SYSTEM ID#	Nama
CABLE ONE, INC	•						10379	Name
	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCRI	BER GROUP		
		SUBSCRIBER GROU		П		SUBSCRIBER GROUP		•
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9
CALL SICN	Dec	CALL SIGN	Dec	CALL SIGN	DOE	II CALL SICN	DOE	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
	••••		•••••			-		and
	•••••				······	H		Syndicated
						-		Exclusivity
	•••••		•••••					Surcharge
								for
								Partially
								Distant
								Stations
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First C	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED TH	HIRTY-FIRST	SUBSCRIBER GROU	P	ONE HUNDRED TH	IRTY-SECOND	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						<u> </u>		
				-		H		
				1				
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				44				
Base Rate Fee: Add t			criber group a	as shown in the boxes	above.			
Enter here and in bloc	k 3, line 1, s	pace L (page 7)				\$		

LEGAL NAME OF OWNE		E SYSTEM:				S	SYSTEM ID#	Name
CABLE ONE, INC.							10379	Name
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCRI	BER GROUP		
	IRTY-THIRD	SUBSCRIBER GROUI	P	ii .		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL CICIA	DOL	OTTLE STORY	BOL	ONLE GIGIT	DOL	ONEE GIGIT	DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
							•	
	IIRTY-FIFTH	SUBSCRIBER GROUI		ii ee		SUBSCRIBER GROUP	_	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			••••					
			••••					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	*	0.00	Gross Receipts Fou	rth Group	<u> </u>	0.00	
						·		
Base Rate Fee Third 0	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add th			criber group a	as shown in the boxes	above.			
Enter here and in block	3, line 1, s	pace L (page 7)				\$		

LEGAL NAME OF OWN		E SYSTEM:				S	SYSTEM ID#	Name
CABLE ONE, INC	•						10379	- Hamo
				ATE FEES FOR EAC	CH SUBSCR	BER GROUP		
ONE HUNDRED THIRT	TY-SEVENTH	SUBSCRIBER GROU		II		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						-		and
								Syndicated
								Exclusivity Surcharge
						-		for
								Partially
								Distant
								Stations
						 		
Total DSFa			0.00	Total DSFa			0.00	
Total DSEs	2	_		Total DSEs		•		
Gross Receipts First (-roup	\$	0.00	Gross Receipts Sec	ona Group	\$	0.00	
Base Rate Fee First (Group	¢	0.00	Base Rate Fee Sec	and Group	\$	0.00	
		\$					•	
		SUBSCRIBER GROU		ii .		SUBSCRIBER GROU	_	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	•••••					-		
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				··				
Base Rate Fee: Add t			criber group a	as shown in the boxes	above.			
Enter here and in bloc	к З, line 1, s	pace ∟ (page 7)				\$		

LEGAL NAME OF OWN		E SYSTEM:				S	10379	Name	
							103/9		
		COMPUTATION C		ATE FEES FOR EAC		BER GROUP SUBSCRIBER GROUP			
COMMUNITY/ AREA		- GODGCRIBER GROO	0	COMMUNITY/ AREA		- SOBSCRIBER GROOT	0	9 Commutation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
								Base Rate Fee	
								and	
								Syndicated Exclusivity	
								Surcharge	
								for	
								Partially	
								Distant Stations	
						<u> </u>		Otations	
						-			
						+			
Total DSEs			0.00	Total DSEs			0.00		
			0.00	Gross Receipts Sec	Gross Receipts Second Group \$ 0.00				
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
ONE HUNDRED FO	ORTY-THIRD	SUBSCRIBER GROU	Р	ONE HUNDRED FO	ORTY-FOURTH	SUBSCRIBER GROUP			
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	····		••••						
						<u> </u>			
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	th Group	\$	0.00		
•	•				•				
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00		
Base Rate Fee: Add t Enter here and in bloc			criber group a	as shown in the boxes	above.	\$			

CABLE ONE, INC.	R OF CABLE	E SYSTEM:				\$	10379	Name
E	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED FO	RTY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED	FORTY-SIXTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
			<u></u>			 		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED FORTY	/-SEVENTH	SUBSCRIBER GROUP)	ONE HUNDRED F	ORTY-EIGHTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
			···			 		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group a	s shown in the boxes	above.	\$		

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABL	E SYSTEM:				S	10379	Name
				ATE FEES FOR EAC		IBER GROUP SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant Stations
Total DSEs		II	0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
·	·							
Base Rate Fee First G		\$	0.00	Base Rate Fee Seco		\$	0.00	
ONE HUNDRED FIR COMMUNITY/ AREA	TY-FIRST	SUBSCRIBER GRO	OUP 0	ONE HUNDRED FIF		SUBSCRIBER GROU	JP 0	
COMMONT I/ AREA				COMMONT I/ AREA	·			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			····					
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Raco Poto Eco Third C	roup.	6	0.00	Base Rate Fee Four	th Group	¢.	0.00	
Base Rate Fee Third G	noup	\$	0.00	Dase Nate ree Foul	ат Отоир	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group a	s shown in the boxes	above.	\$		

CABLE ONE, INC.	R OF CABLE	SYSTEM:				\$	10379	Name
E	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDRED FIF	TY-THIRD	SUBSCRIBER GRO		ONE HUNDRED FIF	TY-FOURTH	SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
	<u> </u>		<u></u>					and Syndicated
	<u></u>		<u></u>			-		Exclusivity
								Surcharge
								for
								Partially
		-						Distant Stations
	<u></u>		<u></u>			-		Stations
	<u></u>		<u></u>			 		
Total DSEs			0.00	Total DSFa			0.00	
Gross Receipts First Gr	oup	\$	0.00	Total DSEs Gross Receipts Seco	and Group	\$	0.00	
Cross resolpts r list Cr	oup			Oroso recorpto coso	ina Group	•		
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Seco		\$	0.00	
ONE HUNDRED FIF	TY-FIFTH	SUBSCRIBER GRO		11		SUBSCRIBER GROU	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
	<u></u>							
	<u> </u>		<u></u>					
	-							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group a	s shown in the boxes a	above.	\$		

CABLE ONE, INC.	R OF CABLE	E SYSTEM:				•	10379	Name
E	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED FIFTY	-SEVENTH	SUBSCRIBER GROUP		11		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
						-		Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
			···					
	<u> </u>		···					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	FTY-NINTH	SUBSCRIBER GROUP		11		SUBSCRIBER GROUP	_	
COMMUNITY/ AREA			0	COMMUNITY/ ARE/	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u> </u>		···					
			 					
	<u> </u>		<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Foul	th Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group a	s shown in the boxes	above.	\$		

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABLI	E SYSTEM:				S	YSTEM ID# 10379	Name
	FIRST	SUBSCRIBER GRO		ATE FEES FOR EACH	SECONE	SUBSCRIBER GROU		9
COMMUNITY/ AREA	STODE	ARD CO		COMMUNITY/ AREA	DUNKL	IN COUNTY CENTI	RAL	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						<u> </u>		and Syndicated
	···		······································		<u></u>			Exclusivity
	••••••••••		••••••					Surcharge
								for
								Partially
								Distant Stations
								Stations
			<u></u>					
			2.00				0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 264	,966.49	Gross Receipts Secon	d Group	\$	41,434.93	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	JP		FOURTH	I SUBSCRIBER GROU	P	
COMMUNITY/ AREA	DUNKL	IN CO NORTH &	NEW MA	COMMUNITY/ AREA DUNKLIN CO SOUTH				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	••••••		······································		·			
						<u> </u>		
	••••••		······································		·			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$ 110	,023.91	Gross Receipts Fourth	Group	\$ 15	51,289.42	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				Щ				
Base Rate Fee: Add th Enter here and in block			iber group a	as shown in the boxes ab	ove.	\$	0.00	

CABLE ONE, INC.							10379	Name
E	BLOCK A:	COMPUTATION (OF BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
	FIFTH	SUBSCRIBER GRO	OUP		SIXTH	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA	CLAY 8	& GREENE COU	NTIES (AF	COMMUNITY/ AREA	PEMISO	COT COUNTY SOUTH		9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate F
								and
			•••••					Syndicate
						<u> </u>		Exclusivit
								Surcharge
		=						for
		=				<u>-</u>		Partially
								Distant
		=						Stations
		 			<u>-</u>			
		=						
		 			<u>-</u>			
					 			
					<u>-</u>			
atal DSEs			0.00	Total DSEs		11	0.00	
otal DSEs			0.00					
ross Receipts First G	oup	<u>\$ 13</u>	88,670.87	Gross Receipts Second	d Group	\$	26,449.40	
ase Rate Fee First G	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	SEVENTH	SUBSCRIBER GRO	OUP		FIGHTH	I SUBSCRIBER GROU	IP	
OMMUNITY/ AREA		COT COUNTY N		COMMUNITY/ AREA	LIGITITI	- COBCONIBENCONO	0	
OWINONIT I/ AREA	FLIMIO	COT COOKITIN	OKIII	COMMONT I/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-			<u>.</u>			
					<u>.</u>			
		-			<u>.</u>			
		-			<u>.</u>			
					<u>.</u>			
		-			<u>.</u>			
		-			<u>.</u>			
					<u>.</u>	1		
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts Third G	roup	\$	1,635.00	Gross Receipts Fourth	Group	\$	0.00	
Sase Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	

	10379							CABLE ONE, INC.
				TE FEES FOR EAC				E
9	_	SUBSCRIBER GROU	TENTH			SUBSCRIBER GRO	NINTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F	502	OF ILLE GIGIT	DOL	OTTEL STOTA	502	CALL SIGH	DOL	O/ LEE GIGIT
and								
Syndicate								
Exclusivit								
Surcharge								
for								
Partially								
Distant								
Stations								
			<u> </u>					
		1						
	0.00			T	0.00			
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Seco	0.00	\$	Group	Gross Receipts First G
	0.00	c	d Group	Base Pate Foe Seco	0.00	*	roup	Raco Pato Eoo Firet C
	0.00	\$		Base Rate Fee Seco		\$		
	JP	SUBSCRIBER GROU			UP	SUBSCRIBER GRO		E
	•			Base Rate Fee Seco				E
	JP				UP			E
	JP 0	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	0 0	SUBSCRIBER GRO	ELEVENTH	E COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	0 0	SUBSCRIBER GRO	ELEVENTH	E COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	0 0	SUBSCRIBER GRO	ELEVENTH	E COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	0 0	SUBSCRIBER GRO	ELEVENTH	E COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	0 0	SUBSCRIBER GRO	ELEVENTH	E COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	0 0	SUBSCRIBER GRO	ELEVENTH	E COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	0 0	SUBSCRIBER GRO	ELEVENTH	E COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	0 0	SUBSCRIBER GRO	ELEVENTH	E COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	0 0	SUBSCRIBER GRO	ELEVENTH	E COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	0 0	SUBSCRIBER GRO	ELEVENTH	E COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	0 0	SUBSCRIBER GRO	ELEVENTH	E COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	0 0	SUBSCRIBER GRO	ELEVENTH	COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	0 0	SUBSCRIBER GRO	ELEVENTH	E COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	DSE	SUBSCRIBER GRO	ELEVENTH	CALL SIGN
	DSE DSE 0.00	CALL SIGN	DSE	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE DSE DSE DSE DSE DSE DSE DSE DSE DSE	SUBSCRIBER GRO	DSE	CALL SIGN CALL SIGN Total DSEs
	DSE	SUBSCRIBER GROU	DSE	COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GRO	DSE	E COMMUNITY/ AREA

LEGAL NAME OF OWNER CABLE ONE, INC.	EGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 10379							
				TE FEES FOR EAC				
	RTEENTH	SUBSCRIBER GRO		ii —		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-						Base Rate Fee
								and
	<u>.</u>	-						Syndicated
	<u> </u>							Exclusivity
								Surcharge for
	<u>-</u>							Partially
								Distant
	•		••••		•••••			Stations
	<u>-</u>		···		·····			Gtationo
								
	<u> </u>							
Total DSEs	'		0.00	Total DSEs	•		0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FI	FTEENTH	SUBSCRIBER GRO	UP		SIXTEENTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<mark>-</mark>							
	 							
	 							
	 							
	<u>.</u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fou	th Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group a	s shown in the boxes	above.	\$		

CABLE ONE, INC		E SYSTEM:	•			:	10379	Name
	BLOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAG	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GRO		T .		SUBSCRIBER GRO	UP	Ω
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
						+		Syndicated Exclusivity
			•••••••			+		Surcharge
								for
								Partially
								Distant
								Stations
			···					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	NINTEENTH	SUBSCRIBER GRO	UP		TWENTIETH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
			••••••••••					
						H		
								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	I Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group a	II s shown in the boxes	above.	\$		

and Syndicat Exclusion									
CALL SIGN DSE CALL SIGN					TH.			UD	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE And Syndicate Call SIGN Ca		11Y-FIRST	SUBSCRIBER GRO				SUBSCRIBER GRO		9
CALL SIGN DSE	OMMUNITY/ AREA			U	COMMUNITY/ ARE	Α		U	
Base Rate And Syndicate Exclusive Surchard for Partiall Distant Station	CALL SIGN	DSF	CALL SIGN	DSF	CALL SIGN	DSF	CALL SIGN	DSF	
Syndicat Exclusiva Surchard for Partials Programme Community AREA 0 CALL SIGN DSE CALL	O, ILL OIGH	BOL	OF ILL GIGIT	BOL	OF ILL STORY	BOL	ONEE SIGIT	562	Base Rate
Exclusive Surchand Station				•••••		•••••			and
									Syndicate
for Partiall Distant Station									Exclusivit
Partiall Distant Station Cold DSEs									Surcharg
Distant Station Distan									for
Datal DSEs OLOO Total DSEs OLOO S Gross Receipts Second Group S OLOO TWENTY-THIRD SUBSCRIBER GROUP TWENTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA OC CALL SIGN DSE								Partially	
Datal DSEs Joint									Distant
ase Rate Fee First Group S O.00 Base Rate Fee Second Group TWENTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN D									Stations
ase Rate Fee First Group S O.00 Base Rate Fee Second Group TWENTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN D									
ase Rate Fee First Group S O.00 Base Rate Fee Second Group TWENTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN D									
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ase Rate Fee First Group S 0.00 Base Rate Fee Second Group TWENTY-THIRD SUBSCRIBER GROUP CALL SIGN DSE C									
TWENTY-THIRD SUBSCRIBER GROUP TWENTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA CALL SIGN DSE	otal DSEs			0.00	Total DSEs			0.00	
ase Rate Fee First Group TWENTY-THIRD SUBSCRIBER GROUP OMMUNITY/ AREA OCALL SIGN DSE CALL	ross Receipts First G	roup	\$	0.00	Gross Receipts Second Group \$ 0.00				
TWENTY-THIRD SUBSCRIBER GROUP OMMUNITY/ AREA OCALL SIGN DSE CALL SIGN DSE									
TWENTY-THIRD SUBSCRIBER GROUP OMMUNITY/ AREA O CALL SIGN DSE CALL SIGN D	ann Bata Eng First C	roun		0.00	Base Bate Fee See	and Craun		0.00	
OMMUNITY/ AREA 0 COMMUNITY/ AREA 0 CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE OTAL SIGN DSE CALL SIGN DSE CALL SIGN DSE TOTAL DSES TOTAL	ase Rate Fee First G	Toup	\$	0.00	base Rate Fee Sec	ona Group	\$	0.00	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Otal DSES TWEN	ITY-THIRD	SUBSCRIBER GRO	OUP	TWE	NTY-FOURTH	SUBSCRIBER GRO	UP		
otal DSEs	OMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
otal DSEs									
otal DSEs O.00 Forss Receipts Third Group Gross Receipts Fourth Group Gross Receipts Fourth Group Gross Receipts Fourth Group Gross Receipts Fourth Group Gross Receipts Fourth Group Gross Receipts Fourth Group Gross Receipts Fourth Group Gross Receipts Fourth Group Gross Receipts Fourth Group	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
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ase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00			\$	0.00	Gross Receipts Fou			0.00	

CABLE ONE, INC.	EGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 10379							
				TE FEES FOR EACH				
	TY-FIFTH	SUBSCRIBER GRO		1	NTY-SIXTH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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								Partially
								Distant
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
TWENTY-S	SEVENTH	SUBSCRIBER GRO	UP	TWEN	TY-EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group a	s shown in the boxes al	oove.	\$		

LEGAL NAME OF OWNER CABLE ONE, INC.	EGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. SYSTEM ID# 10379							
				TE FEES FOR EAC				
	ΓY-NINTH	SUBSCRIBER GRO		0014441117777		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
THIR	TY-FIRST	SUBSCRIBER GRO	UP	THIR	TY-SECOND	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	•		0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group a	s shown in the boxes a	bove.	\$		

Name	10379									
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	JP 0	SUBSCRIBER GROU	RTY-SIXTH	TH COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	RTY-FIFTH	THIR COMMUNITY/ AREA		
	JP 0	SUBSCRIBER GROU	RTY-SIXTH	TH COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	RTY-FIFTH	THIR COMMUNITY/ AREA		
	JP 0	SUBSCRIBER GROU	RTY-SIXTH	TH COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	RTY-FIFTH	THIR COMMUNITY/ AREA		
	JP 0	SUBSCRIBER GROU	RTY-SIXTH	TH COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	RTY-FIFTH	THIR COMMUNITY/ AREA		
	JP 0	SUBSCRIBER GROU	RTY-SIXTH	TH COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	RTY-FIFTH	THIR COMMUNITY/ AREA		
	JP 0	SUBSCRIBER GROU	RTY-SIXTH	TH COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	RTY-FIFTH	COMMUNITY/ AREA		
	JP 0	SUBSCRIBER GROU	RTY-SIXTH	TH COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	RTY-FIFTH	THIR		
	JP 0	SUBSCRIBER GROU	RTY-SIXTH	TH COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	RTY-FIFTH	THIR		
	JP 0	SUBSCRIBER GROU	RTY-SIXTH	TH COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	RTY-FIFTH	THIR		
	JP 0	SUBSCRIBER GROU	RTY-SIXTH	TH COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	RTY-FIFTH	THIR		
	JP 0	SUBSCRIBER GROU	RTY-SIXTH	TH COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	RTY-FIFTH	THIR COMMUNITY/ AREA		
	JP 0	SUBSCRIBER GROU	RTY-SIXTH	TH COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	RTY-FIFTH	THIR COMMUNITY/ AREA		
	JP 0	SUBSCRIBER GROU	RTY-SIXTH	TH COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	RTY-FIFTH	THIF COMMUNITY/ AREA CALL SIGN		
	DSE O.00	SUBSCRIBER GROU	DSE	TH COMMUNITY/ AREA CALL SIGN Total DSEs	DSE O.000	SUBSCRIBER GRO	DSE DSE	THIF COMMUNITY/ AREA CALL SIGN Total DSEs		
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EGAL NAME OF OWNER OF CABLE ONE, INC.	CABLE SYS	ТЕМ:	•			5	10379	Name
				ATE FEES FOR EAC				
THIRTY-SEV	ENTH SUB	SCRIBER GRO	<u>UP</u> 0	COMMUNITY/ AREA		I SUBSCRIBER GROU	JP 0	9
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Γotal DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts First Group	\$		0.00	Gross Receipts Seco	and Group	\$	0.00	
Base Rate Fee First Group	\$		0.00	Base Rate Fee Seco		\$	0.00	
THIRTY-N	NINTH SUB	SCRIBER GRO	<u>0</u>	COMMUNITY/ AREA		SUBSCRIBER GROU	<u>0</u>	
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CALL SIGN D	SE C	ALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Γotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group	\$		0.00	Gross Receipts Four	th Group	\$	0.00	
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			0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee Third Group	\$		0.00		и Огоар	Ψ	0.00	

CABLE ONE, INC.	OF CABLE	SYSTEM:				•	10379	Name
				ATE FEES FOR EAC				
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COMMUNITY AREA				COMMUNITY AREA				Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Grou	лр	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Grou	ap	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
FORT\	/ THIPD	SUBSCRIBER GRO	ID	EOD.				
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	I-IIII(D	SUBSCRIBER GROI	0	COMMUNITY/ AREA		SUBSCRIBER GRO	0 	
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COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
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CALL SIGN			0	COMMUNITY/ AREA			0	
CALL SIGN CALL SIGN Fotal DSEs	DSE		DSE	CALL SIGN	DSE		DSE	
COMMUNITY/ AREA	DSE	CALL SIGN	0.00 0.00	COMMUNITY/ AREA CALL SIGN Total DSEs Gross Receipts Fourt	DSE	CALL SIGN	0 DSE	
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CABLE ONE, INC.	R OF CABLE	SYSTEM:	•			5	10379	Name
				TE FEES FOR EAC				
	TY-FIFTH	SUBSCRIBER GRO		ii —		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
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Total DSEs	'		0.00	Total DSEs	•		0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
FORTY-S	SEVENTH	SUBSCRIBER GRO	UP	FOF	RTY-EIGHTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
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Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group a	s shown in the boxes a	bove.	\$		

LEGAL NAME OF OWNI		E SYSTEM:				5	10379	Name
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Gross Receipts First G	Broup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
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Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t Enter here and in block	he base rat	e fees for each subs				\$	0.00	

	SYSTEM II	,				ESTSTEW.	₹ OF CABLE	CABLE ONE, INC.
				ATE FEES FOR EACH				
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			IFTY-SIXTH	COMMUNITY/ AREA	0		TY-FIFTH	OMMUNITY/ AREA
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			IFTY-SIXTH	COMMUNITY/ AREA	0		TY-FIFTH	COMMUNITY/ AREA
			IFTY-SIXTH	COMMUNITY/ AREA	0		TY-FIFTH	COMMUNITY/ AREA
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			IFTY-SIXTH	COMMUNITY/ AREA	0		TY-FIFTH	COMMUNITY/ AREA
			IFTY-SIXTH	COMMUNITY/ AREA	0		TY-FIFTH	COMMUNITY/ AREA
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SE	DSE		IFTY-SIXTH	COMMUNITY/ AREA	DSE		TY-FIFTH	CALL SIGN
SE SE SE SE SE SE SE SE SE SE SE SE SE S	0.00		DSE	COMMUNITY/ AREA CALL SIGN Total DSEs	0 DSE		DSE DSE	CALL SIGN CALL SIGN Total DSEs
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
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Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
FIF.	TY-NINTH	SUBSCRIBER GRO	OUP			SUBSCRIBER GRO	LIP	
	TY-NINTH	SUBSCRIBER GRO		COMMUNITY/ADE	SIXTIETH	SUBSCRIBER GRO		
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COMMUNITY/ AREA			0		SIXTIETH		0	
COMMUNITY/ AREA			0		SIXTIETH		0	
COMMUNITY/ AREA			0		SIXTIETH		0	
COMMUNITY/ AREA			0		SIXTIETH		0	
COMMUNITY/ AREA			0		SIXTIETH		0	
COMMUNITY/ AREA			0		SIXTIETH		0	
COMMUNITY/ AREA			0		SIXTIETH		0	
CALL SIGN			0		SIXTIETH		0	
CALL SIGN CALL SIGN Fotal DSEs	DSE	CALL SIGN	0 DSE	CALL SIGN Total DSEs	SIXTIETH A DSE	CALL SIGN	0 DSE	
COMMUNITY/ AREA	DSE		DSE	CALL SIGN	SIXTIETH A DSE		DSE	
CALL SIGN CALL SIGN Fotal DSEs	DSE	CALL SIGN	0 DSE	CALL SIGN Total DSEs	SIXTIETH A DSE	CALL SIGN	0 DSE	
CALL SIGN CALL SIGN Fotal DSEs	roup	CALL SIGN	0 DSE	CALL SIGN Total DSEs	SIXTIETH DSE th Group	CALL SIGN	0 DSE	
CALL SIGN CALL SIGN Fotal DSEs Gross Receipts Third G	roup	CALL SIGN	0.00 0.00	Total DSEs Gross Receipts Four	SIXTIETH DSE th Group	\$	0 DSE	

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLE	SYSTEM:	•			\$	10379	Name
				TE FEES FOR EAC				
	TY-FIRST	SUBSCRIBER GRO		T .		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
	<u> </u>					<u> </u>		and
							·····	Syndicated
	<u></u>			-		+		Exclusivity Surcharge
			••••••		•••••	 		for
								Partially
								Distant
								Stations
		-						
								
	 		<mark></mark>					
	.							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
•	•					·		
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
SIXT	TY-THIRD	SUBSCRIBER GRO	UP	SIX	TY-FOURTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>					
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		-						
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	†		<u></u>			†		
	†							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add the			riber group a	s shown in the boxes a	bove.	¢		

10379 Name	BER GROUP						
<u> </u>	REK GKOUP	OLIDOOC.	TE EEEO EOO E 4 0 : :	- DACE 5 :	OOMBUTATION OF	N 0014 A	CABLE ONE, INC.
	SUBSCRIBER GROUP		П		SUBSCRIBER GROU		
Computation			COMMUNITY/ AREA	0			COMMUNITY/ AREA
DSE of	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe							
and							
Syndicated Exclusivity							
Surcharge						<u></u>	
for							
Partially							
Distant Stations							
Stations							
						<mark></mark>	
0.00			Total DSEs	0.00		l l	Total DSEs
0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gr
0.00	\$	d Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gr
)	SUBSCRIBER GROUP	Y-FIGHTH	SIXT	IP	SUBSCRIBER GROU	SEVENTH	SIXTY-S
0			COMMUNITY/ AREA	0		9_ 7_ 77 77 77 77	COMMUNITY/ AREA
DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
<u>.</u>							
						-	
						<u></u>	
<u></u>						<u> </u>	
<u></u>							
							
0.00			Total DSEs	0.00			Total DSEs
0.00	\$	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G
	<u>-</u>		l control		<u>·</u>		
 1	I						

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLE	SYSTEM:				S	10379	Name
				TE FEES FOR EACH				
	ΓY-NINTH	SUBSCRIBER GRO		1		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	ļ							Base Rate Fee
	<u></u>							and Syndicated
	<u>.</u>							Exclusivity
					••••			Surcharge
					••••			for
								Partially
								Distant
	<u> </u>							Stations
	-							
								
	<u>.</u>				····			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
SEVEN'	TY-FIRST	SUBSCRIBER GRO	JP	SEVENT	TY-SECOND	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u>.</u>							
	ļ							
	<u> </u>							
			···					
	 		<u></u>		••••	<u> </u>		
	<u> </u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	•	·			mp*	·		
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group a	s shown in the boxes al	bove.	\$		

LEGAL NAME OF OWNER CABLE ONE, INC.	OF CABLE	SYSTEM:	•			\$	10379	Name
				ATE FEES FOR EAC				
SEVENT	Y-THIRD	SUBSCRIBER GRO	<u>0</u>	COMMUNITY/ AREA		I SUBSCRIBER GRO	UP 0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate F
								and
		-						Syndicate Exclusivit
			<u></u>					Surcharge
								for
		-						Partially
								Distant
								Stations
Γotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	nb	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Gro	aL	s	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
							•	
	Y-FIFTH	SUBSCRIBER GRO		ll .		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>					
		-						
			<u></u>					
			<u></u>					
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gro	oup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third Gro	oup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Sase Rate Fee: Add the		e fees for each subsc pace L (page 7)	riber group a	as shown in the boxes a	above.			

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP SEVENTY-SEVENTH SUBSCRIBER GROUP MUNITY/ AREA 0 COMMUNITY/ AREA	0379 Name
SEVENTY-SEVENTH SUBSCRIBER GROUP SEVENTY-EIGHTH SUBSCRIBER GROUP	
	0 9
	Computation
L SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN I	DSE of Base Rate F
	and
	Syndicated
	Exclusivity
	Surcharge
	for Partially
	Distant
	Stations
DSEs Total DSEs	0.00
Receipts First Group \$ 0.00 Gross Receipts Second Group \$	0.00
	<u> </u>
Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$	0.00
SEVENTY-NINTH SUBSCRIBER GROUP EIGHTIETH SUBSCRIBER GROUP	
MUNITY/ AREA O COMMUNITY/ AREA	0
L SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN	DSE
DSEs Total DSEs (0.00
Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$	0.00
	<u> </u>
	0.00

Mana	10379					E SYSTEM:		CABLE ONE, INC.
				TE FEES FOR EAC				
9	JP 0	SUBSCRIBER GROU	Y-SECOND	EIGHT COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	HTY-FIRST	EIGH COMMUNITY/ AREA
Computat				COMMUNITY AREA				COMMUNITY AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and Syndicate								
Exclusivi					<u></u>			
Surcharg								
for								
Partially								
Distant								
Stations								
		-	-		<u></u>			
_								
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Seco	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Seco	0.00	\$	roup	Base Rate Fee First G
=	<u> </u>	\$ SUBSCRIBER GROU				\$ SUBSCRIBER GROU		
=	<u> </u>					SUBSCRIBER GROU		EIGH
-	JP			EIGH'	UP	SUBSCRIBER GROU		EIGH
= - - -	JP 0	SUBSCRIBER GROU	Y-FOURTH	EIGH' COMMUNITY/ AREA	UP 0		ITY-THIRD	EIGH COMMUNITY/ AREA
-	JP 0	SUBSCRIBER GROU	Y-FOURTH	EIGH' COMMUNITY/ AREA	UP 0		ITY-THIRD	EIGH COMMUNITY/ AREA
-	JP 0	SUBSCRIBER GROU	Y-FOURTH	EIGH' COMMUNITY/ AREA	UP 0		ITY-THIRD	EIGH COMMUNITY/ AREA
-	JP 0	SUBSCRIBER GROU	Y-FOURTH	EIGH' COMMUNITY/ AREA	UP 0		ITY-THIRD	EIGH COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-FOURTH	EIGH' COMMUNITY/ AREA	UP 0		ITY-THIRD	EIGH COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-FOURTH	EIGH' COMMUNITY/ AREA	UP 0		ITY-THIRD	EIGH COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-FOURTH	EIGH' COMMUNITY/ AREA	UP 0		ITY-THIRD	EIGH COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-FOURTH	EIGH' COMMUNITY/ AREA	UP 0		ITY-THIRD	EIGH COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-FOURTH	EIGH' COMMUNITY/ AREA	UP 0		ITY-THIRD	EIGH COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-FOURTH	EIGH' COMMUNITY/ AREA	UP 0		ITY-THIRD	EIGH COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-FOURTH	EIGH' COMMUNITY/ AREA	UP 0		ITY-THIRD	COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-FOURTH	EIGH' COMMUNITY/ AREA	UP 0		ITY-THIRD	EIGH COMMUNITY/ AREA
	JP 0 DSE	SUBSCRIBER GROU	Y-FOURTH	EIGH COMMUNITY/ AREA CALL SIGN	DSE		ITY-THIRD	EIGH COMMUNITY/ AREA CALL SIGN
	DSE DSE O.00	SUBSCRIBER GROU	y-FOURTH DSE	EIGH COMMUNITY/ AREA CALL SIGN Total DSEs	DSE DSE D.000	CALL SIGN	DSE	EIGH COMMUNITY/ AREA CALL SIGN Fotal DSEs
	JP 0 DSE	SUBSCRIBER GROU	y-FOURTH DSE	EIGH COMMUNITY/ AREA CALL SIGN	DSE		DSE	EIGH COMMUNITY/ AREA

Base CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Syr Exc Sur Pa	9 omputati of se Rate
TY/AREA O COMMUNITY/AREA O C	omputati of
Com N DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Syr Exc Sul	omputati of
Base CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Syr Exc Sur Pa	of
Syr Exc Sur	se Rate
Syr Exc Sur	
Exc Sui	and
Pi	yndicate xclusivi
Pa D	Surcharg
	for
	Partially
SI	Distant
	Stations
ipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00	
Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00	
EIGHTY-SEVENTH SUBSCRIBER GROUP EIGHTY-EIGHTH SUBSCRIBER GROUP	
TY/ AREA 0 COMMUNITY/ AREA 0	
N DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	
0.00 Total DSEs 0.00	
ipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	
Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	

CABLE ONE, INC.		SYSTEM:	•			•	10379	Name
	BLOCK A:	COMPUTATION O	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
	HTY-NINTH	SUBSCRIBER GROU				SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for
						<u> </u>		Partially
								Distant Stations
						 		Guadono
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
							1	
Base Rate Fee First G		\$	0.00	Base Rate Fee Seco		\$	0.00	
	ETY-FIRST	SUBSCRIBER GROU		ii .		SUBSCRIBER GRO	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						<u> </u>		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add to	ne base rat e	e fees for each subscr	iber aroup a	s shown in the hoxes	above			
Enter here and in block			3. sup c			\$		

CABLE ONE, INC.	R OF CABLE	SYSTEM:				\$	10379	Name
				TE FEES FOR EAC				
	ry-third	SUBSCRIBER GRO		1		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	<u> </u>					<u> </u>		Base Rate Fee
	-					<u> </u>		and Syndicated
							·····	Exclusivity
			···		•••••	+		Surcharge
								for
								Partially
								Distant
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Total DSEs	l I		0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
NINE	TY-FIFTH	SUBSCRIBER GRO	UP	NI	NETY-SIXTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	<u> </u>							
	.							
	_							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group a	s shown in the boxes a	bove.	¢		

Name	10379	s				E SYSTEM:	R OF CABLE	LEGAL NAME OF OWNE CABLE ONE, INC.
				TE FEES FOR EACH				
9	JP 0	SUBSCRIBER GROU	Y-EIGHTH	NINE COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	NINETY- COMMUNITY/ AREA
Computati				COMMONT IT AREA	Ü			COMMONT I/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F and								
Syndicate							<u></u>	
Exclusivit								
Surcharge		_						
for								
Partially Distant								
Stations							<u></u>	
							<u> </u>	
							<u>-</u>	
							<u></u>	
	0.00			Total DSEs	0.00			Γotal DSEs
	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	oup	Gross Receipts First Gr
	0.00							
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	3ase Rate Fee First Gr
	0.00	\$ SUBSCRIBER GROU				\$ SUBSCRIBER GROU		
	0.00					\$ SUBSCRIBER GROU		NINE
	0.00			ONE H	JP	SUBSCRIBER GROU		NINE
	0.00 JP	SUBSCRIBER GROU	NDREDTH	ONE HI	JP 0		TY-NINTH	NINE
	0.00 JP	SUBSCRIBER GROU	NDREDTH	ONE HI	JP 0		TY-NINTH	NINE
	0.00 JP	SUBSCRIBER GROU	NDREDTH	ONE HI	JP 0		TY-NINTH	NINE
	0.00 JP	SUBSCRIBER GROU	NDREDTH	ONE HI	JP 0		TY-NINTH	NINE
	0.00 JP	SUBSCRIBER GROU	NDREDTH	ONE HI	JP 0		TY-NINTH	NINE
	0.00 JP	SUBSCRIBER GROU	NDREDTH	ONE HI	JP 0		TY-NINTH	NINE
	0.00 JP	SUBSCRIBER GROU	NDREDTH	ONE HI	JP 0		TY-NINTH	NINE
	0.00 JP	SUBSCRIBER GROU	NDREDTH	ONE HI	JP 0		TY-NINTH	NINE
	0.00 JP	SUBSCRIBER GROU	NDREDTH	ONE HI	JP 0		TY-NINTH	NINE
	0.00 JP	SUBSCRIBER GROU	NDREDTH	ONE HI	JP 0		TY-NINTH	NINE
	0.00 JP	SUBSCRIBER GROU	NDREDTH	ONE HI	JP 0		TY-NINTH	NINE
	0.00 JP	SUBSCRIBER GROU	NDREDTH	ONE HI	JP 0		TY-NINTH	NINE
	0.00 JP	SUBSCRIBER GROU	NDREDTH	ONE HI	JP 0		TY-NINTH	NINE COMMUNITY/ AREA CALL SIGN
	DSE	SUBSCRIBER GROU	DSE	ONE HI COMMUNITY/ AREA CALL SIGN	DSE		TY-NINTH DSE	COMMUNITY/ AREA

LEGAL NAME OF OWNER CABLE ONE, INC.	OF CABLE	SYSTEM:	•			\$	10379	Name
Bl	OCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
ONE HUNDRE	D FIRST	SUBSCRIBER GROU	P	ONE HUNDRE	D SECOND	SUBSCRIBER GRO	JP	^
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
	 							Distant
								Stations
	<u> </u>							
	[
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRE	D THIRD	SUBSCRIBER GROU	Р	ONE HUNDRE	D FOURTH	SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	 							
	<u> </u>							
	[
	<u> </u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			ber group a	s shown in the boxes ab	ove.	s		

CABLE ONE, INC	NER OF CABL	E SYSTEM:				S	SYSTEM ID#	Name
OADLE UNE, INC							10379	
				TE FEES FOR EAC				
COMMUNITY/ AREA		SUBSCRIBER GRO	0 0	COMMUNITY/ ARE		SUBSCRIBER GROU	0	9
COMMONT IT AREA				COMMONT I/ ARE	A			Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated Exclusivity
			••••					Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRE	D SEVENTH	SUBSCRIBER GRO	DUP	ONE HUND	RED EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	DSE	CALL SIGN			DSE	CALL SIGN		
Total DSEs		CALL SIGN	0.00	Total DSEs		CALL SIGN	0.00	
Total DSEs		CALL SIGN				CALL SIGN		
Total DSEs Gross Receipts Third	Group	CALL SIGN	0.00	Total DSEs	rth Group	\$	0.00	
Total DSEs Gross Receipts Third	Group	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00	

LEGAL NAME OF OWNER CABLE ONE, INC.	OF CABLE	SYSTEM:	•			S	10379	Name
				TE FEES FOR EACH				
	D NINTH	SUBSCRIBER GROL		ii e	RED TENTH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
						-		Exclusivity
								Surcharge
								for
				·	···	 	••••	Partially Distant
				-	····		·····	Stations
				-	····		·····	Otations
						-		
					···			
					•••••••••••••••••••••••••••••••••••••••	H		
					•••••••••••••••••••••••••••••••••••••••	†		
				·	···	<u> </u>	••••	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED EL	EVENTH	SUBSCRIBER GROU	IP	ONE HUNDRED	TWELVTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
	 		ļ					
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	 					-		
						-		
	 				···			
Total DSEs	<u>ı </u>		0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			ber group a	as shown in the boxes at	oove.	e		

LEGAL NAME OF OWN		E SYSTEM:				\$	10379	Name
	BLOCK A:	COMPUTATION C		ATE FEES FOR EAC		IBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant Stations
						<u> </u>		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
·	·				·			
Base Rate Fee First (\$	0.00	Base Rate Fee Sec		\$	0.00	
ONE HUNDRED I	FIFTEENTH	SUBSCRIBER GRO	OUP 0	ONE HUNDRED		SUBSCRIBER GROU	JP O	
OOMMONT IT AIREA				COMMONT IT AIRE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	¢	0.00	Base Rate Fee Fou	rth Group	*	0.00	
Dase Nate 66 mile		\$	0.00	Dase Nate i ee rou	тат Огоир	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			criber group a	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLE	SYSTEM:				SY	STEM ID# 10379	Name
			BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
	NTEENTH	SUBSCRIBER GROUP			GHTEENTH	SUBSCRIBER GROUP	_	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
						-		Surcharge for
						-		Partially
								Distant
								Stations
						-	-	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	l Group	\$	0.00	
ONE HUNDRED NIN	NTEENTH	SUBSCRIBER GROU	Р	ONE HUNDRED TV	VENTIETH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
						-		
								
	<u> </u>							
Total DSEs			0.00	Total DSEs	1		0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
			$\overline{}$					
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block (ber group a	s shown in the boxes abo	ove.	\$		

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLE	SYSTEM:	•			S	10379	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED TWE	NTY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED TWEN	TY-SECOND	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
					···			Exclusivity
					<u></u>			Surcharge
								for
								Partially
		-						Distant
								Stations
	<u> </u>	-			<u></u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	NTY-THIRD	SUBSCRIBER GROUP		TI .	ITY-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<mark></mark>			
	<u> </u>	-			<u> </u>			
	ļ							
	<u> </u>				-			
	 							
	<u> </u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gi	roup	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			per group a	s shown in the boxes ab	ove.	\$		

ATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED TWENTY-SIXTH SUBSCRIBER GROUP OCOMMUNITY/ AREA OCOMPUTATION GN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations
ONE HUNDRED TWENTY-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA OCOMPUTATION GN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE And Syndicated Exclusivity Surcharge for Partially Distant
Computation GN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant
GN DSE CALL SIGN DSE CALL SIGN DSE of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant
and Syndicated Exclusivity Surcharge for Partially Distant
Syndicated Exclusivity Surcharge for Partially Distant
Exclusivity Surcharge for Partially Distant
for Partially Distant
Partially Distant
Distant
Stations Stations
0.00 Gross Receipts Second Group \$ 0.00
0.00 Base Rate Fee Second Group \$ 0.00
R GROUP ONE HUNDRED TWENTY-EIGHTH SUBSCRIBER GROUP
0 COMMUNITY/ AREA 0
GN DSE CALL SIGN DSE CALL SIGN DSE
0.00 Total DSEs 0.00
0.00 Gross Receipts Fourth Group \$ 0.00
0.00 Base Rate Fee Fourth Group \$ 0.00

Name	10379								
		BER GROUP	SUBSCRI	TE FEES FOR EAC					
9		SUBSCRIBER GROUP	THIRTIETH	ll e		SUBSCRIBER GROUP	NTY-NINTH		
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate F						-			
and									
Syndicate Exclusivit									
Surcharg					·				
for									
Partially						-			
Distant Stations									
Stations			<u>.</u>						
							<u> </u>		
							<u></u>		
	0.00			T-t-L DOF-	0.00			F-4-L DOE-	
	0.00			Total DSEs	0.00			Γotal DSEs	
	0.00	\$	d Group	Gross Receipts Seco	0.00	\$	roup	Gross Receipts First Gr	
	0.00	\$	d Group	Base Rate Fee Seco	0.00	\$	oup	3ase Rate Fee First Gr	
	0.00	\$ SUBSCRIBER GROUP				\$ SUBSCRIBER GROUP			
	0.00					,		ONE HUNDRED THI	
				ONE HUNDRED THI		,		ONE HUNDRED THI	
	0	SUBSCRIBER GROUP	TY-SECOND	ONE HUNDRED THI	0	SUBSCRIBER GROUP	IRTY-FIRST	ONE HUNDRED THI	
	0	SUBSCRIBER GROUP	TY-SECOND	ONE HUNDRED THI	0	SUBSCRIBER GROUP	IRTY-FIRST	ONE HUNDRED THI	
	0	SUBSCRIBER GROUP	TY-SECOND	ONE HUNDRED THI	0	SUBSCRIBER GROUP	IRTY-FIRST	ONE HUNDRED THI	
	0	SUBSCRIBER GROUP	TY-SECOND	ONE HUNDRED THI	0	SUBSCRIBER GROUP	IRTY-FIRST	ONE HUNDRED THI	
	0	SUBSCRIBER GROUP	TY-SECOND	ONE HUNDRED THI	0	SUBSCRIBER GROUP	IRTY-FIRST	ONE HUNDRED THI	
	0	SUBSCRIBER GROUP	TY-SECOND	ONE HUNDRED THI	0	SUBSCRIBER GROUP	IRTY-FIRST	ONE HUNDRED THI	
	0	SUBSCRIBER GROUP	TY-SECOND	ONE HUNDRED THI	0	SUBSCRIBER GROUP	IRTY-FIRST	ONE HUNDRED THI	
	0	SUBSCRIBER GROUP	TY-SECOND	ONE HUNDRED THI	0	SUBSCRIBER GROUP	IRTY-FIRST	ONE HUNDRED THI	
	0	SUBSCRIBER GROUP	TY-SECOND	ONE HUNDRED THI	0	SUBSCRIBER GROUP	IRTY-FIRST	ONE HUNDRED THI	
	0	SUBSCRIBER GROUP	TY-SECOND	ONE HUNDRED THI	0	SUBSCRIBER GROUP	IRTY-FIRST	ONE HUNDRED THI	
	0	SUBSCRIBER GROUP	TY-SECOND	ONE HUNDRED THI	0	SUBSCRIBER GROUP	IRTY-FIRST	ONE HUNDRED THI	
	0	SUBSCRIBER GROUP	TY-SECOND	ONE HUNDRED THI	0	SUBSCRIBER GROUP	IRTY-FIRST	ONE HUNDRED THI	
	DSE	SUBSCRIBER GROUP	TY-SECOND	ONE HUNDRED THI COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROUP	IRTY-FIRST	ONE HUNDRED THI COMMUNITY/ AREA CALL SIGN	
	0 DSE	SUBSCRIBER GROUP CALL SIGN	DSE	ONE HUNDRED THI COMMUNITY/ AREA CALL SIGN Total DSEs	0 DSE	SUBSCRIBER GROUP	DSE	ONE HUNDRED THI COMMUNITY/ AREA CALL SIGN Total DSEs	
	DSE	SUBSCRIBER GROUP	DSE	ONE HUNDRED THI COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROUP	DSE	COMMUNITY/ AREA	

CABLE ONE, INC.	R OF CABLE	SYSTEM:	•			•	10379	Name
B	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDRED THII	RTY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED THI	RTY-FOURTH	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0	9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
						-		Surcharge
								for
								Partially
			ļ					Distant
								Stations
						 		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED THIR	TY-FIFTH	SUBSCRIBER GROU	JP	ONE HUNDRED TH	IIRTY-SIXTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
			ļ					
								
	-					-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			ber group a	s shown in the boxes a	bove.	\$		

LEGAL NAME OF OWNER CABLE ONE, INC.	OF CABLE	SYSTEM:				S	YSTEM ID# 10379	Name
			BASE RA	TE FEES FOR EACH				
ONE HUNDRED THIRTY- COMMUNITY/ AREA	SUBSCRIBER GROUP	0	ONE HUNDRED THIR COMMUNITY/ AREA	0	9 Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
		-						Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	l Group	\$	0.00	
ONE HUNDRED THIRT	Y-NINTH	SUBSCRIBER GROU	Р	ONE HUNDRED I	FORTIETH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
							·····	
					ļ			
	ļ							
Total DSEs	1		0.00	Total DSEs	1		0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
ee: Add the	base rate			s shown in the boxes abo		\$	3.30	

CALL SIGN DSE CALL SIGN	LEGAL NAME OF OWNER CABLE ONE, INC.	OF CABLE	SYSTEM:	•			\$	10379	Name
CALL SIGN DEC CA	BI	OCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	BER GROUP		
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE data Fix and service of the service of t	ONE HUNDRED FOR	RTY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED FOR	RTY-SECOND	SUBSCRIBER GROUP	,	Ω
Base Rate Fee First Group ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP CALL SIGN DSE CALL SIGN	COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
and syndicated Enclusivity Surcharge for Partially Distant Stations Total DSEs	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Syndicated Exclusivity Surcharge for Partially Distant Stations Total DSEs 0.00, Total DSEs 0.00 Gross Receipts First Group \$ 0.00 DISTANCE FERST GROUP \$ 0.00 DISTANCE FIRST GROUP \$ 0.00 ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE GALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE GROSS Receipts First Group \$ 0.00 Total DSEs 0.00 GROSS Receipts Forty-Fourth Subscriber group as shown in the boxes above.									Base Rate Fee
Exclusivity Surcharge for Partially Distant Stations Total DSEs O.00 Gross Receipts First Group Base Rate Fee First Group ONE HUNDRED FORTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA OCOMMUNITY/ AREA OCOMM									
Surcharge for Partially Distant Stations Total DSEs Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts Fourth Group \$ 0.0							<u> </u>		
For a partially Distant Stations Total DSEs Gross Receipts First Group Base Rate Fee First Group COMMUNITY/ AREA CALL SIGN DSE CALL SIGN DS								······	
Partially Distant Stations Total DSEs O.00 Gross Receipts First Group Base Rate Fee First Group ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP COMMUNITY AREA OCMMUNITY AREA OCMUNITY AREA						···	-		_
Stations Statio									
Total DSEs Gross Receipts First Group Base Rate Fee First Group S O.00 ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL									Distant
Gross Receipts First Group Base Rate Fee First Group S O.00 Base Rate Fee First Group ONE HUNDRED FORTY-FINIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL			-						Stations
Gross Receipts First Group Base Rate Fee First Group S O.00 Base Rate Fee First Group ONE HUNDRED FORTY-FINIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL									
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 ONE HUNDRED FORTY-FIRID SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY						<u></u>			
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 ONE HUNDRED FORTY-FIRID SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY									
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 ONE HUNDRED FORTY-FIRID SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY							<u> </u>		
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 ONE HUNDRED FORTY-FIRID SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY									
Base Rate Fee First Group ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA OCOMMUNITY/ AREA	Total DSEs			0.00	Total DSEs			0.00	
ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA CALL SIGN DSE CAL	Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
COMMUNITY/ AREA 0 CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Total DSEs Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN	ONE HUNDRED FOR	TY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED FOR	RTY-FOURTH	SUBSCRIBER GROUP)	
Total DSEs Gross Receipts Third Group Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.						····			
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.						···	-		
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.			-						
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.			-						
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.							 -		
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.							<u> </u>		
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Total DSEs			0.00	Total DSEs	•		0.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
	Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
				ber group a	s shown in the boxes ab	oove.	\$		

	10379					E SYSTEM:		CABLE ONE, INC.	
		BER GROUP SUBSCRIBER GROUP		TE FEES FOR EACH	BASE RA	COMPUTATION OF SUBSCRIBER GROUP			
9 Computatio	0			COMMUNITY/ AREA	0		COMMUNITY/ AREA		
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate Fe									
Syndicated						-			
Exclusivity									
Surcharge for									
Partially									
Distant							<u> </u>		
Stations									
							ļ		
							-		
							-		
	0.00			Total DSEs	0.00			Total DSEs	
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gr	
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gr	
		SUBSCRIBER GROUP	TY-EIGHTH	ONE HUNDRED FOR		SUBSCRIBER GROUP	-SEVENTH	ONE HUNDRED FORTY	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
1	DSE	CALL CICAL		H	DSE	CALL SIGN	DSE	CALL SIGN	
		CALL SIGN	DSE	CALL SIGN					
		CALL SIGN	DSE	CALL SIGN					
		CALL SIGN	DSE	CALL SIGN					
		CALL SIGN	DSE	CALL SIGN					
		CALL SIGN	DSE	CALL SIGN					
		CALL SIGN	DSE	CALL SIGN					
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		CALL SIGN	DSE	CALL SIGN					
		CALL SIGN	DSE	CALL SIGN					
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Name	10379							CABLE ONE, INC.		
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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE. INC. 10379 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation ☐ First 50 major television market ☐ Second 50 major television market INSTRUCTIONS: **Base Rate Fee** 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 and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for Partially Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs _ Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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