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

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	AC	COUNTING PERIOD COVERED BY THIS STATEMENT:				
Accounting Period		2023/1				
B	rate	tructions: Give the full legal name of the owner of the cable system. If the owner is a settle of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busines if there were different owners during the accounting period, only the owner ingle statement of account and royalty fee payment covering the entire account.  Check here if this is the system's first filing. If not, enter the system's ID	ess of the cable syste on the last day of the unting period.	m. e accounting period should su		25206
	LI	EGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM  CABLE ONE, INC.				
		CABLE ONE, INC.				
					2520	620231
					25206	2023/1
		210 E EARLL DRIVE PHOENIX, AZ 85012				
С		STRUCTIONS: In line 1, give any business or trade names used to it mes already appear in space B. In line 2, give the mailing address of				
System	1	IDENTIFICATION OF CABLE SYSTEM:  SPARKLIGHT	the system, if unit	erent from the address give	пп эрасе	Б.
	2	MAILING ADDRESS OF CABLE SYSTEM: 3000 N. WESTWOOD BLVD. (Number, street, rural route, apartment, or suite number) POPLAR BLUFF, MO 63902 (City, town, state, zip code)				
D	Ins	structions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and rel	ist on page	∍ 1b
Area Served	wit	h all communities.	OTATE			
First		CITY OR TOWN TAYLORVILLE	STATE			
Community	E	Below is a sample for reporting communities if you report multiple cha		pace G.		
		CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	3 GRP#
Sample	Alc	la	MD	A		1
		ance	MD	В		2
	Ge	ring	MD	В		3

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal 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# 25206 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 Area of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. 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# **TAYLORVILLE** IL AA 1 First **HEWITTVILLE** IL 1 AA Community IL **OWANECO** AA **PANA** IL AA 1 **CHRISTIAN COUNTY** IL AA 1 IL 1 STONINGTON AA See instructions for IL additional information **SHELBYVILLE** AA on alphabetization. SHELBY COUNTY IL 1 AA **MOWEAQUA** IL 1 AA **ASSUMPTION** IL AA 1 IL **BETHANY** AA 1 Add rows as necessary. **DALTON CITY** IL 1 AA **BLUE MOUND** IL 1 AA **MACON** IL AA **LITCHFIELD** IL AB 2 2 **SCHRAM CITY** IL AB TAYLOR SPRINGS IL 2 AB 3 RAMSEY IL AB **UNINC. FAYETTE COUNTY** ΙL AΒ 3 **BROWNSTOWN** IL AB 3 3 **VANDALIA** IL AB **BLUFF CITY** IL AB 3 3 **VERA** IL AB MONTGOMERY CO. IL AB 4 ΪL AB **RAYMOND** 4 ΙL **FARMERSVILLE** AB 4 **NOKOMIS** IL AB 4 **COALTON** IL AB 4 WITT IL AB 4 ΙL **HILLSBORO** AΒ 4 **GIRARD** IL AB 4 **NILWOOD** IL AB 4 **SUNSET LAKES** IL AB 4 VIRDEN IL AB 4 **MACOUPIN COUNTY** IL AB 4 IL **CARLINVILLE** AB 5 **EAST GILLESPIE** ΙL AB 5 **GILLESPIE** IL AB 5 IL AC AUBURN 6

6

AC

IL

GREENVILLE	IL	AD	7	
UNINC. BOND CO.	IL	AD	7	
WHITEHALL	IL	AE	8	

LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
CABLE ONE, INC.			25206	
Instructions: List each separate community served by the cable system. A "community in FCC rules: "a separate and distinct community or municipal entity (including unincorporareas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frs of system identification hereafter known as the "first community." Please use it as the first	orated communitie t community that y	s within unincorpo ou list will serve a	orated	D Area Served
<b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile hombelow the identified city or town.	e parks should be	reported in paren	theses	
If all communities receive the same complement of television broadcast stations (i.e., or all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each redesignated by a number (based on your reporting from Part 9).	e column blank. İf	you report any sta	tions	
When reporting the carriage of television broadcast stations on a community-by-commu channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns by	a subscriber grou			
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	]
ROODHOUSE	IL	AE	8	First
CARROLLTON	IL	AE	8	Community
JERSEYVILLE BRIGHTON	IL IL	AE AE	9	
MANCHESTER	IL	AE	10	
				See instructions for
				additional information on alphabetization.
				Add rows as no socsany
				Add rows as necessary.
	<u> </u>			
	<u> </u>			
	<u> </u>			

l			l
		 	1
		 	1
I			1
			1

Name Legal Name of OWNER of Cable SYSTEM:

CABLE ONE, INC.

SYSTEM ID#

# Ε

#### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1			BLOCK 2
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE	NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE
Residential:				
<ul> <li>Service to first set</li> </ul>	2,475	\$	42.00	ECONOMY IPTV \$ 42.00
<ul> <li>Service to additional set(s)</li> </ul>		Ī		
• FM radio (if separate rate)		Ī		
Motel, hotel	171	\$	56.00	
Commercial		Ī		
Converter		Ī		
Residential				
Non-residential				
1	I	т		

# F

#### Services Other Than Secondary Transmissions: Rates

### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

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

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 25206 CABLE ONE. INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections **Primary** 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. · List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CARRIAGE CHANNEL OF (Yes or No) NUMBER STATION (If Distant) **KSDK** 35 Ν Yes 0 ST. LOUIS, MO **WICS** 15 N SPRINGFIELD, IL No See instructions for additional information WAND 20 Ν DECATUR, IL No on alphabetization WAND-DT2 20.2 I-M No DECATUR, IL **WRSP** 16 ı No SPRINGFIELD. IL WRSP-DT2 16.2 I-M SPRINGFIELD, IL No **WBUI** 22 ı No DECATUR, IL WCIX 11 SPRINGFIELD, IL ı No WCIA 34 Ν CHAMPAIGN, IL No **URBANA**, IL WILL 9 Ε No WICS-DT2 15.2 I-M No SPRINGFIELD, IL WICS-DT3 15.3 I-M No SPRINGFIELD, IL WICS-DT4 15.4 I-M No SPRINGFIELD, IL Ν SPRINGFIELD, IL WICS-SIMUL 15 No WCIA-SIMUL 34 Ν No CHAMPAIGN, IL WRSP-SIMUL 16 ı No SPRINGFIELD, IL WAND-SIMUL 20 Ν No DECATUR. IL

LEGAL NAME OF OWN		STEM:			SYSTEM ID# 25206	Name
PRIMARY TRANSMITTE		N				
In General: In space (carried by your cable s	G, identify ever system during t	y television s he accountin	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under	G
76.59(d)(2) and (4), 76 substitute program ba	6.61(e)(2) and ( sis, as explaine	4), or 76.63 ( ed in the next	referring to 76.6 paragraph.	61(e)(2) and (4))];	tain network programs [sections and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television
basis under specifc F0	CC rules, regula	ations, or autl	horizations:		nent and Program Log)—if the	relevision
basis. For further in	and also in spanformation cond	ace I, if the st			itute basis and also on some other of the general instructions located	
	ch station's call	-			es such as HBO, ESPN, etc. Identify ation. For example, report multi-	
WETA-simulcast).			·	`	ch stream separately; for example	
its community of licens on which your cable sy	se. For exampleystem carried tl	e, WRC is Ch ne station.	nannel 4 in Wasl	hington, D.C. This	ependent station, or a noncommercial	
educational station, by	entering the le	etter "N" (for r	network), "N-M" (	(for network multion	cast), "I" (for independent), "I-M" ommercial educational multicast).	
	ation is outside	the local ser	rvice area, (i.e. "	ʻdistant"), enter "Y	es". If not, enter "No". For an ex-	
	ave entered "Y	es" in columr	n 4, you must co	mplete column 5,	e paper SA3 form. stating the basis on which your ntering "LAC" if your cable system	
	sion of a distan	t multicast str	ream that is not	subject to a royalt	ty payment because it is the subject	
the cable system and	a primary trans	mitter or an a	association repre	esenting the prima	rstem or an association representing ary transmitter, enter the designa-	
explanation of these th	rree categories	, see page (v	) of the general	instructions locat	other basis, enter "O." For a further ed in the paper SA3 form. By to which the station is licensed by the	
	Canadian statio	ons, if any, giv	ve the name of t	he community wit	h which the station is identifed.	
		CHANN	IEL LINE-UP	AA CONT'D		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WILL-SIMUL	9	E	No	(II Distant)	URBANA, IL	
WBUI-SIMUL	21	<u>-</u>	No		DECATUR, IL	

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#
Name

#### PRIMARY TRANSMITTERS: TELEVISION

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

**Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under 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 AB 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE NUMBER STATION (If Distant) **KDNL** 31 Ν No ST. LOUIS, MO KDNL-DT2 31.2 I-M No ST. LOUIS, MO **KSDK** 35 Ν ST. LOUIS. MO No **KMOV** ST. LOUIS, MO 24 Ν No **KETC** 23 Ε Yes 0 ST. LOUIS, MO **WRBU** 28 ı E. ST. LOUIS, IL No **KTVI** 33 ı No ST. LOUIS, MO KTVI-DT2 ST. LOUIS, MO 33.2 I-M No **KPLR** 26 ST. LOUIS, MO ı No **KPLR-DT2** 26.2 I-M No ST. LOUIS, MO **KPLR-DT3** I-M ST. LOUIS, MO 26.3 No **KDNL-DT3** 31.3 I-M No ST. LOUIS, MO **KMOV-DT2** 24.2 I-M No ST. LOUIS, MO KMOV-DT3 No ST. LOUIS, MO 24.3 I-M KSDK-DT2 ST. LOUIS, MO 35.2 I-M No KSDK-DT3 35.3 I-M No ST. LOUIS, MO KSDK-DT4 35.4 I-M No ST. LOUIS, MO ST. LOUIS. MO KDNL-DT4 31.4 I-M No

G

Primary Transmitters: Television

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CABLE ONE. INC. 25206 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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- · List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AB CONT'D	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KDNL-DT4	31.4	I-M	No		ST. LOUIS, MO
KDNL-SIMUL	31	I	No		ST. LOUIS, MO
KMOV-SIMUL	24	N	No		ST. LOUIS, MO
KTVI-SIMUL	33	I	No		ST. LOUIS, MO
KSDK-SIMUL	35	N	No		ST. LOUIS, MO
KETC-SIMUL	23	E	Yes	E	ST. LOUIS, MO
KPLR-SIMUL	26	ı	No		ST. LOUIS, MO

G

**Primary** Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#
Name

#### PRIMARY TRANSMITTERS: TELEVISION

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

**Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under 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 AC 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CARRIAGE SIGN CHANNEL OF (Yes or No) NUMBER STATION (If Distant) **KSDK** 35 Ν Yes 0 ST. LOUIS, MO **WICS** 15 N SPRINGFIELD, IL No WAND 20 Ν DECATUR, IL No WAND-DT2 20.2 I-M No DECATUR, IL **WRSP** 16 ı No SPRINGFIELD, IL WRSP-DT2 16.2 I-M SPRINGFIELD, IL No **WBUI** 22 ı No DECATUR, IL WICS-SIMUL 15 Ν SPRINGFIELD, IL No WCIX 11 SPRINGFIELD. IL ı No **WCIA** 34 Ν No CHAMPAIGN, IL URBANA, IL WILL 9 Ε No WICS-DT2 15.2 I-M No SPRINGFIELD, IL WICS-DT3 15.3 I-M No SPRINGFIELD, IL WCIA-SIMUL 34 Ν No CHAMPAIGN, IL WRSP-SIMUL SPRINGFIELD, IL 16 No WAND-SIMUL 20 Ν No DECATUR, IL WILL-SIMUL 9 Ε No URBANA, IL WBUI-SIMUL **DECATUR. IL** 21 No

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#
Name

#### PRIMARY TRANSMITTERS: TELEVISION

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

**Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under 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 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) **KDNL** 31 Ν No ST. LOUIS, MO KDNL-DT2 31.2 I-M No ST. LOUIS, MO **KSDK** 35 Ν ST. LOUIS. MO No **KMOV** ST. LOUIS, MO 24 Ν No **KETC** 23 Ε Yes 0 ST. LOUIS, MO **WRBU** 28 ı E. ST. LOUIS, IL No **KTVI** 33 ı No ST. LOUIS, MO KTVI-DT2 ST. LOUIS, MO 33.2 I-M No **KPLR** 26 ST. LOUIS, MO ı No **KPLR-DT2** 26.2 I-M No ST. LOUIS, MO **KPLR-DT3** I-M ST. LOUIS, MO 26.3 No **KDNL-DT3** 31.3 I-M No ST. LOUIS, MO **KMOV-DT2** 24.2 I-M No ST. LOUIS, MO KMOV-DT3 No ST. LOUIS, MO 24.3 I-M KSDK-DT3 ST. LOUIS, MO 35.3 I-M No KSDK-DT4 35.4 I-M No ST. LOUIS, MO **KDNL-DT4** 31.4 I-M No ST. LOUIS, MO ST. LOUIS. MO KDNL-SIMUL 31 ı No

G

Primary Transmitters: Television

CABLE ONE, IN					OVOTEL ID#	
		STEM:			SYSTEM ID# 25206	Name
PRIMARY TRANSMITTE		N			20200	
			ation (including	translator stations	s and low power television stations)	
•		•	, ,		ed only on a part-time basis under	G
•				•	ain network programs [sections	
76.59(d)(2) and (4), 76 substitute program bas		,	-	1(e)(2) and (4))];	and (2) certain stations carried on a	Primary Transmitter
1 0	, I		0 1	s carried by your o	cable system on a substitute program	Television
basis under specifc FC				on Connected States	ant and Drawnan Law) if the	
station was carried	•		t it in space i (tr	ne Special Statem	ent and Program Log)—if the	
List the station here,	and also in spa	ace I, if the sta			tute basis and also on some other	
basis. For further in in the paper SA3 for		erning substit	tute basis statio	ns, see page (v) o	of the general instructions located	
• •		sign. Do not r	eport origination	n program service	es such as HBO, ESPN, etc. Identify	
			O	J	ation. For example, report multi-	
cast stream as "WETA WETA-simulcast).	-2". Simulcast	streams must	be reported in	column 1 (list eac	th stream separately; for example	
			•		ion for broadcasting over-the-air in	
ts community of licens on which your cable sy	•		annel 4 in Wash	nington, D.C. This	may be different from the channel	
			ation is a netwo	ork station, an inde	ependent station, or a noncommercial	
•	•	,	,. ,		east), "I" (for independent), "I-M"	
for independent multic For the meaning of the	,		,.	,	ommercial educational multicast). he paper SA3 form	
					es". If not, enter "No". For an ex-	
olanation of local servi					e paper SA3 form. stating the basis on which your	
					tering "LAC" if your cable system	
carried the distant stati						
					y payment because it is the subject stem or an association representing	
the cable system and a	a primary trans	mitter or an a	ssociation repre	esenting the prima	ry transmitter, enter the designa-	
					ther basis, enter "O." For a further	
eynlanation of these th	ree oategories				ed in the paper SA3 form	
explanation of these th Column 6: Give the	e location of ea	ch station. Fo	r U.S. stations,	list the communit	ed in the paper SA3 form. y to which the station is licensed by the	
Column 6: Give the FCC. For Mexican or C	Canadian statio	ch station. Fo	or U.S. stations, e the name of th	list the communit ne community with	y to which the station is licensed by the n which the station is identifed.	
Column 6: Give the FCC. For Mexican or C	Canadian statio	ich station. Fo ins, if any, given nnel line-ups,	or U.S. stations, e the name of the use a separate	list the communit ne community with space G for each	y to which the station is licensed by the n which the station is identifed.	
<b>Column 6:</b> Give the FCC. For Mexican or C	Canadian statio	ich station. Fo ins, if any, given nnel line-ups,	or U.S. stations, e the name of the use a separate	list the communit ne community with	y to which the station is licensed by the n which the station is identifed.	
Column 6: Give the FCC. For Mexican or C Note: If you are utilizing 1. CALL	Canadian statio g multiple char 2. B'CAST	ch station. Fo ons, if any, givennel line-ups, CHANNI 3. TYPE	or U.S. stations, e the name of the use a separate  EL LINE-UP  4. DISTANT?	list the community of the community with space G for each AD CONT'D  5. BASIS OF	y to which the station is licensed by the n which the station is identifed.	
Column 6: Give the FCC. For Mexican or C Note: If you are utilizing	Canadian statio g multiple char 2. B'CAST CHANNEL	ich station. Fo ins, if any, givennel line-ups, CHANNI 3. TYPE OF	or U.S. stations, the name of the use a separate	list the community on the community with space G for each AD CONT'D  5. BASIS OF CARRIAGE	y to which the station is licensed by the n which the station is identifed. channel line-up.	
Column 6: Give the FCC. For Mexican or C Note: If you are utilizing 1. CALL SIGN	Canadian statio g multiple char 2. B'CAST CHANNEL NUMBER	ich station. Fo ins, if any, givennel line-ups, CHANNI 3. TYPE OF STATION	r U.S. stations, e the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No)	list the community of the community with space G for each AD CONT'D  5. BASIS OF	y to which the station is licensed by the n which the station is identifed. channel line-up.  6. LOCATION OF STATION	
Column 6: Give the FCC. For Mexican or C Note: If you are utilizing 1. CALL SIGN	Canadian statio g multiple char  2. B'CAST CHANNEL NUMBER 24	ich station. Fo ins, if any, givennel line-ups, CHANNI 3. TYPE OF	r U.S. stations, e the name of the use a separate  EL LINE-UP  4. DISTANT?  (Yes or No)	list the community on the community with space G for each AD CONT'D  5. BASIS OF CARRIAGE	y to which the station is licensed by the which the station is identifed. channel line-up.  6. LOCATION OF STATION  ST. LOUIS, MO	
Column 6: Give the FCC. For Mexican or C Note: If you are utilizing 1. CALL SIGN  KMOV-SIMUL KTVI-SIMUL	2. B'CAST CHANNEL NUMBER 24 33	ch station. Fo	r U.S. stations, e the name of the use a separate  EL LINE-UP  4. DISTANT? (Yes or No)  No  No	list the community on the community with space G for each AD CONT'D  5. BASIS OF CARRIAGE	y to which the station is licensed by the which the station is identifed. channel line-up.  6. LOCATION OF STATION  ST. LOUIS, MO  ST. LOUIS, MO	
Column 6: Give the FCC. For Mexican or C Note: If you are utilizing  1. CALL SIGN  KMOV-SIMUL KTVI-SIMUL KSDK-SIMUL	2. B'CAST CHANNEL NUMBER 24 33 35	ch station. Fo	r U.S. stations, e the name of the use a separate  EL LINE-UP  4. DISTANT? (Yes or No)  No  No  No	list the community with space G for each AD CONT'D  5. BASIS OF CARRIAGE (If Distant)	y to which the station is licensed by the which the station is identifed. channel line-up.  6. LOCATION OF STATION  ST. LOUIS, MO ST. LOUIS, MO ST. LOUIS, MO	
Column 6: Give the FCC. For Mexican or C Note: If you are utilizing 1. CALL SIGN  KMOV-SIMUL KTVI-SIMUL KSDK-SIMUL KETC-SIMUL	2. B'CAST CHANNEL NUMBER 24 33 35 23	ch station. Fo	r U.S. stations, e the name of the use a separate  EL LINE-UP  4. DISTANT? (Yes or No)  No  No  No  Yes	list the community on the community with space G for each AD CONT'D  5. BASIS OF CARRIAGE	y to which the station is licensed by the which the station is identifed. channel line-up.  6. LOCATION OF STATION  ST. LOUIS, MO ST. LOUIS, MO ST. LOUIS, MO ST. LOUIS, MO	
Column 6: Give the FCC. For Mexican or C Note: If you are utilizing 1. CALL SIGN  KMOV-SIMUL KTVI-SIMUL KSDK-SIMUL	2. B'CAST CHANNEL NUMBER 24 33 35	ch station. Fo	r U.S. stations, e the name of the use a separate  EL LINE-UP  4. DISTANT? (Yes or No)  No  No  No	list the community with space G for each AD CONT'D  5. BASIS OF CARRIAGE (If Distant)	y to which the station is licensed by the which the station is identifed. channel line-up.  6. LOCATION OF STATION  ST. LOUIS, MO ST. LOUIS, MO ST. LOUIS, MO	
Column 6: Give the FCC. For Mexican or Conte: If you are utilizing 1. CALL SIGN  KMOV-SIMUL KTVI-SIMUL KSDK-SIMUL KETC-SIMUL	2. B'CAST CHANNEL NUMBER 24 33 35 23	ch station. Fo	r U.S. stations, e the name of the use a separate  EL LINE-UP  4. DISTANT? (Yes or No)  No  No  No  Yes	list the community with space G for each AD CONT'D  5. BASIS OF CARRIAGE (If Distant)	y to which the station is licensed by the which the station is identifed. channel line-up.  6. LOCATION OF STATION  ST. LOUIS, MO ST. LOUIS, MO ST. LOUIS, MO ST. LOUIS, MO	
Column 6: Give the FCC. For Mexican or Conte: If you are utilizing 1. CALL SIGN  KMOV-SIMUL KTVI-SIMUL KSDK-SIMUL KETC-SIMUL	2. B'CAST CHANNEL NUMBER 24 33 35 23	ch station. Fo	r U.S. stations, e the name of the use a separate  EL LINE-UP  4. DISTANT? (Yes or No)  No  No  No  Yes	list the community with space G for each AD CONT'D  5. BASIS OF CARRIAGE (If Distant)	y to which the station is licensed by the which the station is identifed. channel line-up.  6. LOCATION OF STATION  ST. LOUIS, MO ST. LOUIS, MO ST. LOUIS, MO ST. LOUIS, MO	

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#
Name

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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

CHANNEL LINE-UP AE 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE NUMBER STATION (If Distant) **KDNL** 31 Ν Yes 0 ST. LOUIS, MO 0 KDNL-DT2 31.2 I-M Yes ST. LOUIS, MO **KSDK** 35 Ν No ST. LOUIS. MO **KMOV** ST. LOUIS, MO 24 Ν Yes 0 **KETC** 23 Ε Yes 0 ST. LOUIS, MO **WRBU** 28 ı Yes 0 E. ST. LOUIS, IL **KTVI** 33 ı No ST. LOUIS, MO KTVI-DT2 ST. LOUIS, MO 33.2 I-M No **KPLR** 26 No ST. LOUIS, MO Т **KPLR-DT2** 26.2 I-M No ST. LOUIS, MO **KPLR-DT3** I-M ST. LOUIS, MO 26.3 No **KDNL-DT3** 31.3 I-M Yes 0 ST. LOUIS, MO **KMOV-DT2** 0 24.2 I-M Yes ST. LOUIS, MO KMOV-DT3 Yes 0 ST. LOUIS, MO 24.3 I-M KSDK-DT2 ST. LOUIS, MO 35.2 I-M No KSDK-DT3 35.3 I-M No ST. LOUIS, MO ST. LOUIS, MO KSDK-DT4 35.4 I-M No ST. LOUIS. MO KDNL-DT4 31.4 I-M Yes 0

G

Primary Transmitters: Television

CABLE ONE, INC.  PRIMARY TRANSMITTERS: TELEVISION  In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4)), 76.61(e)(2) and (4), 76.61(e)(2) and (4)), 76.61(e)(2) and (4), 76.61(e)(2) and (4)), 76.61(e)(2) and (4)), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4)), 76.61(e)(2) and (4), 76.61(e)(2) and (4)), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4)), 76.61(e)(2) and (4), 76.61(e)(2) and (4)), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4)), 76.61(e)(2) and (4),	ORM SA3E. PAGE 3.		
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)	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
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), 76.61(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(	CABLE ONE, INC.	25206	Name
Grice to 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 67.659(d)(2) and (4), 76.76 (e)(2) and (4), 76.76 (e)(2) and (4), 76.76 (e)(2) and (4)), or 76.63 (refering to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute program basis, as explained in the next paragraph.  Substitute pass 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 multicasts streams 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 tso community of license. For example, 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), 'T' (for independent), 'I-M'' (for independent multicast). 'E'' (for noncommercial educational), or "E-M'' (for noncommercial ed	RIMARY TRANSMITTERS: TELEVISION		
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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
KDNL-SIMUL	31	I	Yes	E	ST. LOUIS, MO
KMOV-SIMUL	24	N	Yes	E	ST. LOUIS, MO
KTVI-SIMUL	33	I	No		ST. LOUIS, MO
KSDK-SIMUL	35	N	No		ST. LOUIS, MO
KETC-SIMUL	23	E	Yes	E	ST. LOUIS, MO
KPLR-SIMUL	26	ı	No		ST. LOUIS, MO

LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Namo	
CABLE ONE, IN	IC.				25206	Name	
PRIMARY TRANSMITTE	RS: TELEVISIO	N					
carried by your cable s	system during toons in effect of	he accounting n June 24, 19	g period, except 981, permitting th	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a	<b>G</b> Primary	
substitute program bas	sis, as explaine	ed in the next	paragraph.	. , , , , , , , , , , , , , , , , , , ,	. ,	Transmitters:	
		•	•	s carried by your	cable system on a substitute program	Television	
basis under specifc FCC rules, regulations, or authorizations:  • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the							
station was carried	•		ation was carrie	d hoth on a subst	itute 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 multi-							
cast stream as "WETA			-	-	ch stream separately; for example		
WETA-simulcast).  Column 2: Give the	e channel num	ber the FCC I	has assigned to	the television stat	tion for broadcasting over-the-air in		
its community of licens	e. For example	e, WRC is Ch	-		may be different from the channel		
on which your cable sy Column 3: Indicate			tation is a netwo	ork station, an inde	ependent station, or a noncommercial		
educational station, by	entering the le	etter "N" (for r	network), "N-M" (	(for network multio	cast), "I" (for independent), "I-M"		
(for independent multion for the meaning of the	,		,.	•	ommercial educational multicast).		
					es". If not, enter "No". For an ex-		
planation of local servi					e paper SA3 form. stating the basis on which your		
•			•	•	stating the basis on which your stering "LAC" if your cable system		
carried the distant stat	•				•		
					y payment because it is the subject stem or an association representing		
the cable system and	a primary trans	mitter or an a	association repre	esenting the prima	ry transmitter, enter the designa-		
, , ,			•	•	ther basis, enter "O." For a further ed in the paper SA3 form.		
Column 6: Give the	e location of ea	ch station. Fo	or U.S. stations,	list the communit	y to which the station is licensed by the		
FCC. For Mexican or C Note: If you are utilizing					h which the station is identifed.		
Total in you are dailed	ng manupic onai		EL LINE-UP		chamic into up.	-	
	0 510407					-	
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION		
CICIV	NUMBER	STATION	,	(If Distant)			
				,			
						•	
						•	
	ļ	<u> </u>					

LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name
CABLE ONE, IN	IC.				25206	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under ain network programs [sections	G
76.59(d)(2) and (4), 76 substitute program bas	6.61(e)(2) and ( sis, as explaine	(4), or 76.63 (ed in the next	referring to 76.6 paragraph.	1(e)(2) and (4))]; a	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television
	here in space	G-but do lis		ne Special Statem	ent 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.						
each multicast stream	associated wit	h a station ac	cording to its ov	ver-the-air designa	es such as HBO, ESPN, etc. Identify ution. For example, report multi- ch stream separately; for example	
			-		ion for broadcasting over-the-air in	
on which your cable sy	stem carried tl	he station.			may be different from the channel ependent station, or a noncommercial	
(for independent multid For the meaning of the Column 4: If the st planation of local servi	cast), "E" (for nese terms, see ation is outside ce area, see p	oncommercia page (v) of the the local ser age (v) of the	al educational), on the general instructivice area, (i.e. " general instruction	or "E-M" (for nonco octions located in t distant"), enter "Yo tions located in the	es". If not, enter "No". For an ex- e paper SA3 form.	
cable system carried to carried the distant state For the retransmiss	he distant stati ion on a part-ti iion of a distan	on during the me basis bec t multicast str	accounting peri cause of lack of a ceam that is not	od. Indicate by en activated channel subject to a royalt	y payment because it is the subject	
the cable system and a tion "E" (exempt). For explanation of these th	a primary trans simulcasts, als rree categories	mitter or an a o enter "E". If s, see page (v	association repre you carried the ) of the general	esenting the prima channel on any o instructions locate	stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form.	
	Canadian statio	ons, if any, giv	e the name of t	he community with	y to which the station is licensed by the n which the station is identifed. channel line-up.	
		CHANN	EL LINE-UP	AG		
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	
		İ				

LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name			
CABLE ONE, INC.		25206	Name			
PRIMARY TRANSMITTERS: TELEVISION						
In General: In space G, identify every television static carried by your cable system during the accounting perfect rules and regulations in effect on June 24, 1981,	eriod, except (1) stations carri	ed only on a part-time basis under ´	G			
76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (refe substitute program basis, as explained in the next par Substitute Basis Stations: With respect to any dis	erring to 76.61(e)(2) and (4))]; ragraph.	and (2) certain stations carried on a	Primary Transmitters: Television			
basis under specifc FCC rules, regulations, or authorize  • Do not list the station here in space G—but do list it		nent and Program Log)—if the				
<ul> <li>station was carried only on a substitute basis.</li> <li>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.</li> </ul>						
Column 1: List each station's call sign. Do not represent multicast stream associated with a station accordant stream as "WETA-2". Simulcast streams must be	ding to its over-the-air design	ation. For example, report multi-				
WETA-simulcast).  Column 2: Give the channel number the FCC has		-				
its community of license. For example, WRC is Chanr on which your cable system carried the station.  Column 3: Indicate in each case whether the station.	•	•				
educational station, by entering the letter "N" (for netw (for independent multicast), "E" (for noncommercial ec For the meaning of these terms, see page (v) of the g Column 4: If the station is outside the local service planation of local service area, see page (v) of the ger	ducational), or "E-M" (for nond leneral instructions located in le area, (i.e. "distant"), enter "\ neral instructions located in the	commercial educational multicast). the paper SA3 form. /es". If not, enter "No". For an ex- ne paper SA3 form.				
Column 5: If you have entered "Yes" in column 4, cable system carried the distant station during the accarried the distant station on a part-time basis becaus For the retransmission of a distant multicast stream of a written agreement entered into on or before June	counting period. Indicate by e se of lack of activated channe n that is not subject to a royal	ntering "LAC" if your cable system I capacity. ty payment because it is the subject				
the cable system and a primary transmitter or an assotion "E" (exempt). For simulcasts, also enter "E". If you explanation of these three categories, see page (v) of	ociation representing the prim u carried the channel on any the general instructions local	ary transmitter, enter the designa- other basis, enter "O." For a further ted in the paper SA3 form.				
<b>Column 6:</b> Give the location of each station. For U FCC. For Mexican or Canadian stations, if any, give the Note: If you are utilizing multiple channel line-ups, use	he name of the community wi	th which the station is identifed.				
CHANNEL	LINE-UP AH					
	DISTANT? 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION				

LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name
CABLE ONE, IN	IC.				25206	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under ain network programs [sections	G
76.59(d)(2) and (4), 76 substitute program bas	6.61(e)(2) and ( sis, as explaine	4), or 76.63 ( ed in the next	referring to 76.6 paragraph.	1(e)(2) and (4))]; a	and (2) certain stations carried on a carbie system on a substitute program	Primary Transmitters: Television
	here in space	G-but do lis		ne Special Statem	ent 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.						
each multicast stream cast stream as "WETA	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ition. For example, report multi- h stream separately; for example	
			-		ion for broadcasting over-the-air in	
on which your cable sy	stem carried tl	ne station.			may be different from the channel ependent station, or a noncommercial	
(for independent multid For the meaning of the Column 4: If the st planation of local servi	cast), "E" (for nese terms, see ation is outside ce area, see p	oncommercian page (v) of the the local ser age (v) of the	al educational), c ne general instru vice area, (i.e. " general instruct	or "E-M" (for nonce ctions located in the distant"), enter "Ye tions located in the	es". If not, enter "No". For an ex- e paper SA3 form.	
cable system carried to carried the distant state For the retransmiss	he distant stati ion on a part-ti iion of a distan	on during the me basis bec t multicast str	accounting peri- cause of lack of a ream that is not s	od. Indicate by en activated channel subject to a royalt	y payment because it is the subject	
the cable system and a tion "E" (exempt). For explanation of these th	a primary trans simulcasts, als rree categories	mitter or an a o enter "E". If , see page (v	association repre you carried the ) of the general	esenting the prima channel on any of instructions locate	stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form.	
	Canadian statio	ns, if any, giv	e the name of tl	he community with	y to which the station is licensed by the n which the station is identifed. channel line-up.	
		CHANN	EL LINE-UP	Al		
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	

LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Nama
CABLE ONE, IN	IC.				25206	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76	system during to ons in effect of 5.61(e)(2) and (	he accounting n June 24, 19 (4), or 76.63 (	g period, except 981, permitting the referring to 76.6	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a	<b>G</b> Primary
substitute program bas				s carried by your	cable system on a substitute program	Transmitters: Television
basis under specifc FC			•	s carried by your t	sable system on a substitute program	Television
	•		st it in space I (th	he Special Statem	ent and Program Log)—if the	
basis. For further in in the paper SA3 fo	and also in spa formation cond rm.	ace I, if the st cerning substi	itute basis statio	ons, see page (v) o	itute basis and also on some other of the general instructions located es such as HBO, ESPN, etc. Identify	
each multicast stream	associated wit	h a station ac	cording to its ov	er-the-air designa	ation. For example, report multi- ch stream separately; for example	
			ŭ		tion for broadcasting over-the-air in	
on which your cable sy	stem carried tl	ne station.			may be different from the channel ependent station, or a noncommercial	
(for independent multion For the meaning of the	cast), "E" (for n ese terms, see ation is outside	oncommercia page (v) of the the local ser	al educational), one general instru evice area, (i.e. "	or "E-M" (for nonconctions located in to distant"), enter "Y	es". If not, enter "No". For an ex-	
cable system carried the carried the distant stat	ne distant stati ion on a part-ti	on during the me basis bec	accounting peri	od. Indicate by en activated channel	stating the basis on which your stering "LAC" if your cable system capacity. y payment because it is the subject	
the cable system and a tion "E" (exempt). For	a primary trans simulcasts, als	mitter or an a o enter "E". If	ssociation repre you carried the	esenting the prima channel on any o	stem or an association representing stry transmitter, enter the designather basis, enter "O." For a further	
					ed in the paper SA3 form. y to which the station is licensed by the	
FCC. For Mexican or C Note: If you are utilizing				•	h which the station is identifed. channel line-up.	
		CHANN	EL LINE-UP	AJ		
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	
		<u> </u>				

CABLE ONE, INC.  PRIMARY TRANSMITTERS: TELEVISION  In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d/2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a 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 1 (the Special Statement and Program Log)—if the station was carried only on a substitute basis store was supplied in the paper SA3 form.  Column 1: List each station is on 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-basis 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 by interesting the search of the station of the set terms, see page (v) of the general instructi
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 as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-3:miulcast).  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 multicast). "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
Garried 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), 76.63 (fel)(2) and (4), 76.63 (fel)(2) and (4), 76.63 (fel)(2) and (4), 76.63 (fel)(2) and (4)); and (2) certain stations carried on a substitute pasis stations: With respect to any distant stations carried by your cable system 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 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 succiated 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), "l" (for independent), "l"-M" (for independent) 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 to a royalty payment
Primary Transmitters: To not list the station has carried only 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 retwork multicast), "I" (for independent), "L-M" (for independent multicast), "E" (for noncommercial educational station, or a noncommercial educational 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 ca
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 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 o
* 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
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 during the accounting period. Indicate by entering "LAC" if your cable system carried the 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 e
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 able 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.
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.
(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.
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.
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 & Cive the leastion of each station For II & stations list the community to which the station is licensed by the
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 AK
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF CHANNEL OF NUMBER STATION  2. B'CAST OF CHANNEL OF (Yes or No) CARRIAGE (If Distant)  6. LOCATION OF STATION

LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	
CABLE ONE, IN	IC.				25206	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G
•	6.61(e)(2) and (	(4), or 76.63 (	referring to 76.6	•	and (2) certain stations carried on a	Primary Transmitters:
		•	•	s carried by your	cable system on a substitute program	Television
<ul> <li>basis under specifc FC</li> <li>Do not list the station</li> </ul>	. •			ne Special Statem	ent and Program Log)—if the	
station was carried	•		ж	no operia. Ciaton		
	formation cond	,			itute basis and also on some other of the general instructions located	
Column 1: List eac	h station's call	-		. •	es such as HBO, ESPN, etc. Identify	
			•	•	ation. For example, report multi- ch stream separately; for example	
WETA-simulcast).  Column 2: Give the	e channel num	ber the FCC I	has assigned to	the television stat	tion for broadcasting over-the-air in	
its community of licens on which your cable sy	•		nannel 4 in Wash	hington, D.C. This	may be different from the channel	
			tation is a netwo	ork station, an inde	ependent station, or a noncommercial	
•	-	,		•	cast), "I" (for independent), "I-M" ommercial educational multicast).	
For the meaning of the	,		,.	,	,	
				, .	es". If not, enter "No". For an ex-	
planation of local servi	· ·	0 ( )	0		e paper SA3 form. stating the basis on which your	
•			•	•	itering "LAC" if your cable system	
carried the distant stat	•				capacity. y payment because it is the subject	
					stem or an association representing	
•	•		•		ary transmitter, enter the designa-	
` ' '			•	•	ther basis, enter "O." For a further ed in the paper SA3 form.	
					y to which the station is licensed by the	
FCC. For Mexican or C Note: If you are utilizing		. ,		•	h which the station is identifed.	
Note: If you are utilize	ig multiple chai	• •	EL LINE-UP		спание ше-цр.	
		1				-
1. CALL	2. B'CAST CHANNEL	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)		
		017111011		( 2.5)		•
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		ļ				
		]				

LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Nome
CABLE ONE, IN	IC.				25206	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable s	system during toons in effect or	he accounting n June 24, 19	g period, except 81, permitting th	(1) stations carrie	and low power television stations) d only on a part-time basis under ain network programs [sections	G
substitute program bas	sis, as explaine	ed in the next	paragraph.	. , , , , , , , , , , , , , , , ,	and (2) certain stations carried on a sable system on a substitute program	Primary Transmitters: Television
	here in space	G-but do lis		ne Special Statem	ent and Program Log)—if the	
<ul> <li>station was carried only on a substitute basis.</li> <li>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.</li> </ul>						
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 licens on which your cable sy	se. For example estem carried th	e, WRC is Ch ne station.	annel 4 in Wasł	nington, D.C. This	may be different from the channel	
(for independent multion For the meaning of the Column 4: If the standard planation of local servi	cast), "E" (for nese terms, see ation is outside ce area, see page 2	oncommercia page (v) of the the local servage (v) of the	ll educational), c e general instru vice area, (i.e. " general instruct	or "E-M" (for nonce ctions located in the distant"), enter "Ye tions located in the	es". If not, enter "No". For an ex- e paper SA3 form.	
cable system carried the carried the distant stat	ne distant station ion on a part-ti	on during the me basis bec	accounting peri-	od. Indicate by en	stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject	
of a written agreement the cable system and a tion "E" (exempt). For explanation of these th	entered into o a primary trans simulcasts, als aree categories	n or before Ju mitter or an a o enter "E". If , see page (v	une 30, 2009, be ssociation repre you carried the ) of the general	etween a cable systementing the primation channel on any of instructions locate	stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. y to which the station is licensed by the	
FCC. For Mexican or C Note: If you are utilizing				•	n 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	

FORM SA3E. PAGE 3.					0.407714 ID #	1
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name
CABLE ONE, IN	IC.				25206	
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
In General: In space (carried by your cable storm of the station was carried beauting to the station was carried beauting to the station was carried beauting to the station was carried beauting to the station was carried beauting to the station was carried beauting the station was carried beauting the station was carried beauting the station was carried beauting the station beauting the station was carried beauting the station beauting the station was carried beauting the station of licens on which your cable system and station, by (for independent multice) for the meaning of the column 4: If the station of local services the system carried the distant station are retransmiss of a written agreement the cable system and station and station are retransmiss of a written agreement the cable system and station and station are retransmiss of a written agreement the cable system and station are retransmiss.	G, identify ever eystem during to tons in effect on 6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2) and as explained as here in space only on a substand also in spationary and associated with an each case of a entering the least, "E" (for a entering the least), and a entering the least and a entering the distant static ion on a part-tipion of a distant and a entered into o a primary trans	y television signer accounting of June 24, 19, 4), or 76.63 (4), or 76.63 (5), or authors accounting attions, or authors accounting attions, or authors accounting substitute basis. It is a station accounting a station accounting a station accounting accounting the station. Whether the some accounting accounting the acco	g period, except g period, except 181, permitting the referring to 76.6 paragraph. The second of the	(1) stations carried the carriage of certain (e)(2) and (4))]; as a carried by your come Special Statement of the Special Special Special Special Statement of the Special S	es." If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designa-	G Primary Transmitters: Television
` ' '			•	•	ther basis, enter "O." For a further and in the paper SA3 form.	
Column 6: Give the	e location of ea	ch station. Fo	or U.S. stations,	list the community	y to which the station is licensed by the	
<b>Note:</b> If you are utilizing				•	n which the station is identifed. channel line-up.	
	.ga.up.o oa.	• •	EL LINE-UP	•		-
	o BIOACT			I	O LOCATION OF STATION	-
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	
						•
	•					
	1	Ì		1	1	1

LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name		
CABLE ONE, IN	IC.				25206	Name		
PRIMARY TRANSMITTE	RS: TELEVISIO	N						
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								
substitute program bas	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							
		-		s carried by your	cable system on a substitute program	Television		
basis under specifc FCC rules, regulations, or authorizations:  • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the								
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 eac	h station's call	-			es such as HBO, ESPN, etc. Identify			
			•	•	ation. For example, report multi- ch stream separately; for example			
WETA-simulcast).  Column 2: Give the	e channel num	ber the FCC I	nas assigned to	the television stat	ion for broadcasting over-the-air in			
its community of licens on which your cable sy	•		annel 4 in Wasł	nington, D.C. This	may be different from the channel			
Column 3: Indicate	in each case	whether the s			ependent station, or a noncommercial cast), "I" (for independent), "I-M"			
•	-	,		•	ommercial educational multicast).			
For the meaning of the Column 4: If the st					he paper SA3 form. es". If not, enter "No". For an ex-			
planation of local servi	· ·	0 ( )	0		e paper SA3 form. stating the basis on which your			
cable system carried the	he distant stati	on during the	accounting peri	od. Indicate by en	tering "LAC" if your cable system			
carried the distant stat For the retransmiss	•				capacity. y payment because it is the subject			
of a written agreement	entered into o	n or before Ju	une 30, 2009, be	etween a cable sy	stem or an association representing			
*	•		•		ry transmitter, enter the designa- ther basis, enter "O." For a further			
					ed in the paper SA3 form. y to which the station is licensed by the			
					n which the station is identified.			
Note: If you are utilizing	ng multiple cha	nnel line-ups,	use a separate	space G for each	channel line-up.			
	1	CHANN	EL LINE-UP	AO		<u> </u>		
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION			
	NUMBER	STATION		(If Distant)		-		

LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name
CABLE ONE, IN	IC.				25206	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under ain network programs [sections	G
76.59(d)(2) and (4), 76 substitute program bas	6.61(e)(2) and ( sis, as explaine	(4), or 76.63 (ed in the next	referring to 76.6 paragraph.	1(e)(2) and (4))]; a	and (2) certain stations carried on a carbie system on a substitute program	Primary Transmitters: Television
	here in space	G-but do lis		ne Special Statem	ent 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.						
each multicast stream cast stream as "WETA	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ition. For example, report multi- h stream separately; for example	
			-		ion for broadcasting over-the-air in	
on which your cable sy	stem carried tl	he station.			may be different from the channel ependent station, or a noncommercial	
(for independent multid For the meaning of the Column 4: If the st planation of local servi	cast), "E" (for nese terms, see ation is outside ce area, see p	oncommercia page (v) of the the local ser age (v) of the	al educational), on the general instructivice area, (i.e. " general instruction	or "E-M" (for nonce ctions located in t distant"), enter "Yo tions located in the	es". If not, enter "No". For an ex- e paper SA3 form.	
cable system carried to carried the distant state For the retransmiss	he distant stati ion on a part-ti iion of a distan	on during the me basis bec t multicast str	accounting peri cause of lack of a ceam that is not	od. Indicate by en activated channel subject to a royalt	stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing	
the cable system and a tion "E" (exempt). For explanation of these th	a primary trans simulcasts, als rree categories	mitter or an a o enter "E". If s, see page (v	association repre you carried the ) of the general	esenting the prima channel on any o instructions locate	ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the	
	Canadian statio	ons, if any, giv	e the name of t	he community with	which the station is identifed.	
		CHANN	EL LINE-UP	AP		
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	

LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name
CABLE ONE, IN	IC.				25206	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) d only on a part-time basis under	G
		,	, i	U	ain network programs [sections and (2) certain stations carried on a	Primary
substitute program bas	sis, as explaine	d in the next	paragraph.	. , , , , , , , , , , , , , , , , , , ,	•	Transmitters:
Substitute Basis States basis under specific FC		-		s carried by your o	cable system on a substitute program	Television
	-			ne Special Statem	ent and Program Log)—if the	
basis. For further in	and also in spa formation cond	ace I, if the st			tute basis and also on some other of the general instructions located	
in the paper SA3 fo Column 1: List each		sign. Do not	report origination	n program service	s such as HBO, ESPN, etc. Identify	
			•	•	tion. For example, report multi-	
WETA-simulcast).	N-2 . Simulcast	streams mus	t be reported in	column 1 (list eac	h stream separately; for example	
					ion for broadcasting over-the-air in may be different from the channel	
	in each case	whether the s			ependent station, or a noncommercial	
•	-	,	,	•	ast), "I" (for independent), "I-M" ommercial educational multicast).	
For the meaning of the	ese terms, see	page (v) of th	e general instru	ctions located in t	•	
planation of local servi	ce area, see p	age (v) of the	general instruct	tions located in the	e paper SA3 form.	
			•	•	stating the basis on which your tering "LAC" if your cable system	
carried the distant stat	ion on a part-ti	me basis bec	ause of lack of a	activated channel	capacity.	
					y payment because it is the subject stem or an association representing	
the cable system and	a primary trans	mitter or an a	ssociation repre	esenting the prima	ry transmitter, enter the designa-	
, , ,			•	•	ther basis, enter "O." For a further ed in the paper SA3 form.	
					y to which the station is licensed by the	
FCC. For Mexican or Onte: If you are utilizing		. ,		•	n which the station is identifed. channel line-up.	
		CHANN	EL LINE-UP	AQ		
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)		

LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name
CABLE ONE, IN	IC.				25206	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	and low power television stations) d only on a part-time basis under	G
			, I	U	ain network programs [sections and (2) certain stations carried on a	Primary
substitute program bas	sis, as explaine	ed in the next	paragraph.	. , , , , , , , , , , , , , , , , , , ,	cable system on a substitute program	Transmitters: Television
basis under specifc FC	CC rules, regula	ations, or auth	norizations:			
<ul> <li>Do not list the station station was carried</li> </ul>	•		st it in space I (th	ne Special Statem	ent and Program Log)—if the	
• List the station here,	and also in spa formation cond	ace I, if the st			tute basis and also on some other of the general instructions located	
Column 1: List eac	h station's call	-			s such as HBO, ESPN, etc. Identify	
			•	•	tion. For example, report multi- h stream separately; for example	
WETA-simulcast).			·	,		
					ion for broadcasting over-the-air in may be different from the channel	
on which your cable sy	stem carried tl	ne station.			ependent station, or a noncommercial	
•	-	,			ast), "I" (for independent), "I-M"	
(for independent multion for the meaning of the	,		,.	,	ommercial educational multicast). he paper SA3 form	
Column 4: If the st	ation is outside	the local ser	vice area, (i.e. "	distant"), enter "Ye	es". If not, enter "No". For an ex-	
planation of local servi					e paper SA3 form. stating the basis on which your	
			•	•	tering "LAC" if your cable system	
carried the distant stat					capacity. y payment because it is the subject	
					stem or an association representing	
			•		ry transmitter, enter the designa-	
, , ,			•	•	ther basis, enter "O." For a further ed in the paper SA3 form.	
					y to which the station is licensed by the	
FCC. For Mexican or ( Note: If you are utilizing		. ,		•	n which the station is identifed. channel line-up.	
,	-	• •	EL LINE-UP	•	<u> </u>	
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				
		<u> </u>				

LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Nama
CABLE ONE, IN	IC.				25206	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76	system during to ons in effect of 5.61(e)(2) and (	he accounting n June 24, 19 (4), or 76.63 (	g period, except 981, permitting the referring to 76.6	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a	<b>G</b> Primary
substitute program bas				s carried by your	cable system on a substitute program	Transmitters: Television
basis under specifc FC			•	s carried by your t	sable system on a substitute program	Television
	•		st it in space I (th	he Special Statem	ent and Program Log)—if the	
basis. For further in in the paper SA3 fo	and also in spa formation cond rm.	ace I, if the st cerning substi	itute basis statio	ons, see page (v) o	itute basis and also on some other of the general instructions located es such as HBO, ESPN, etc. Identify	
each multicast stream	associated wit	h a station ac	cording to its ov	er-the-air designa	ation. For example, report multi- ch stream separately; for example	
			ŭ		tion for broadcasting over-the-air in	
on which your cable sy	stem carried tl	ne station.			may be different from the channel ependent station, or a noncommercial	
(for independent multion For the meaning of the	cast), "E" (for n ese terms, see ation is outside	oncommercia page (v) of the the local ser	al educational), one general instru evice area, (i.e. "	or "E-M" (for nonconctions located in to distant"), enter "Y	es". If not, enter "No". For an ex-	
cable system carried the carried the distant stat	he distant stati ion on a part-ti	on during the me basis bec	accounting peri	od. Indicate by en activated channel	stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject	
the cable system and a tion "E" (exempt). For	a primary trans simulcasts, als	mitter or an a o enter "E". If	ssociation repre you carried the	esenting the prima channel on any o	stem or an association representing ary transmitter, enter the designa- ther basis, enter "O." For a further	
					ed in the paper SA3 form.  y to which the station is licensed by the	
FCC. For Mexican or C				•	h which the station is identifed. channel line-up.	
		CHANN	EL LINE-UP	AS		
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	
		<u> </u>		······································		

LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name
CABLE ONE, IN	IC.				25206	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under ain network programs [sections	G
76.59(d)(2) and (4), 76 substitute program bas	6.61(e)(2) and ( sis, as explaine	4), or 76.63 ( ed in the next	referring to 76.6 paragraph.	1(e)(2) and (4))]; a	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television
basis under specifc FC  • Do not list the station station was carried	here in space	G-but do lis		ne Special Statem	ent and Program Log)—if the	
· List the station here,	and also in spa formation cond	ace I, if the st			tute basis and also on some other of the general instructions located	
each multicast stream	associated wit	h a station ac	cording to its ov	ver-the-air designa	es such as HBO, ESPN, etc. Identify ution. For example, report multi- ch stream separately; for example	
			-		ion for broadcasting over-the-air in	
on which your cable sy	stem carried tl	ne station.			may be different from the channel ependent station, or a noncommercial	
(for independent multid For the meaning of the Column 4: If the st planation of local servi	cast), "E" (for nese terms, see ation is outside ce area, see p	oncommercian page (v) of the the local ser age (v) of the	al educational), c ne general instru vice area, (i.e. " general instruct	or "E-M" (for nonco octions located in t distant"), enter "Yo tions located in the	es". If not, enter "No". For an ex- e paper SA3 form.	
cable system carried to carried the distant state For the retransmiss	he distant stati ion on a part-ti iion of a distan	on during the me basis bec t multicast str	accounting peri- cause of lack of a ream that is not s	od. Indicate by en activated channel subject to a royalt	y payment because it is the subject	
the cable system and a tion "E" (exempt). For explanation of these th	a primary trans simulcasts, als rree categories	mitter or an a o enter "E". If , see page (v	association repre you carried the ) of the general	esenting the prima channel on any o instructions locate	stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form.	
	Canadian statio	ns, if any, giv	e the name of tl	he community with	y to which the station is licensed by the n which the station is identifed. channel line-up.	
		CHANN	EL LINE-UP	AT		
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	
	•					

LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Namo
CABLE ONE, IN	IC.				25206	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	and low power television stations) d only on a part-time basis under	G
			, I	U	ain network programs [sections and (2) certain stations carried on a	Primary
substitute program bas	sis, as explaine	ed in the next	paragraph.	. , , , , , , , , , , , , , , , , , , ,	cable system on a substitute program	Transmitters: Television
basis under specifc FC	-					
<ul> <li>Do not list the station station was carried</li> </ul>	•		st it in space I (th	ne Special Statem	ent and Program Log)—if the	
• List the station here,	and also in spa formation cond	ace I, if the st			tute basis and also on some other of the general instructions located	
Column 1: List eac	h station's call	-			s such as HBO, ESPN, etc. Identify	
			•	•	tion. For example, report multi- h stream separately; for example	
WETA-simulcast).			·	,		
					ion for broadcasting over-the-air in	
on which your cable sy	stem carried t	ne station.			may be different from the channel ependent station, or a noncommercial	
•	-	,			ast), "I" (for independent), "I-M"	
for independent multion	,		,.	,	ommercial educational multicast). he paper SA3 form	
					es". If not, enter "No". For an ex-	
planation of local servi					e paper SA3 form. stating the basis on which your	
			•	•	tering "LAC" if your cable system	
carried the distant stat						
					y payment because it is the subject stem or an association representing	
				•	ry transmitter, enter the designa-	
, , ,			•	•	ther basis, enter "O." For a further	
					ed in the paper SA3 form.  y to which the station is licensed by the	
		. ,		•	n which the station is identifed.	
Note: If you are utilizing	ig multiple cha	• •	EL LINE-UP	•	channel line-up.	
	1					
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)		
		017111011		(ii Diotaili)		
		ļ				
					<b></b>	
		1				

LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	
CABLE ONE, IN	IC.				25206	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable s	system during to ions in effect o	he accounting n June 24, 19	g period, except 81, permitting th	(1) stations carrience carriage of cert	s and low power television stations) ed only on a part-time basis under ain network programs [sections	G
substitute program bas	sis, as explaine	ed in the next	paragraph.	. , , , , , , , , , , , , , , , , , , ,	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television
basis under specifc FC				no Special Statem	ont and Dragram Lag) if the	
station was carried	•		st it in space i (tr	ne Special Statem	ent and Program Log)—if the	
	formation cond				tute basis and also on some other of the general instructions located	
		-			es such as HBO, ESPN, etc. Identify	
cast stream as "WETA WETA-simulcast).	\-2". Simulcast	streams mus	t be reported in	column 1 (list eac	tion. For example, report multi- th stream separately; for example	
			-		ion for broadcasting over-the-air in may be different from the channel	
on which your cable sy Column 3: Indicate	stem carried the in each case	he station. whether the s	tation is a netwo	ork station, an inde	ependent station, or a noncommercial	
(for independent multion For the meaning of the	cast), "E" (for n ese terms, see	oncommercia page (v) of th	ıl educational), d e general instru	or "E-M" (for nonco		
planation of local servi			•	,	es". If not, enter "No". For an ex- e paper SA3 form.	
			•	•	stating the basis on which your	
capie system carried to		•	٠.	•	tering "LAC" if your cable system capacity.	
					y payment because it is the subject	
				•	stem or an association representing ry transmitter, enter the designa-	
tion "E" (exempt). For	simulcasts, als	o enter "E". If	you carried the	channel on any o	ther basis, enter "O." For a further	
					ed in the paper SA3 form. y to which the station is licensed by the	
		. ,		•	which the station is identifed.	
Note: If you are utilizing	ig multiple cha	•	•		cnannei iine-up.	
	1	CHANN	EL LINE-UP	AV		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)		
	NUMBER	STATION		(II DISTAIL)		

LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	
CABLE ONE, IN					25206	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	ystem during the cons in effect or .61(e)(2) and (sis, as explained	he accounting n June 24, 19 4), or 76.63 ( ed in the next	g period, except 81, permitting the referring to 76.6 paragraph.	(1) stations carrie ne carriage of cert 1(e)(2) and (4))]; a	s and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a cable system on a substitute program	G Primary Transmitters: Television
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 h cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	C rules, regular here in space only on a subsum and also in spatformation concern. In station's call associated with associated with associated with a channel number. For example, stem carried the in each case we entering the least), "E" (for not see terms, see attention on a part-time on a part-time on a part-time on a primary transparent of each action of each categories a location of each canadian station as a canadian station as a canadian station and a canadian station as a	ations, or authorized authorized at the saist accept. If the state accept accep	norizations:  at it in space I (the ation was carried tute basis station report origination coording to its own to be reported in the assigned to annel 4 in Wash tation is a network), "N-M" (all educational), or e general instructive area, (i.e. "general or U.S. stations, the the name of the general or U.S. stations, the the name of the said or U.S. stations, the said or U.S. stations, the said or U.S. stations, the said or U.S. stations, the said or U.S. stations, the said of the general or U.S. stations, the said of the general or U.S. stations, the said of the general or U.S. stations, the said of the general or U.S. stations, the said of the general or U.S. stations, the said of the general or U.S. stations, the said of the general or U.S. stations, the said of the general or U.S. stations, the said of the general or U.S. stations, the said of the general or U.S. stations, the said of the general or U.S. stations, the said of the general or U.S. stations, the said of the general or U.S. stations, the said of the general or U.S. stations, the said of the general or U.S. stations, the said of the general or U.S. stations, the said of the general or U.S. stations, the said of the general or U.S. stations or the said of the general or U.S. stations or the said of the general or U.S. stations or the said of the general or U.S. stations or the said of the general or U.S. stations or the said of the general or U.S. stations or the said of the general or U.S. stations or the said of the general or U.S. stations or the said of the general or U.S. stations or the said of the general or U.S. stations or the said of the general or U.S. stations or the said of the general or U.S. stations or the said of the general or U.S. stati	ne Special Statem d both on a substins, see page (v) on program service er-the-air designate column 1 (list each the television statinington, D.C. This bork station, an indefer network multicor "E-M" (for noncotions located in the distant"), enter "Yitions located in the mplete column 5, od. Indicate by enactivated channel subject to a royalty exween a cable system ing the prima channel on any of instructions located list the community with	ent and Program Log)—if the tute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify ation. For example, report multi- the stream separately; for example ion for broadcasting over-the-air in may be different from the channel expendent station, or a noncommercial east), "I" (for independent), "I-M" commercial educational multicast). The paper SA3 form. The paper SA3 form. The paper SA3 form. The stating the basis on which your tering "LAC" if your cable system capacity. The your paper senting The paper SA3 form. The stating the basis on the subject testem or an association representing The paper SA3 form. The p	
		CHANN	EL LINE-UP	AW		
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#

25206

## 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

FORM SA3E. PAGE 5.						ACCOUNTING	i PERIOD: 2023/1			
LEGAL NAME OF OWNER OF	CABLE SYST	EM:			5	YSTEM ID#	Name			
CABLE ONE, INC.						25206	Name			
SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG				_			
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.  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?										
broadcast by a distant state  Note: If your answer is "No		rest of this pag	ge blank. If your answer is	"Yes," you m			Statement and Program Log			
period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love L Column 2: If the prograr Column 3: Give the call Column 4: Give the broathe case of Mexican or Can Column 5: Give the mor first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progratice, please and of every not distant statingulations, of tion. Do not be added to the stational day we "5/7." es when the Example: a er "R" if the and regulation ogramming	am on a separa attach addition nnetwork televion and that your authorization at use general of BA Basketball: deast live, ente station broadca on's location (the ons, if any, the when your system a program carri- listed program ons in effect du	al pages. ision program (substitute pur cable system substitute so See page (vi) of the gereategories like "movies", or 76ers vs. Bulls." refes." Otherwise enter the asting the substitute programe community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01:	orogram) that d for the program instructing the station is lice station is ideal program. Use cable system 15 p.m. to 6::	ensed by the FCC or, in ntified). e numerals, with the moents to be remarked by the FCC or, in ntified). e numerals, with the moents to be remarked by the saccurate 28:30 p.m. should be reported by the steer "P" if the listed prosetter "P" if the listed pro-	ntion nth				
					EN SUBSTITUTE	7. REASON				
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	CARRIAGE OCCURRED FOR						
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**ACCOUNTING PERIOD: 2023/1** FORM SA3E, PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CABLE ONE, INC. 25206

## J

#### Part-Time Carriage Log

#### PART-TIME CARRIAGE LOG

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

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

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

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

# DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN** HOURS HOURS DATE FROM TO DATE **FROM** TO

LEGA	SA3E. PAGE 7.  LI NAME OF OWNER OF CABLE SYSTEM:  BLE ONE, INC.		SYSTEM ID# 25206	Name
Inst all a (as i page	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount younts (gross receipts) paid to your cable system by subscribers for the system's second dentifed in space E) during the accounting period. For a further explanation of how to coe (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  ORTANT: You must complete a statement in space P concerning gross receipts.	dary transmission s mpute this amount,	service see 1,147,030.50	<b>K</b> Gross Receipts
Instru Con Con If you fee to If you acco If pa bloc	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. ur system did not carry any distant television stations, leave block 3 blank. Enter the amfrom block 1 on line 1 of block 4, and calculate the total royalty fee. ur system did carry any distant television stations, you must complete the applicable par ompanying this form and attach the schedule to your statement of account.  Int 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.	ts of the DSE Sche	dule	L Copyright Royalty Fee
3 be ▶ If pa	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be er clow.  In trip or part 9, block B, of the DSE schedule was completed, the surcharge amount shout block 4 below.			
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.  Line 1. Enter the amount of gross receipts from space K  Line 2. Multiply the amount in line 1 by 0.01064  Enter the result here.  This is your minimum fee.	is 1.064 percent of		
Block 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 Yes—Complete the DSE schedule.  No—Leave block 3 below blank and column television stations.	n 4, you must check d?	e in	
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$	5,104.22	
	Line 2. <b>3.75 Fee:</b> 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	\$	5,104.22	
Block 4	<ul> <li>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</li> <li>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</li> </ul>	\$	0.00	Cable systems submitting additional
	zero.  Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)		0.00	deposits under Section 111(d)(7) should contact
	Line 4. FILING FEE	\$	725.00	the Licensing additional fees. Division for the
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	\$	12,929.40	appropriate form for submitting the additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (S general instructions located in the paper SA3 form for more information.)	ee page (i) of the		auunionai lees.

ACCOUNTING PERIOD: 2023/1
FORM SA3E PAGE 8

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
	CABLE ONE, INC.	25206						
М	ations							
Channels	1. Enter the total number of channels on which the cable system carried television broadcast stations							
	Enter the total number of activated channels     on which the cable system carried television broadcast stations     and nonbroadcast services	262						
N Individual to	we can contact about this statement of account.)  ridual to  ontacted  Further Name JENAE HECK  Telephone 602-364-6092							
Be Contacted for Further Information								
	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) 602-364-6							
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regula	tions.)						
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 identifed in line 1 of space B	; or						
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s in line 1 of space B and that the owner is not a corporation or partnership; or	ystem as identified						
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as own in line 1 of space B.	er of the cable system						
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained 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)]	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 compate							
	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#	Name
CABLE ONE, INC.         25206	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	Special Statement Concerning Gross Receipts
paper SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	Exclusion
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name	
Mailing Address  Mailing Address	
INTEREST ASSESSMENTS	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q
	Internet
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	
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 <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.	
Owner	
Address	
First community served	
Accounting period	
ID number	

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

ACCOUNTING PERIOD: 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

#### PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

0.330% of gross receipts

If any of the stations were partially distant:

The fifth and each additional DSE

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

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

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

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

Base rate fee

- 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.

\$1,907.71

Base rate fee

\$1,604.03

### **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.

Santa Rosa	Stations A and C 35 mile zone
<b>∖</b> an	Bodega Bay ns B, D, id E le zone

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

x .01064 \$6,384.00 First Subscriber Group Second Subscriber Group Third Subscriber Group (Santa Rosa) (Rapid City and Bodega Bay) (Fairvale) \$310,000.00 \$170,000.00 \$120,000.00 Gross receipts Gross receipts Gross receipts **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 = 1,276.80 327.23  $310,000 \times .00701 \times 1.472 =$ 3,198.80  $170.000 \times .00701 \times .083 =$ 98.91  $120,000 \times .00701 \times .389 =$ 

**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)

Base rate fee

\$6,497.20

DSE SCHEDULE. PAGE	11. (CONTINUED)							
4	LEGAL NAME OF OWNER OF CABLE	SYSTEM:			S	YSTEM ID#		
ı	CABLE ONE, INC.					25206		
	SUM OF DSEs OF CATEGORY "O" STATIONS:							
	<ul> <li>Add the DSEs of each station</li> </ul>							
	Enter the sum here and in line	1 of part 5 of this	schedule.		0.25			
_	Instructions:					•		
	In the column headed "Call S	ign": list the call	signs of all distant stations i	dentified by the	e letter "O" in column 5			
	of space G (page 3).			*** 07 5				
Computation of DSEs for	In the column headed "DSE" mercial educational station, give			as "1.0"; for ea	ach network or noncom-			
Category "O"	mercial educational station, give	e life DOL as .2	OCATEGORY "O" STATION	IS: DSFe				
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Ctations	KSDK	0.250	57 LEE 51514	502	07 KEE 01011	202		
						<b></b>		
						<b></b>		
Add rows as						<b></b>		
necessary.								
Remember to copy all						<b></b>		
formula into new						<b></b>		
rows.								
						<b></b>		
						<b></b>		
						<b></b>		
						<b></b>		
						Ī		

DSE SCHEDULE. PAGE	11. (CONTINUED)						
1	LEGAL NAME OF OWNER OF CABLE	SYSTEM:			S'	YSTEM ID#	
•	CABLE ONE, INC.					25206	
	SUM OF DSEs OF CATEGORY "O" STATIONS:						
	<ul> <li>Add the DSEs of each station</li> </ul>						
	Enter the sum here and in line	1 of part 5 of this	schedule.		0.25		
	Instructions:						
	In the column headed "Call S	ign": list the call	signs of all distant stations	identified by the	e letter "O" in column 5		
Computation	of space G (page 3). In the column headed "DSE":	for each indene	endent station, give the DSF	as "1 0"· for ea	ach network or noncom-		
	mercial educational station, give			40 1.0 , 101 00	ion network of noncom		
Category "O"	<u> </u>		CATEGORY "O" STATION	IS: DSEs			
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	KETC	0.250					
Add rows as							
necessary.							
Remember to copy all							
formula into new							
rows.							

DSE SCHEDULE. PAGE	11. (CONTINUED)						
1	LEGAL NAME OF OWNER OF CABLE	SYSTEM:			S'	YSTEM ID#	
•	CABLE ONE, INC.					25206	
	SUM OF DSEs OF CATEGORY "O" STATIONS:						
	<ul> <li>Add the DSEs of each station</li> </ul>						
	Enter the sum here and in line	1 of part 5 of this	schedule.		0.25		
	Instructions:						
	In the column headed "Call S	ign": list the call	signs of all distant stations	identified by the	e letter "O" in column 5		
Computation	of space G (page 3). In the column headed "DSE":	for each indene	endent station, give the DSF	as "1 0"· for ea	ach network or noncom-		
	mercial educational station, give			40 1.0 , 101 00	ion network of noncom		
Category "O"	<u> </u>		CATEGORY "O" STATION	IS: DSEs			
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	KETC	0.250					
Add rows as							
necessary.							
Remember to copy all							
formula into new							
rows.							

DSE SCHEDULE. PAGE	11. (CONTINUED)						
1	LEGAL NAME OF OWNER OF CABLE	SYSTEM:			S'	YSTEM ID#	
•	CABLE ONE, INC.					25206	
	SUM OF DSEs OF CATEGORY "O" STATIONS:						
	<ul> <li>Add the DSEs of each station</li> </ul>						
	Enter the sum here and in line	1 of part 5 of this	schedule.		0.25		
	Instructions:						
	In the column headed "Call S	ign": list the call	signs of all distant stations	identified by the	e letter "O" in column 5		
Computation	of space G (page 3). In the column headed "DSE":	for each indene	endent station, give the DSF	as "1 0"· for ea	ach network or noncom-		
	mercial educational station, give			40 1.0 , 101 00	ion network of noncom		
Category "O"	<u> </u>		CATEGORY "O" STATION	IS: DSEs			
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	KETC	0.250					
Add rows as							
necessary.							
Remember to copy all							
formula into new							
rows.							

DSE SCHEDULE. PAGE	11. (CONTINUED)						
1	LEGAL NAME OF OWNER OF CABLE	SYSTEM:			S'	YSTEM ID#	
•	CABLE ONE, INC.					25206	
	SUM OF DSEs OF CATEGORY "O" STATIONS:						
	<ul> <li>Add the DSEs of each station</li> </ul>						
	Enter the sum here and in line	1 of part 5 of this	schedule.		0.25		
	Instructions:						
	In the column headed "Call S	ign": list the call	signs of all distant stations	identified by the	e letter "O" in column 5		
Computation	of space G (page 3). In the column headed "DSE":	for each indene	endent station, give the DSF	as "1 0"· for ea	ach network or noncom-		
	mercial educational station, give			40 1.0 , 101 00	ion network of noncom		
Category "O"	<u> </u>		CATEGORY "O" STATION	IS: DSEs			
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	KETC	0.250					
Add rows as							
necessary.							
Remember to copy all							
formula into new							
rows.							

DSE SCHEDULE. PAGE	11. (CONTINUED)							
4	LEGAL NAME OF OWNER OF CABLE	SYSTEM:			S	YSTEM ID#		
ı	CABLE ONE, INC.					25206		
	SUM OF DSEs OF CATEGORY "O" STATIONS:							
	<ul> <li>Add the DSEs of each station</li> </ul>							
	Enter the sum here and in line	1 of part 5 of this	schedule.		0.25			
_	Instructions:					•		
	In the column headed "Call S	ign": list the call	signs of all distant stations i	dentified by the	e letter "O" in column 5			
	of space G (page 3).			*** 07 5				
Computation of DSEs for	In the column headed "DSE" mercial educational station, give			as "1.0"; for ea	ach network or noncom-			
Category "O"	mercial educational station, give	e life DOL as .2	OCATEGORY "O" STATION	IS: DSFe				
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Ctations	KSDK	0.250	57 LEE 51514	502	07 KEE 01011	202		
						<b></b>		
						<b></b>		
Add rows as						<b></b>		
necessary.								
Remember to copy all						<b></b>		
formula into new						<b></b>		
rows.								
						<b></b>		
						<b></b>		
						<b></b>		
						<b></b>		
						Ī		

DSE SCHEDULE. PAGE	11. (CONTINUED)					
1	LEGAL NAME OF OWNER OF CABLE	SYSTEM:			S'	YSTEM ID#
•	CABLE ONE, INC.					25206
	SUM OF DSEs OF CATEGOR	Y "O" STATION	IS:			
	<ul> <li>Add the DSEs of each station</li> </ul>					
	Enter the sum here and in line	1 of part 5 of this	schedule.		0.25	
	Instructions:					
	In the column headed "Call S	ign": list the call	signs of all distant stations	identified by the	e letter "O" in column 5	
Computation	of space G (page 3). In the column headed "DSE":	for each indene	endent station, give the DSF	as "1 0"· for ea	ach network or noncom-	
	mercial educational station, give			40 1.0 , 101 00	ion network of noncom	
Category "O"	<u> </u>		CATEGORY "O" STATION	IS: DSEs		
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	KETC	0.250				
Add rows as						
necessary.						
Remember to copy all						
formula into new						
rows.						

DSE SCHEDULE. PAGE	11. (CONTINUED)					
1	LEGAL NAME OF OWNER OF CABLE	SYSTEM:			S'	YSTEM ID#
•	CABLE ONE, INC.					25206
	SUM OF DSEs OF CATEGOR	Y "O" STATION	IS:			
	<ul> <li>Add the DSEs of each station</li> </ul>					
	Enter the sum here and in line	1 of part 5 of this	schedule.		0.25	
	Instructions:					
	In the column headed "Call S	ign": list the call	signs of all distant stations	identified by the	e letter "O" in column 5	
Computation	of space G (page 3). In the column headed "DSE":	for each indene	endent station, give the DSF	as "1 0"· for ea	ach network or noncom-	
	mercial educational station, give			40 1.0 , 101 00	ion network of noncom	
Category "O"	<u> </u>		CATEGORY "O" STATION	IS: DSEs		
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	KETC	0.250				
Add rows as						
necessary.						
Remember to copy all						
formula into new						
rows.						

DSE SCHEDULE. PAGE	11. (CONTINUED)									
4	LEGAL NAME OF OWNER OF CABLE	SYSTEM:			S	YSTEM ID#				
"	CABLE ONE, INC.					25206				
	SUM OF DSEs OF CATEGOR	V "O" STATION	16:	1						
	<ul> <li>Add the DSEs of each station</li> </ul>		13.							
	Enter the sum here and in line		schodulo		0.00					
	Enter the sum here and in line	i di part 5 di tilis	scriedule.			]				
	Instructions:									
2	In the column headed "Call S	ign": list the call	signs of all distant stations i	dentified by the	e letter "O" in column 5					
	of space G (page 3).									
	In the column headed "DSE"			as "1.0"; for ea	ach network or noncom-					
	mercial educational station, give	e the DSE as ".2								
Category "O"		1	CATEGORY "O" STATION	1		1				
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
						<b> </b>				
Add rows as						<b> </b>				
necessary.										
Remember to copy all										
formula into new										
rows.										
						<b></b>				
						<b></b>				
						<b> </b>				
						<b> </b>				
						<b></b>				

DSE SCHEDULE. PAGE						
4	LEGAL NAME OF OWNER OF CABLE	SYSTEM:			S	STEM ID#
<b>'</b>	CABLE ONE, INC.					25206
	SUM OF DSEs OF CATEGOR	Y "O" STATION	S.			
	Add the DSEs of each station		<b>o</b> .			
	Enter the sum here and in line		schedule.		6.75	
		•				
2	Instructions: In the column headed "Call S	ian? Hist the sell	aigns of all distant stations i	doptified by the	letter "O" in column F	
<del></del>	of space G (page 3).	ign : list the call	signs of all distant stations i	denumed by the	e letter O in column 5	
Computation	In the column headed "DSE":	for each indepe	ndent station, give the DSE	as "1.0"; for ea	ach network or noncom-	
	mercial educational station, give					
Category "O"			CATEGORY "O" STATION	S: DSEs		
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	KDNL	0.250				
	KDNL-DT2	1.000				
	KMOV	0.250				
	KETC	0.250				
	WRBU	1.000				
Add rows as	KDNL-DT3	1.000				
necessary.						
Remember to copy all	KDNL-DT4	1.000				
formula into new	KMOV-DT2	1.000				
rows.	KMOV-DT3	1.000				
		<u> </u>				

Name	CABLE ONE	DWNER OF CABLE SYSTEM:								SYSTEM ID# 25206
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should Column 3 Column 4 be carried out Column 5 give the type- Column 6	capacity st the call sign of all distar 2: For each station, give the correspond with the inform 3: For each station, give the 1: Divide the figure in colunt 2: at least to the third decime 5: For each independent so evalue as ".25." 3: Multiply the figure in coluption. This is the station's	ne number of lenation given in the total number mn 2 by the final point. This tation, give the numn 4 by the	hours you n space J er of hour gure in co is the "ba ie "type-va figure in o	or cable system. Calculate only is that the static olumn 3, and gives of carriage alue" as "1.0." F	carried the static one DSE for each on broadcast over we the result in do value" for the sta For each network	on during the a ch station. r the air during ecimals in colu ation. or noncomme	the account mn 4. This fi rcial educati nd to no less	ing period.  igure must  onal station,  s than the	
Capacity		(	CATEGOR	Y LAC	STATIONS:	COMPUTATI	ION OF DS	Es		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	JRS ED BY	STA	MBER HOURS ATION AIR	4. BASIS OF CARRIAG VALUE		5. TYPE VALUE	6. D	SE
				• • • • • • • • • • • • • • • • • • • •		=			=	
			÷			=			=	
			_			=				
			_			=	x		=	
									=	
			+			=	x x			
Computation of DSEs for Substitute-Basis Stations	Instructions: Column 1: Giv • Was carried tions in effe • Broadcast of space I). Column 2: at your option. Column 3: Column 4:	of each station.  Im here and in line 2 of pa  The the call sign of each state of the call sign of each state of the color	tion listed in s tution for a pro as shown by the ork programs de number of live pond with the in the calender of 2 by the figu	space I (pogram thathe letter "Iuring thathe, nonnethinformatiar year: 3	age 5, the Log It your system I P" in column 7 t optional carria work programs on in space I. 65, except in a mn 3, and give	of Substitute Pro was permitted to of space I); and ge (as shown by t carried in substit leap year.	delete under F the word "Yes" i ution for progra umn 4. Round	CC rules and not column 2 or arms that were to no less that	f re deleted an the third	).
		Sl	JBSTITUTI	E-BASI	S STATION	S: COMPUTA	ATION OF D	SEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUME OF DA IN YEA	YS	4. DSE	1. CALL SIGN	2. NUM OF PRO	BER GRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		-						÷		=
								÷		=
		4		=				÷		=
		4	+	=				÷		=
	Add the DSEs	s OF SUBSTITUTE-BASIS of each station. Im here and in line 3 of pa						0.00		=
<b>5</b> Total Number of DSEs	number of DSE 1. Number 2. Number	ER OF DSEs: Give the am s applicable to your system of DSEs from part 2 ● of DSEs from part 3 ● of DSEs from part 4 ●		e boxes in	parts 2, 3, and	4 of this schedule	e and add them  Let be a second add them add the add them add the add them add the add	to provide th	0.25 0.00 0.00	
	TOTAL NUMBE	ER OF DSEs								0.25

LEGAL NAME OF O		SYSTEM:					S	YSTEM ID# 25206	Name
schedule.	'Yes," leave the re	mainder of pa	•	of the DSE schedu	ule blank and o	complete part 8	3, (page 16) of the		6
If your answer if "	'No," complete blo	cks B and C I		TELEVISION MA	VDKET6				Computation of
	1981?	schedule—D	ajor and smalle		ed under sect		C rules and regula	tions in	3.75 Fee
						_			
Column 1: CALL SIGN Column 2: BASIS OF PERMITTED CARRIAGE	FCC rules and reinstructions for th Satellite Television Enter the approprious (Note the FCC rule) A Stations carried 76.61(b)(c)] B Specialty static C Noncommercian D Grandfathered instructions for E Carried pursual*F A station previous for the station for the station previous for the station p	of distant stagulations price DSE Scheon Extension and reguled pursuant to a defined all educational station (76.6 or DSE schedunt to individuationally station wiers and warried or station wiers and to individuations wiers and the station wiers and station wiers a	ations listed in porto June 25, 1 dule. (Note: The and Localism A licating the bas ations cited belothe FCC marlin 76.5(kk) (76 ll station [76.59 si5) (see paragraule). It was a part-time ithin grade-B contact and sithin grade-B contact in the si	is on which you can low pertain to those ket quota rules [76. 5.59(d)(1), 76.61(e) (c), 76.61(d), 76.63 aph regarding subs CC rules (76.7) e or substitute basi ontour, [76.59(d)(5)	his schedule the planation of priers to an exermined a permitte in effect on J. 57, 76.59(b), (1), 76.63(a) referring the stitution of grains sprior to Junes	nat your systen ermitted station npt multicast s ed station. une 24, 1981.) 76.61(b)(c), 76 eferring to 76.6 o 76.61(d)] ndfathered stat	ns, see the tream as set forth	in the	
Column 3:		stations ider	ntified by the le	parts 2, 3, and 4 of tter "F" in column 2			ksheet on page 14	of 3. DSE	
SIGN	BASIS	_	SIGN	BASIS	J. DOL	SIGN	BASIS	J. DOL	
KSDK	D	0.25							
								0.25	
		E	BLOCK C: CC	MPUTATION OF	3.75 FEE				
Line 1: Enter the		·							
Line 2: Enter the	sum of permitte	d DSEs fron	n block B abo	ve					
Line 3: Subtract (If zero, le				of DSEs subject 7 of this schedule		ate.			
Line 4: Enter gro	ess receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ine 4 by 0.0375 a	and enter su	m here				×		permited/ partially nonpermitted carriage?
Line 6: Enter tota	al number of DSE	Es from line	3						If yes, see part 9 instructions.
Line 7: Multiply li	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 C	OWNER OF CABLE S	SYSTEM:					S	YSTEM ID# 25206	Name
In block A: • If your answer if schedule.	ck A must be comp "Yes," leave the rei "No," complete bloo	mainder of pa	•	of the DSE schedu	ule blank and	complete part 8	3, (page 16) of the		6
			BLOCK A: 7	TELEVISION MA	ARKETS				Computation of
effect on June 24,  X Yes—Com	m located wholly ou 1981? aplete part 8 of the solete blocks B and 6	schedule—D	•				C rules and regula	tions in	3.75 Fee
		BLO	CK B: CARR	IAGE OF PERM	MITTED DS	Es			
Column 1:  CALL SIGN  List the call signs of distant stations listed in part 2, 3, and 4 of this schedule that your system was permitted to carry under FCC rules and regulations prior to June 25, 1981. For further explanation of permitted stations, see the instructions for the DSE Schedule. (Note: The letter M below refers to an exempt multicast stream as set forth in the Satellite Television Extension and Localism Act of 2010.)									
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 pursua *F A station prev	les and reguled pursuant to on as defined all educationa station (76.6 r DSE schedant to individuciously carrie HF station w	ations cited belothe FCC markin 76.5(kk) (76.1) station [76.59.55) (see paragraule). It was a waiver of FC don a part-time ithin grade-B co	e or substitute basi ontour, [76.59(d)(5)	e in effect on a .57, 76.59(b), .0(1), 76.63(a) in 3(a) referring the stitution of gradies prior to June	June 24, 1981.) 76.61(b)(c), 76 referring to 76.6 to 76.61(d)] ndfathered stat	.63(a) referring to 61(e)(1) cions in the		
Column 3:		stations ide	ntified by the le	parts 2, 3, and 4 of tter "F" in column 2			ksheet on page 14	1 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	
								0.00	
		E	BLOCK C: CC	MPUTATION OF	F 3.75 FEE				
Line 1: Enter the	e total number of	DSEs from	part 5 of this s	schedule					
Line 2: Enter the	sum of permitted	d DSEs fron	n block B abo	ve			,		
	line 2 from line 1 leave lines 4–7 bl			•		ate.			
Line 4: Enter gro	oss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represen partially
Line 5: Multiply I	ine 4 by 0.0375 a	ınd enter su	m here				×		permited/ partially nonpermitted
Line 6: Enter tota	al number of DSE	Es from line	3						carriage? If yes, see part 9 instructions.
ine 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 C	OWNER OF CABLE S	SYSTEM:					S	YSTEM ID# 25206	Name
In block A: • If your answer if schedule.	ck A must be comp "Yes," leave the rei "No," complete bloo	mainder of pa	•	of the DSE schedu	ule blank and	complete part 8	3, (page 16) of the		6
			BLOCK A: 7	TELEVISION MA	ARKETS				Computation of
effect on June 24,  X Yes—Com	m located wholly ou 1981? aplete part 8 of the solete blocks B and 6	schedule—D	•				C rules and regula	tions in	3.75 Fee
		BLO	CK B: CARR	IAGE OF PERM	MITTED DS	Es			
Column 1:  CALL SIGN  List the call signs of distant stations listed in part 2, 3, and 4 of this schedule that your system was permitted to carry under FCC rules and regulations prior to June 25, 1981. For further explanation of permitted stations, see the instructions for the DSE Schedule. (Note: The letter M below refers to an exempt multicast stream as set forth in the Satellite Television Extension and Localism Act of 2010.)									
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 pursua *F A station prev	les and reguled pursuant to on as defined all educationa station (76.6 r DSE schedant to individuciously carrie HF station w	ations cited belothe FCC markin 76.5(kk) (76.1) station [76.59.55) (see paragraule). It was a waiver of FC don a part-time ithin grade-B co	e or substitute basi ontour, [76.59(d)(5)	e in effect on a .57, 76.59(b), .0(1), 76.63(a) in 3(a) referring the stitution of gradies prior to June	June 24, 1981.) 76.61(b)(c), 76 referring to 76.6 to 76.61(d)] ndfathered stat	.63(a) referring to 61(e)(1) cions in the		
Column 3:		stations ide	ntified by the le	parts 2, 3, and 4 of tter "F" in column 2			ksheet on page 14	1 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	
								0.00	
		E	BLOCK C: CC	MPUTATION OF	F 3.75 FEE				
Line 1: Enter the	e total number of	DSEs from	part 5 of this s	schedule					
Line 2: Enter the	sum of permitted	d DSEs fron	n block B abo	ve			,		
	line 2 from line 1 leave lines 4–7 bl			•		ate.			
Line 4: Enter gro	oss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represen partially
Line 5: Multiply I	ine 4 by 0.0375 a	ınd enter su	m here				×		permited/ partially nonpermitted
Line 6: Enter tota	al number of DSE	Es from line	3						carriage? If yes, see part 9 instructions.
ine 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 C	WNER OF CABLE S	SYSTEM:					s	YSTEM ID# 25206	Namo
In block A: • If your answer if schedule.	ck A must be comp	mainder of pa	·	of the DSE schedu	ule blank and	complete part 8	3, (page 16) of the		6
If your answer if	"No," complete bloo	cks B and C I		TELEVISION MA	VDKET6				Computation of
effect on June 24,			ajor and smalle	er markets as defin	ed under sect		C rules and regula	tions in	3.75 Fee
<u>=</u>	plete part 8 of the solete blocks B and		O NOT COMPI	LETE THE REMAI	NDER OF PA	KI O AND 7.			
		BLO	CK B: CARR	IAGE OF PERM	MITTED DS	Es			]
Column 1: CALL SIGN	FCC rules and re	gulations price e DSE Sched	or to June 25, 1 dule. (Note: The	part 2, 3, and 4 of the 981. For further extended letter M below refuct of 2010.)	planation of p	ermitted station	ns, see the	•	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommerce D Grandfathered instructions fo E Carried pursua *F A station prev	les and reguled pursuant to on as defined all educational station (76.6 r DSE schedunt to individuciously carried HF station wield produced  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	6.59(d)(1), 76.61(e) (c), 76.61(d), 76.63 aph regarding subs CC rules (76.7) e or substitute basi ontour, [76.59(d)(5)	e in effect on 3.57, 76.59(b), (1), 76.63(a) is stitution of grass prior to June	June 24, 1981.) 76.61(b)(c), 76 referring to 76.6 to 76.61(d)] ndfathered stat	.63(a) referring to 61(e)(1) tions in the			
Column 3:		stations ider	ntified by the le	parts 2, 3, and 4 of tter "F" in column 2			. J	Г	
SIGN	BASIS	0.25	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	SIGN	2. PERMITTED BASIS	3. DSE	<u> </u>  -
KLIO		0.20							
	•	······································			<u> </u>	<u> </u>		0.25	_
								0.25	
		E	BLOCK C: CC	MPUTATION OF	3.75 FEE				_
	total number of	·							
Line 2: Enter the	sum of permitted	d DSEs fron	n block B abo	ve					
	line 2 from line 1 eave lines 4–7 bl			•		ate.			
Line 4: Enter gro	oss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represen partially
Line 5: Multiply I	ine 4 by 0.0375 a	ınd enter su	m here				x		permited/ partially nonpermitted
Line 6: Enter tota	al number of DSE	Es from line	3						carriage? If yes, see part 9 instructions.
Line 7: Multiply 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 C	OWNER OF CABLE S	SYSTEM:					S	YSTEM ID# 25206	Name
In block A: • If your answer if schedule.	ck A must be comp "Yes," leave the rei "No," complete bloo	mainder of pa	•	of the DSE schedu	ule blank and	complete part 8	3, (page 16) of the		6
			BLOCK A: 7	TELEVISION MA	ARKETS				Computation of
effect on June 24,  X Yes—Com	m located wholly ou 1981? aplete part 8 of the solete blocks B and 6	schedule—D	•				C rules and regula	tions in	3.75 Fee
		BLO	CK B: CARR	IAGE OF PERM	MITTED DS	Es			
Column 1:  CALL SIGN  List the call signs of distant stations listed in part 2, 3, and 4 of this schedule that your system was permitted to carry under FCC rules and regulations prior to June 25, 1981. For further explanation of permitted stations, see the instructions for the DSE Schedule. (Note: The letter M below refers to an exempt multicast stream as set forth in the Satellite Television Extension and Localism Act of 2010.)									
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 pursua *F A station prev	les and reguled pursuant to on as defined all educationa station (76.6 r DSE schedant to individuciously carrie HF station w	ations cited belothe FCC markin 76.5(kk) (76.1) station [76.59.55) (see paragraule). It was a waiver of FC don a part-time ithin grade-B co	e or substitute basi ontour, [76.59(d)(5)	e in effect on a .57, 76.59(b), .0(1), 76.63(a) in 3(a) referring the stitution of gradies prior to June	June 24, 1981.) 76.61(b)(c), 76 referring to 76.6 to 76.61(d)] ndfathered stat	.63(a) referring to 61(e)(1) cions in the		
Column 3:		stations ide	ntified by the le	parts 2, 3, and 4 of tter "F" in column 2			ksheet on page 14	1 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	
								0.00	
		E	BLOCK C: CC	MPUTATION OF	F 3.75 FEE				
Line 1: Enter the	e total number of	DSEs from	part 5 of this s	schedule					
Line 2: Enter the	sum of permitted	d DSEs fron	n block B abo	ve			,		
	line 2 from line 1 leave lines 4–7 bl			•		ate.			
Line 4: Enter gro	oss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represen partially
Line 5: Multiply I	ine 4 by 0.0375 a	ınd enter su	m here				×		permited/ partially nonpermitted
Line 6: Enter tota	al number of DSE	Es from line	3						carriage? If yes, see part 9 instructions.
ine 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 O		SYSTEM:					S	YSTEM ID# 25206	Name
schedule.	'Yes," leave the re	mainder of pa	•	of the DSE schedu	ule blank and o	complete part 8	3, (page 16) of the		6
If your answer if "	'No," complete blo	cks B and C I		TELEVISION MA	VDKET6				Computation of
	1981?	schedule—D	ajor and smalle		ed under sect		C rules and regula	tions in	3.75 Fee
						_			
Column 1: CALL SIGN Column 2: BASIS OF PERMITTED CARRIAGE	FCC rules and reinstructions for th Satellite Television Enter the approprious (Note the FCC rule) A Stations carried 76.61(b)(c)] B Specialty static C Noncommercian D Grandfathered instructions for E Carried pursual*F A station previous for the station for the station previous for the station p	of distant stagulations price DSE Scheon Extension and reguled pursuant to a defined all educational station (76.6 or DSE schedunt to individuationally station wiers and warried or station wiers and to individuations wiers and the station wiers and station wiers a	ations listed in porto June 25, 1 dule. (Note: The and Localism A licating the bas ations cited belothe FCC marlin 76.5(kk) (76 ll station [76.59 si5) (see paragraule). It was a part-time ithin grade-B contact and sithin grade-B contact in the si	is on which you can low pertain to those ket quota rules [76. 5.59(d)(1), 76.61(e) (c), 76.61(d), 76.63 aph regarding subs CC rules (76.7) e or substitute basi ontour, [76.59(d)(5)	his schedule the planation of priers to an exermined a permitte in effect on J. 57, 76.59(b), (1), 76.63(a) referring the stitution of grains sprior to Junes	nat your systen ermitted station npt multicast s ed station. une 24, 1981.) 76.61(b)(c), 76 eferring to 76.6 o 76.61(d)] ndfathered stat	ns, see the tream as set forth	in the	
Column 3:		stations ider	ntified by the le	parts 2, 3, and 4 of tter "F" in column 2			ksheet on page 14	of 3. DSE	
SIGN	BASIS	_	SIGN	BASIS	J. DOL	SIGN	BASIS	J. DOL	
KSDK	D	0.25							
								0.25	
		E	BLOCK C: CC	MPUTATION OF	3.75 FEE				
Line 1: Enter the		·							
Line 2: Enter the	sum of permitte	d DSEs fron	n block B abo	ve					
Line 3: Subtract (If zero, le				of DSEs subject 7 of this schedule		ate.			
Line 4: Enter gro	ess receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ine 4 by 0.0375 a	and enter su	m here				×		permited/ partially nonpermitted carriage?
Line 6: Enter tota	al number of DSE	Es from line	3						If yes, see part 9 instructions.
Line 7: Multiply li	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 C	OWNER OF CABLE S	SYSTEM:					S	YSTEM ID# 25206	Name
In block A: • If your answer if schedule.	ck A must be comp "Yes," leave the rei "No," complete bloo	mainder of pa	•	of the DSE schedu	ule blank and	complete part 8	3, (page 16) of the		6
			BLOCK A: 7	TELEVISION MA	ARKETS				Computation of
effect on June 24,  X Yes—Com	m located wholly ou 1981? aplete part 8 of the solete blocks B and 6	schedule—D	•				C rules and regula	tions in	3.75 Fee
		BLO	CK B: CARR	IAGE OF PERM	MITTED DS	Es			
Column 1:  CALL SIGN  List the call signs of distant stations listed in part 2, 3, and 4 of this schedule that your system was permitted to carry under FCC rules and regulations prior to June 25, 1981. For further explanation of permitted stations, see the instructions for the DSE Schedule. (Note: The letter M below refers to an exempt multicast stream as set forth in the Satellite Television Extension and Localism Act of 2010.)									
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 pursua *F A station prev	les and reguled pursuant to on as defined all educationa station (76.6 r DSE schedant to individuciously carrie HF station w	ations cited belothe FCC markin 76.5(kk) (76.1) station [76.59.55) (see paragraule). It was a waiver of FC don a part-time ithin grade-B co	e or substitute basi ontour, [76.59(d)(5)	e in effect on a .57, 76.59(b), .0(1), 76.63(a) in 3(a) referring the stitution of gradies prior to June	June 24, 1981.) 76.61(b)(c), 76 referring to 76.6 to 76.61(d)] ndfathered stat	.63(a) referring to 61(e)(1) cions in the		
Column 3:		stations ide	ntified by the le	parts 2, 3, and 4 of tter "F" in column 2			ksheet on page 14	1 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	
								0.00	
		E	BLOCK C: CC	MPUTATION OF	F 3.75 FEE				
Line 1: Enter the	e total number of	DSEs from	part 5 of this s	schedule					
Line 2: Enter the	sum of permitted	d DSEs fron	n block B abo	ve			,		
	line 2 from line 1 leave lines 4–7 bl			•		ate.			
Line 4: Enter gro	oss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represen partially
Line 5: Multiply I	ine 4 by 0.0375 a	ınd enter su	m here				×		permited/ partially nonpermitted
Line 6: Enter tota	al number of DSE	Es from line	3						carriage? If yes, see part 9 instructions.
ine 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 C	OWNER OF CABLE S	SYSTEM:					S	YSTEM ID# 25206	Name
In block A: • If your answer if schedule.	ck A must be comp "Yes," leave the rei "No," complete bloo	mainder of pa	•	of the DSE schedu	ule blank and	complete part 8	3, (page 16) of the		6
			BLOCK A: 7	TELEVISION MA	ARKETS				Computation of 3.75 Fee
effect on June 24,  X Yes—Com	m located wholly ou 1981? aplete part 8 of the solete blocks B and (	schedule—D	•				C rules and regula	tions in	3.75 Fee
		BLO	CK B: CARR	IAGE OF PERM	MITTED DS	Es			
Column 1: CALL SIGN	FCC rules and re	of distant sta gulations price e DSE Scheo	ations listed in por to June 25, 1	part 2, 3, and 4 of the 981. For further ex e letter M below ref	his schedule t	hat your systen ermitted station	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 pursua *F A station prev	les and reguled pursuant to on as defined all educationa station (76.6 r DSE schedant to individuciously carrie HF station w	ations cited belothe FCC markin 76.5(kk) (76.1) station [76.59.55) (see paragraule). It was a waiver of FC don a part-time ithin grade-B co	e or substitute basi ontour, [76.59(d)(5)	e in effect on a .57, 76.59(b), .0(1), 76.63(a) in 3(a) referring the stitution of gradies prior to June	June 24, 1981.) 76.61(b)(c), 76 referring to 76.6 to 76.61(d)] ndfathered stat	.63(a) referring to 61(e)(1) cions in the		
Column 3:		stations ide	ntified by the le	parts 2, 3, and 4 of tter "F" in column 2			ksheet on page 14	1 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	
								0.00	
		E	BLOCK C: CC	MPUTATION OF	F 3.75 FEE				
Line 1: Enter the	e total number of	DSEs from	part 5 of this s	schedule					
Line 2: Enter the	sum of permitted	d DSEs fron	n block B abo	ve			,		
	line 2 from line 1 leave lines 4–7 bl			•		ate.			
Line 4: Enter gro	oss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represen partially
Line 5: Multiply I	ine 4 by 0.0375 a	ınd enter su	m here				×		permited/ partially nonpermitted
Line 6: Enter tota	al number of DSE	Es from line	3						carriage? If yes, see part 9 instructions.
ine 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	

CABLE ONE, I	OWNER OF CABLE S	SYSTEM:					S	YSTEM ID# 25206	Name
In block A: • If your answer if schedule.	ck A must be comp "Yes," leave the rei "No," complete bloo	mainder of pa	•	of the DSE schedu	ule blank and લ	complete part 8	3, (page 16) of the		6
			BLOCK A: 7	TELEVISION MA	ARKETS				Computation of
effect on June 24, Yes—Com	m located wholly ou 1981? aplete part 8 of the solete blocks B and 0	schedule—D	•				C rules and regula	tions in	3.75 Fee
		BLO	CK B: CARR	IAGE OF PERM	MITTED DS	Es			
Column 1: CALL SIGN	FCC rules and re	gulations price e DSE Sched	or to June 25, 1 dule. (Note: The	part 2, 3, and 4 of the 981. For further ex e letter M below ref act of 2010.)	planation of p	ermitted statior	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 pursua *F A station prev	les and reguled pursuant to on as defined all educationa station (76.6 r DSE schedant to individuciously carrie HF station w	ations cited belothe FCC markin 76.5(kk) (76.1) station [76.59.55) (see paragraule). It was a waiver of FC don a part-time ithin grade-B co	e or substitute basi ontour, [76.59(d)(5)	e in effect on 3.57, 76.59(b), (1), 76.63(a) referring to stitution of grads sprior to June	June 24, 1981.) 76.61(b)(c), 76 referring to 76.6 to 76.61(d)] ndfathered stat	.63(a) referring to 61(e)(1) cions in the		
Column 3:		stations ide	ntified by the le	parts 2, 3, and 4 of tter "F" in column 2			ksheet on page 14	1 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	
								0.00	
		E	BLOCK C: CC	MPUTATION OF	3.75 FEE				
Line 1: Enter the	e total number of	DSEs from	part 5 of this s	schedule					
Line 2: Enter the	sum of permitted	d DSEs fron	n block B abo	ve					
	line 2 from line 1 leave lines 4–7 bl			•		ate.			
Line 4: Enter gro	oss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represen partially
Line 5: Multiply I	ine 4 by 0.0375 a	ind enter su	m here				x		permited/ partially nonpermitted carriage?
Line 6: Enter tota	al number of DSE	Es from line	3						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 C	OWNER OF CABLE S	SYSTEM:					S	YSTEM ID# 25206	Name
In block A: • If your answer if schedule.	ck A must be comp "Yes," leave the rei "No," complete bloo	mainder of pa	•	of the DSE schedu	ule blank and	complete part 8	3, (page 16) of the		6
			BLOCK A: 7	TELEVISION MA	ARKETS				Computation of 3.75 Fee
effect on June 24,  X Yes—Com	m located wholly ou 1981? aplete part 8 of the solete blocks B and (	schedule—D	•				C rules and regula	tions in	3.75 Fee
		BLO	CK B: CARR	IAGE OF PERM	MITTED DS	Es			
Column 1: CALL SIGN	FCC rules and re	of distant sta gulations price e DSE Scheo	ations listed in por to June 25, 1	part 2, 3, and 4 of the 981. For further ex e letter M below ref	his schedule t	hat your systen ermitted station	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 pursua *F A station prev	les and reguled pursuant to on as defined all educationa station (76.6 r DSE schedant to individuciously carrie HF station w	ations cited belothe FCC markin 76.5(kk) (76.1) station [76.59.55) (see paragraule). It was a waiver of FC don a part-time ithin grade-B co	e or substitute basi ontour, [76.59(d)(5)	e in effect on a .57, 76.59(b), .0(1), 76.63(a) in 3(a) referring the stitution of gradies prior to June	June 24, 1981.) 76.61(b)(c), 76 referring to 76.6 to 76.61(d)] ndfathered stat	.63(a) referring to 61(e)(1) cions in the		
Column 3:		stations ide	ntified by the le	parts 2, 3, and 4 of tter "F" in column 2			ksheet on page 14	1 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	
								0.00	
		E	BLOCK C: CC	MPUTATION OF	F 3.75 FEE				
Line 1: Enter the	e total number of	DSEs from	part 5 of this s	schedule					
Line 2: Enter the	sum of permitted	d DSEs fron	n block B abo	ve			,		
	line 2 from line 1 leave lines 4–7 bl			•		ate.			
Line 4: Enter gro	oss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represen partially
Line 5: Multiply I	ine 4 by 0.0375 a	ınd enter su	m here				×		permited/ partially nonpermitted
Line 6: Enter tota	al number of DSE	Es from line	3						carriage? If yes, see part 9 instructions.
ine 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: SYSTEM ID# Name CABLE ONE, INC. 25206 BLOCK A: TELEVISION MARKETS (CONTINUED) 6 2. PERMITTED BASIS 1. CALL SIGN 2. PERMITTED BASIS 3. DSE 1. CALL 2. PERMITTED 3. DSE 1. CALL SIGN 3. DSE SIGN BASIS Computation of 3.75 Fee

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 25206 Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B. part 6 (i.e., those 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 A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). Carriage B-Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S-Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 1. CALL 3. ACCOUNTING 5. PRESENT 6. PERMITTED 2. PRIOR 4. BASIS OF SIGN DSE **PERIOD CARRIAGE** DSE DSE Instructions: Block A must be completed. 7 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 CALL SIGN DSE CALL SIGN DSE DSE CALL SIGN DSE 0.00 0.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.	25206	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	1,147,030.50	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?    X  Yes—Complete section 3 below.   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?      No—Complete the applicable section below.  If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS	<b>=</b>	
	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 section 1)		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1) ▶ _\$		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ _\$		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1)	<b>=</b>	
	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.  2520
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	6 was of In blood of If you blank.  What if were local or in the were local or in the west	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. ck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. r answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. r answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS
		our cable system retransmit the signals of any partially distant television stations during the accounting period?
	<u> </u>	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 <b>4.000 or less</b> , compute your base rate fee here and leave section 4 blank.  NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.
		A. Enter 0.01064 of gross receipts  (the amount in section 1)
		B. Enter 0.00701 of gross receipts (the amount in section 1) ▶
		C. Subtract 1.000 from total DSEs  (the figure in section 2) and enter here
		D. Multiply line B by line C and enter here
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)
		Base Rate Fee

LEGAL N	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
CABL	E ONE, INC.	25206	Name
Section	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
4	in the ligano in deciden 2 to mero than 41000, compare your baco rate too here and toure economic blank.		8
	A. Enter 0.01064 of gross receipts		0
	(the amount in section 1) ►\$	-	
	B. Enter 0.00701 of gross receipts		Computation
	(the amount in section 1) \$		of Base Rate Fee
	C. Multiply line B by 3.000 and enter here ▶\$	_	
	D. Enter 0.00330 of gross receipts		
	(the amount in section 1) \$		
	E. Subtract 4.000 from total DSEs		
	(the figure in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your base rate fee.		
	Enter here and in block 3, line 1, space L (page 7)	0.00	
	Base Rate Fee S	0.00	
IMPOR	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcas	t signals shall	
instead Space	be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel G.	line-ups in	9
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee,		Computation
	s from subscribers located within the station's local service area, from your system's total gross receipts. To take ad on, you must:	vantage of this	of
		the same	Base Rate Fee and
	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 t		Syndicated
	and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for $\epsilon$ : Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	each group.	Exclusivity Surcharge
-	If any portion of your cable system is located within the top 100 television market and the station is not exempt in pa	art 7 vou must	for Partially
also co	mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B belo		Distant
,	cable system is wholly located outside all major television markets, complete block A only.		Stations, and for Partially
	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 stations.	on vou	Permitted
	to that community.	Jil you	Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were loc the station's local service area. A subscriber located outside the local service area of a station is distant to that statioken, the station is distant to the subscriber.)		
Step 3	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. E	ach	
	ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note tha will have only one subscriber group when the distant stations it carried have local service areas that coincide.	t a cable	
Compu	ting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your syste	m's subscriber	
• .	section:		
	y 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 obers 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 in schedule; or,	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 blo 6 of this schedule.	ock 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.	structions	
• Comp page. DSEs f	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the p In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that or that group's complement of stations and total gross receipts from the subscribers in that group). You do not need calculations on the form.	t is, the total	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 25206 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.

LEGAL NAME OF OWNE		E SYSTEM:				\$	25206	Name
E				TE FEES FOR EACH				
	FIRST	SUBSCRIBER GRO	UP		SECOND SUBSCRIBER GROUP			0
COMMUNITY/ AREA	CHRIST	ΓΙΑΝ, SHELBY, N	IOULTRIE	COMMUNITY/ AREA	MONTGO	OMERY CO WE	9 Computat	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
KSDK	0.25			KETC	0.25			Base Rate F
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
						-		Stations
			···		<del> </del>			
			···		<del> </del>			
	-							
				-				
otal DSEs			0.25	Total DSEs			0.25	
Gross Receipts First G	roup	\$ 27	7,332.33	Gross Receipts Secon	nd Group	\$	98,564.52	
iloss Receipts I ilst Gi	ΙΟυρ	<del>*</del> 21	1,552.55	Gloss Receipts Secon	id Group	.*	30,304.32	
Base Rate Fee First G	roup	\$	737.70	Base Rate Fee Secon	nd Group	\$	262.18	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	JP	
COMMUNITY/ AREA	FAYET	TE CO.		COMMUNITY/ AREA	MONTGO	OMERY CO N,C	& MACOU	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
KETC	0.25			KETC	0.25			
	-				-			
			···		<del> </del>			
	-				<del></del>			
otal DSEs			0.25	Total DSEs			0.25	
Gross Receipts Third G	Group	\$ 25	6,927.12	Gross Receipts Fourth	n Group	\$	148,548.17	
<b>.</b>			002 ::					
Base Rate Fee Third G	roup	\$	683.43	Base Rate Fee Fourth	ı Group	\$	395.14	
Base Rate Fee: Add the Inter here and in block			riber group a	as shown in the boxes ab	oove.	s	5,104.22	
inter fiere affu ili bilock	. J, IIIIE I, S	pace L (page 1)				Ψ	3,104.22	

LEGAL NAME OF OWNE  CABLE ONE, INC.	R OF CABLE	SYSTEM:				•	25206	Name
E	BLOCK A: (	COMPUTATION C	OF BASE RA	ATE FEES FOR EAC	CH SUBSCRIE	BER GROUP		
		SUBSCRIBER GRO	DUP		9			
COMMUNITY/ AREA	MACOU	PIN CO-SE		COMMUNITY/ ARE	A SANGAN	SANGAMON CO.		
CALL SIGN	DSE	CALL SIGN DSE		CALL SIGN	DSE	DSE CALL SIGN DSE		
KETC	0.25			KSDK	0.25			Base Rate F
								and
								Syndicate
								Exclusivit
								Surcharg
								for
								Partially
								Distant
				-				Stations
							······	
	<del></del>			-				
				-				
							······	
			0.05				0.05	
otal DSEs			0.25	Total DSEs			0.25	
iross Receipts First G	roup	\$ 12	5,965.10	Gross Receipts Sec	ond Group	\$	121,989.89	
Base Rate Fee First G	oup	\$	335.07	Base Rate Fee Sec	ond Group	\$	324.49	
	SEVENTH	SUBSCRIBER GRO	DUP	<u> </u>	EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	BOND (	CO.		COMMUNITY/ ARE	A GREENE	CO.		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
KETC	0.25			KETC	0.25			
				-				
							······	
	<del></del>						······	
				-				
	<del></del>							
	-			-				
	<u> </u>							
otal DSEs			0.25	Total DSEs	1		0.25	
Gross Receipts Third G	Group	s 1	3,005.79	Gross Receipts Fou	rth Group	\$	41,752.01	
2. 200 i toodipto Tilliu C	эчр	<del>,                                    </del>	-,	Sicos Recorpts Fou	С.очр		,. 02.01	
Base Rate Fee Third G	Froup	\$	34.60	Base Rate Fee Fou	th Group	\$	111.06	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABL	E SYSTEM:					25206	Name
E		COMPUTATION C		ATE FEES FOR EA		BER GROUP SUBSCRIBER GRO	OUP	
COMMUNITY/ AREA	JERSE	Y CO.		COMMUNITY/ ARE	<b>9</b> Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				KDNL KDNL-DT2	0.25 1.00			Base Rate Fee
	<u></u>			KMOV	0.25			and Syndicated
	<del></del>		••••	KETC	0.25	-		Exclusivity
				WRBU	1.00			Surcharge
				KDNL-DT3	1.00			for
				KDNL-DT4	1.00			Partially
				KMOV-DT2	1.00			Distant
				KMOV-DT3	1.00	-		Stations
							·····	
		<u></u>					······································	
				-		-		
				-				
Total DSEs			0.00	Total DSEs			6.75	
Gross Receipts First G	oup	\$	8,446.84	Gross Receipts Sec	cond Group	\$	54,498.73	
<b>Base Rate Fee</b> First Gi	oup	\$	0.00	Base Rate Fee Sec	cond Group	\$	2,220.55	
E	LEVENTH	SUBSCRIBER GRO	DUP		TWELVTH	SUBSCRIBER GRO	UP	
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		II	0.00	
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
	•				•			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group a	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABL	E SYSTEM:				S	25206	Name
		COMPUTATION O SUBSCRIBER GRO		ATE FEES FOR EAC	DURTEENTH	IBER GROUP I SUBSCRIBER GROU	JP 0	9
COMMUNITY AREA			<u> </u>	COMMUNITY AREA	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
	<del></del>							
Total DSEs	•	•	0.00	Total DSEs	•	••	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
FI	FTEENTH	SUBSCRIBER GRO	UP		SIXTEENTH	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>							
	<del></del>			1				
	<u></u>							
	<u></u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
							<del></del>	
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			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  25206								Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO		TI .		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α			Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	BER GROUP SUBSCRIBER GROUP  0 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	pss Receipts First Group \$ 0.00				ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO				SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		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	
<b>Base Rate Fee:</b> Add Enter here and in blo	the <b>base rat</b>	e fees for each subs	criber group a	as shown in the boxes	above.	\$		

CABLE ONE, INC		E SYSTEM:				S	25206	Name		
		COMPLITATION		TE FEEC FOR FAC	LL CLIDCOD	IDED COOLID	20200			
		SUBSCRIBER GRO		TE FEES FOR EAC		IBER GROUP 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		
	•••••						••••			
Total DSEs			0.00	Total DSEs			0.00			
					and Charre	•	•			
Jross Receipts First (	∍roup	\$	0.00	Gross Receipts Seco	ona Group	\$	0.00			
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00			
TWE	NTY-THIRD	SUBSCRIBER GRO	DUP	T .		SUBSCRIBER GROU	JP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			ALL SIGN DSE			
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 Third  Base Rate Fee: Add the Enter here and in block	he <b>base rat</b>	e fees for each subs		Base Rate Fee Four		\$	0.00			

EGAL NAME OF OWNI		E SYSTEM:					25206	Name
	BLOCK A:	COMPUTATION (	OF BASE RA	ATE FEES FOR EAC				
	NTY-FIFTH	SUBSCRIBER GRO		11		SUBSCRIBER GROU		9
OMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
								Exclusivity
				-				Surcharge for
	····			-				Partially
								Distant
								Stations
	····							
	····			-				
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First G	iroun	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ross rescipts i list c	лоцр		0.00	Gross recorpts occ	oria Group	•	0.00	
ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
TWENTY-SEVENTH SUBSCRIBER GROUP				TWE	NTY-EIGHTH	SUBSCRIBER GROU	JP	
OMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	····			-				
	····			-				
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts Third	Group	\$	0.00	Gross Receipts Fourth Group \$ 0.00				
ase Rate Fee Third (	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Group \$ 0.00 G	\$ 0.00  \$ 0.00  Befees for each subscriber group as s	0.00 G	<b>В</b>	ross Receipts Fou	rth Group			

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABL	E SYSTEM:				S	25206	Name
TWEN		COMPUTATION OI SUBSCRIBER GROU	JP	ATE FEES FOR EAC	THIRTIETH	IBER GROUP 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>							and Syndicated
								Exclusivity
								Surcharge
								for
								Partially
	<del></del>			-				Distant Stations
				-				
	<u></u>							
	<del></del>							
Total DSEs	•		0.00	Total DSEs			0.00	
Gross Receipts First G	oss Receipts First Group \$ 0.00				nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
	RTY-FIRST	SUBSCRIBER GROU		ii .		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<del></del>					-		
	<u></u>							
	<del></del>							
	<u></u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  25206								Name
				TE FEES FOR EAG				
		SUBSCRIBER GRO		TI .		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 Fe
								and
		-						Syndicated
		H		-		-		Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
		-		-		-		
		H				H		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	oss Receipts First Group \$ 0.00				ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
							'	
		SUBSCRIBER GRO		T .		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	d 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	
<b>Base Rate Fee:</b> Add Enter here and in blo	the <b>base rat</b>	e fees for each subs	criber group a	II	above.	\$		

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABL	E SYSTEM:				S	YSTEM ID# 25206	Name
		COMPUTATION O SUBSCRIBER GRO		ATE FEES FOR EAC	RTY-EIGHTH	IBER GROUP I SUBSCRIBER GROU	IP <b>0</b>	9
COMMONT I/ AREA				COMMONT IT AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
	····		<u></u>					Exclusivity
								Surcharge
								for
	<u></u>		<u> </u>					Partially Distant
	•••••••		<u>-</u>					Stations
			-					
Total DSEs			0.00	Total DSEs			0.00	
ross Receipts First Group \$ 0.00				Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
THIR	TY-NINTH	SUBSCRIBER GRO	UP		FORTIETH	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>			-				
	<del></del>		<u>-</u>					
	<del></del>		<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Four	th 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	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID# 25206								Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO		ii e		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
								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	
FC	RTY-THIRD	SUBSCRIBER GRO	DUP	FOI	RTY-FOURTH	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	Group	p <b>\$ 0.00</b>		Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
<b>Base Rate Fee:</b> Add Enter here and in bloo	the <b>base rat</b>	e fees for each subs	criber group a	as shown in the boxes	above.	\$		

Name	25206	S				E SYSTEM:	R OF CABLI	LEGAL NAME OF OWNE CABLE ONE, INC.	
				TE FEES FOR EACH					
9	1P <b>0</b>	SUBSCRIBER GROU	RTY-SIXTH	1		SUBSCRIBER GRO	RTY-FIFTH		
Computation				COMMUNITY/ AREA	0			COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate F									
and Syndicate									
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	
		<u>·</u>							
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr	
		SUBSCRIBER GROU	ΓΥ-EIGHTH	1	UP <b>0</b>	FORTY-SEVENTH SUBSCRIBER GROUP			
	0	COMMUNITY/ AREA 0						COMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
							<u></u>		
							-		
			<u> </u>				<u></u>		
	0.00	11		Total DSEs	0.00			Total DSEs	
		<u> </u>				•	roup	Gross Receipts Third G	
	0.00	Gross Receipts Fourth Group \$ 0.00			0.00	\$	oup	orosa receipis IIIII G	

9 Computation		IRER GROUP							
Computation of				TE FEES FOR EACH					
Computation of	)P 0	I SUBSCRIBER GROL	FIFTIETH	COMMUNITY/ADEA	OUP <b>0</b>	SUBSCRIBER GRO	TY-NINTH		
-				COMMUNITY/ AREA				COMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate F									
and Syndicated									
Exclusivity							<del></del>		
Surcharge									
for									
Partially Distant				-					
Stations									
							<u></u>		
			···		·····				
_									
	0.00			Total DSEs	0.00			Total DSEs	
	0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	roup	Gross Receipts First G	
	0.00	\$	nd Group	Base Rate Fee Second	0.00	\$	oup	<b>3ase Rate Fee</b> First G	
	JP	SUBSCRIBER GROU	Y-SECONE	FIF1	DUP	FIFTY-FIRST SUBSCRIBER GROUP			
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
-	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
			<u></u>						
			···		·····		<u></u>		
							<u></u>		
_									
	0.00			Total DSEs	0.00			Total DSEs	
	0.00	Gross Receipts Fourth Group \$ 0.00			0.00	\$	Group	Gross Receipts Third (	
	0.00	\$	n Group	Base Rate Fee Fourt	0.00	\$	Froup	Base Rate Fee Third (	

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID# 25206								Name	
				ATE FEES FOR EAG					
COMMUNITY/ AREA		SUBSCRIBER GRO	0 0	COMMUNITY/ ARE		SUBSCRIBER GROU	JP <b>0</b>	9	
		TI				TI		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		11	0.00	Total DSEs			0.00		
ross Receipts First Group \$ 0.00				Gross Receipts Sec	ond Group	\$	0.00		
orosa Neocipis i iisi	Огоир	•	0.00	Cross receipts dec	ona Group	Ψ	0.00		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00		
		SUBSCRIBER GRO				SUBSCRIBER GROU			
COMMUNITY/ ARE	Α		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 Thire	d Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00		
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	irth Group	\$	0.00		
				Ш					
Base Rate Fee: Add	the base rat	te fees for each subs	criber group	as shown in the boxes	above.	¢			
Enter here and in blo	JUK S, IINE 1, S	space L (page 7)				Φ			

CABLE ONE, INC.	R OF CABL	E SYSTEM:				SY	STEM ID# 25206	Name	
Bl	OCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP			
FIFTY-S	EVENTH	SUBSCRIBER GROU	Р	FIF7	Y-EIGHTH	SUBSCRIBER GROUP		0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
CALL SIGN	DSL	CALL SIGN	DSL	CALL SIGN	DOL	CALL SIGN	DOL	Base Rate Fee	
								and	
								Syndicated	
								Exclusivity	
						-		Surcharge	
								for	
								Partially	
								Distant Stations	
					-			Stations	
					-				
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		
FIFT	FIFTY-NINTH SUBSCRIBER GROUP				SIXTIETH	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 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			iber group a	as shown in the boxes ab	oove.	\$			

		LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID# 25206							
OCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP				
Y-FIRST	SUBSCRIBER GRO	UP	SIX	TY-SECOND	SUBSCRIBER GRO	UP	•		
		0	COMMUNITY/ ARE	٩		0	<b>9</b> Computatio		
DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
							Base Rate F		
							and		
							Syndicated		
			-				Exclusivity Surcharge		
							for		
							Partially		
							Distant		
							Stations		
			-						
			-						
			-						
			-						
		0.00	Total DSEs		11	0.00			
oup	\$	0.00	Gross Receipts Second Group \$ 0.00						
oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00			
SIXTY-THIRD SUBSCRIBER GROUP				KTY-FOURTH	SUBSCRIBER GRO	UP			
		0	COMMUNITY/ AREA 0						
DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
			-						
			-						
	<u> </u>		-						
	<b></b>	•••••							
			-						
			-						
					-				
		0.00	Total DSEs			0.00			
oup	\$	0.00	Gross Receipts Fourth Group \$ 0.00						
oup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00			
hace "of	a face for each sub-	oribor group	II	ahovo					
	DSE Oup	DUP \$  TY-THIRD SUBSCRIBER GRO  COUP \$  TOUP \$	DSE CALL SIGN DSE  OUD \$ 0.00  PY-THIRD SUBSCRIBER GROUP  OUD SE CALL SIGN DSE  DSE CALL SIGN DSE  OUD SE CALL SIGN DSE	DSE CALL SIGN DSE CALL SIGN  O.00  S O.00  Base Rate Fee Sec  O.00  COMMUNITY/ ARE  O.00  DSE CALL SIGN DSE CALL SIGN  O.00  Total DSEs  Gross Receipts Sec  CALL SIGN  DSE CALL SIGN DSE CALL SIGN  O.00  DSE CALL SIGN DSE CALL SIGN  O.00  DSE CALL SIGN DSE CALL SIGN  DSE CALL SIGN DSE CALL SIGN  O.00  Base Rate Fee Four	DSE CALL SIGN DSE CALL SIGN DSE  O.00 Total DSEs  ODE CALL SIGN DSE  O.00 Base Rate Fee Second Group  SIXTY-FOURTH COMMUNITY/ AREA  DSE CALL SIGN DSE  CALL SIGN DSE  ODE CALL SIGN DSE  CALL SIGN DSE  ODE	DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN  O.00 Total DSEs  OUP \$ 0.00 Gross Receipts Second Group \$  Y-THIRD SUBSCRIBER GROUP  SIXTY-FOURTH SUBSCRIBER GRO  OCMMUNITY/ AREA  DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN  OTAL DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN  DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN  OTAL 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		

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABL	E SYSTEM:				S	YSTEM ID# 25206	Name
SIX		COMPUTATION O SUBSCRIBER GRO		ATE FEES FOR EACH	SIXTY-SIXTH	IBER GROUP I SUBSCRIBER GROU	P <b>0</b>	9
COMMUNITY/ AREA			U	COMMUNITY/ AREA			U	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
	<del> </del>		<u> </u>	-				and Syndicated
	<del> </del>		<u></u>	1				Exclusivity
								Surcharge
		-		-				for
			<u> </u>					Partially Distant
	<del> </del>		<u>-</u>					Stations
	<u></u>							
	<del> </del>		<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	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
	SEVENTH	SUBSCRIBER GRO		ii .		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<del> </del>		<u> </u>	-				
				-				
		-		-				
			<u> </u>					
	<del> </del>		<u></u>	1				
	<u></u>							
				-				
			<u> </u>	-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes a	above.	\$		

LEGAL NAME OF OW		E SYSTEM:				S	25206	Name
		COMPLITATION		TE EEEC EOD E AC	NI CURCOR	IDED COOLID	20200	
5		SUBSCRIBER GRO		ATE FEES FOR EAC		IBER GROUP 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
				-				
		H				-		
						•		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
		SUBSCRIBER GRO		ii .		SUBSCRIBER GROU	JP -	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		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 Four	th Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add	the base rat	e fees for each subs	criber group a	as shown in the boxes	above.			
Enter here and in blo			. 3	1 23.00		\$		

CABLE ONE, INC.		E SYSTEM:				S	25206	Name
·		COMPLITATION		TE FEE FOR F 4 0	LI CUDOOD	IDED CDOLID	20200	
		SUBSCRIBER GRO		TE FEES FOR EAC		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
	<u></u>							Surcharge for
	···	<del></del>						Partially
								Distant
								Stations
			•••••					
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-FIFTH	SUBSCRIBER GRO		1		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
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 the Enter here and in block			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID# 25206								
				TE FEES FOR EAG				
		SUBSCRIBER GRO		TI .		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
								Partially
				-				Distant Stations
		-		-				Stations
				-				
Total DSEs		11	0.00	Total DSEs			0.00	
Gross Receipts First	Group	<b>\$</b>	0.00	Gross Receipts Sec	ond Group	\$	0.00	
·	•				•			
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO				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 Enter here and in blo	the <b>base rat</b>	e fees for each subs	criber group a	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID# 25206								
				TE FEES FOR EAC				
		SUBSCRIBER GRO		TI .		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
								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	
		SUBSCRIBER GRO		T .		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	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	I Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo	the <b>base rat</b>	re fees for each subs	criber group a	II	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID# 25206								
				TE FEES FOR EAC				
		SUBSCRIBER GRO		Ti .		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
								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	-	\$	0.00	Base Rate Fee Sec		\$	0.00	
		SUBSCRIBER GRO		1		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 Enter here and in bloo	the <b>base rat</b>	e fees for each subs	criber group a	II	above.	\$		

CABLE ONE, INC.						25206
	A: COMPUTATION O		ATE FEES FOR EAG			
EIGHTY-NIN COMMUNITY/ AREA	TH SUBSCRIBER GRO	0	COMMUNITY/ ARE		I SUBSCRIBER GROU	<u>0</u>
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
				•••••		
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
	ST SUBSCRIBER GRO		ii .		SUBSCRIBER GROU	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	<del> </del>					
Total DSEs		0.00	Total DSEs			0.00
	<b>\$</b>	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00
Total DSEs Gross Receipts Third Group	\$			rth Group	\$	-

LEGAL NAME OF OWNE CABLE ONE, INC.		E SYSTEM:				S	25206	Name
		COMPUTATION O SUBSCRIBER GRO		ATE FEES FOR EAC	TY-FOURTH	IBER GROUP  I SUBSCRIBER GROU	JP 0	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
	<u></u>		<u></u>					Syndicated Exclusivity
			····					Surcharge
								for
								Partially
				-				Distant
			<del>.</del>					Stations
				-				
	••••							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
NIN	ETY-FIFTH	SUBSCRIBER GRO	UP	N	NETY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	····		···					
				-				
				-				
Tatal DCCa			0.00	Total DOCa			0.00	
Total DSEs			0.00	Total DSEs				
Gross Receipts Third (	Group	\$	0.00	Gross Receipts Foul	th Group	\$	0.00	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	ne <b>base rat</b> o					\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  25206								
				TE FEES FOR EAG				
		SUBSCRIBER GRO		TI .		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
								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	
		SUBSCRIBER GRO		T .		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		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	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	
				Ш	_			
Base Rate Fee: Add Enter here and in blo	the <b>base rat</b> ck 3, line 1, s	e <b>tees</b> for each subs space L (page 7)	criber group a	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID# 25206								
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUND	RED FIRST	SUBSCRIBER GRO		ONE HUNDF	ED SECONE	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE	<b>9</b> Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				-				Base Rate Fee
				-				and Syndicated
			••••	1	·····			Exclusivity
								Surcharge
								for
		-						Partially
		-		-				Distant Stations
								Guarono
				-	·····			
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 0	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	RED THIRD	SUBSCRIBER GRO		Ti .		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		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	Group	<u>\$</u>	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				II				
Base Rate Fee: Add to Enter here and in block			criber group a	as shown in the boxes	above.	\$		

LEGAL NAME OF OWI		E SYSTEM:				S	25206	Name
,,		COMPLITATION			NI CURCOR	IDED CDCLID	20200	
ONE HUNI		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 Fee
								and
				-				Syndicated
				-				Exclusivity Surcharge
			•••••					for
								Partially
								Distant
				-				Stations
			••••		•••••			
Total DSEs			0.00	Total DSEs			0.00	
	Croun	•	0.00		and Craun	•	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ona Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRE	D SEVENTH	SUBSCRIBER GRO	DUP	ONE HUNDI	RED EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		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	l Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group a	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN CABLE ONE, INC		E SYSTEM:					25206	Name
		COMPUTATION C SUBSCRIBER GRO		ATE FEES FOR EAC		RIBER GROUP	ID	
COMMUNITY/ AREA		SUBSCRIBER GRO	0	COMMUNITY/ ARE		1 SUBSCRIBER GROU	0	9
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
				-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Proup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Sec		\$	0.00	
COMMUNITY/ AREA	ELEVENTH	SUBSCRIBER GRO	) 0	COMMUNITY/ ARE		1 SUBSCRIBER GROU	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 Enter here and in bloc			criber group	as shown in the boxes	above.	\$		

	EGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  25206								
				TE FEES FOR EAC					
ONE HUNDRED THE COMMUNITY/ AREA		SUBSCRIBER GRO	0 0	ONE HUNDRED F		SUBSCRIBER GROU	JP <b>0</b>	9	
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	
				-					
	·····		···	-					
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 HUNDRED	FIFTEENTH	SUBSCRIBER GRO	)UP	ONE HUNDRED	SIXTEENTH	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	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 Enter here and in bloo			criber group a	as shown in the boxes	above.	\$			

CABLE ONE, INC.	R OF CABL	E SYSTEM:				S	YSTEM ID# 25206	Name
E ONE HUNDRED SEVE COMMUNITY/ AREA				ONE HUNDRED EIG		IBER GROUP SUBSCRIBER GROUI	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 Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED NI	NTEENTH	SUBSCRIBER GROU	IP	ONE HUNDRED T	WENTIETH	SUBSCRIBER GROUI	Р	
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 G	iroup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			iber group a	as shown in the boxes a	bove.	\$		

LEGAL NAME OF OW		E SYSTEM:					25206	Name
		001101171777	NED 10 = = 1	TE EEEO EO = - : -		UDED OFFICE	23200	
ONE HUNDRED TO		COMPUTATION C SUBSCRIBER GRO		ATE FEES FOR EACH		IBER GROUP  SUBSCRIBER GROUP	)	
COMMUNITY/ AREA		- COBCONIDEN CINC	0	COMMUNITY/ AREA			0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DOL	CALL SIGN	DOL	CALL SIGN	DOL	CALL SIGN	DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
				-				Surcharge
				-				for Partially
			••••					Distant
								Stations
		-		-				
				-				
				-				
Total DSEs	l .		0.00	Total DSEs		II	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED TV	VENTY-THIRD	SUBSCRIBER GROU	Р	ONE HUNDRED TWE	NTY-FOURTH	SUBSCRIBER GROUP	)	
COMMUNITY/ AREA	4		0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		<del> </del>				·		
				-				
			••••	1				
		<u> </u>		-				
Total DSEs	•		0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				Ш				
			criber group	as shown in the boxes	above.			
Enter here and in blo	оск 3, line 1, s	space L (page 7)				\$		

LEGAL NAME OF OWN	EGAL NAME OF OWNER OF CABLE SYSTEM:  SABLE ONE, INC.  SYSTEM ID#  25206							
	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GROU		H .		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
	<u></u>	-						Stations
		H		-				
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	
NE HUNDRED TWEN		SUBSCRIBER GROU	Р	ONE HUNDRED TW	ENTY-EIGHTH	SUBSCRIBER GROUP	)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
				-		H		
						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 Enter here and in bloo			criber group a	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN	EGAL NAME OF OWNER OF CABLE SYSTEM:  ABLE ONE, INC.  SYSTEM ID#  25206								
	BLOCK A:	COMPUTATION C	OF BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP			
ONE HUNDRED TW	ENTY-NINTH	SUBSCRIBER GROU	IP	ONE HUNDR	ED THIRTIETH	SUBSCRIBER GROUP	1	•	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	<b>9</b> 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		
ONE HUNDRED T	HIRTY-FIRST	SUBSCRIBER GROU	IP	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		
		<del> </del>							
						<u> </u>			
		<del> </del>		-		-			
		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 Enter here and in bloo			criber group a	as shown in the boxes	above.	\$			

	EGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID# 25206								
	BLOCK A:	COMPUTATION C	OF BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP			
ONE HUNDRED T	HIRTY-THIRD	SUBSCRIBER GROU	IP	ONE HUNDRED TH	IIRTY-FOURTH	SUBSCRIBER GROUP	)	0	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	<b>9</b> 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	
Total DSEs			0.00	Total DSEs			0.00		
	Croup	•	0.00	Gross Receipts Sec	and Craun	•	0.00		
Gross Receipts First	Group	3	0.00	Gross Receipts Sec	ona Group	\$	0.00		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
ONE HUNDRED T	HIRTY-FIFTH	SUBSCRIBER GROU	IP	ONE HUNDRED	THIRTY-SIXTH	SUBSCRIBER GROUP			
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		H							
		-		-					
		-		-					
		<del> </del>							
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 Enter here and in blo			criber group a	II	above.	\$			

	EGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID# 25206							
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED THIR	TY-SEVENTH	SUBSCRIBER GROU	Р	ONE HUNDRED TI	HIRTY-EIGHTH	SUBSCRIBER GROUP	)	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	<b>9</b> 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
		<b> </b>						
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 HUNDRED T	HIRTY-NINTH	SUBSCRIBER GROU	Р	ONE HUNDRE	D FORTIETH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		H						
		-		-				
		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			criber group a	II	above.	\$		

CABLE ONE, INC	EGAL NAME OF OWNER OF CABLE SYSTEM:  SABLE ONE, INC.  25206							
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED F	ORTY-FIRST	SUBSCRIBER GROU	IP	ONE HUNDRED FO	RTY-SECONE	SUBSCRIBER GROUP	)	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	<b>9</b> 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>	••••	1				
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 HUNDRED F	ORTY-THIRD	SUBSCRIBER GROU	IP	ONE HUNDRED FO	ORTY-FOURTH	I 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	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			criber group a	II	above.	\$		

	EGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID# 25206							
	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAG	CH SUBSCR	IBER GROUP		
ONE HUNDRED I	FORTY-FIFTH	SUBSCRIBER GROU	Р	ONE HUNDRED	FORTY-SIXTH	SUBSCRIBER GROUP	)	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	<b>9</b> 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
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 HUNDRED FOR	TY-SEVENTH	SUBSCRIBER GROU	Р	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	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			criber group a	II as shown in the boxes	above.	\$		

CABLE ONE, INC.	EGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  25206							
				TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED FOR	TY-NINTH	SUBSCRIBER GRO		ONE HUNDR	ED FIFTIETH	SUBSCRIBER GROU	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
	<u></u>			-				Exclusivity Surcharge
	<del></del>		<u></u>					for
								Partially
								Distant
								Stations
	<u> </u>			-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
							1	
Base Rate Fee First G	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FIF	TY-FIRST	SUBSCRIBER GRO	UP	ONE HUNDRED FIF	TY-SECOND	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
	<del></del>		<u></u>					
	<u> </u>		<u></u>	-				
						-		
	<del></del>			-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third G	Froup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group a	as shown in the boxes	above.	\$		

	EGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  25206								
				TE FEES FOR EAG	CH SUBSCR	IBER GROUP			
		SUBSCRIBER GRO		t t		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	
				1				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		
		SUBSCRIBER GRO		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	l Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third	I Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
Base Rate Fee: Add Enter here and in blo			criber group a	as shown in the boxes	above.	\$			
	,	1 (1-23-1)							

	EGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  25206							
	BLOCK A:	COMPUTATION C	OF BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED FIF	TY-SEVENTH	SUBSCRIBER GROU	IP	ONE HUNDRED	FIFTY-EIGHTH	SUBSCRIBER GROUP	•	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	<b>9</b> 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						
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 HUNDRED	FIFTY-NINTH	SUBSCRIBER GROU	IP	ONE HUND	RED SIXTIETH	SUBSCRIBER GROUP	)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		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			criber group a	II	above.	\$		

LEGAL NAME OF OWNE CABLE ONE, INC.		LE SYSTEM:					25206	Name
E	BLOCK A:	COMPUTATION C	OF BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
	FIRST	SUBSCRIBER GRO	DUP		SECONE	SUBSCRIBER GRO	UP	^
COMMUNITY/ AREA	CHRIS	TIAN, SHELBY, I	MOULTRI	COMMUNITY/ AREA	MONTO	SOMERY CO WE	ST	9 Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
		-					······	Syndicated
								Exclusivity
		-					······	Surcharge for
		·					······	Partially
		H			<b>-</b>			Distant
					<b>†</b>			Stations
					<b>†</b>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 27	7,332.33	Gross Receipts Secon	d Group	\$	98,564.52	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	DUP		FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	FAYET	TE CO.		COMMUNITY/ AREA	MONTO	GOMERY CO N,C	C & MACOU	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		·					······	
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	····							
					<u></u>			
					ļ			
					ļ			
Fotal DSEs			0.00	Total DSEs			0.00	
	roun	. 25			Craun	•		
Gross Receipts Third G	oroup	\$ <b>25</b>	6,927.12	Gross Receipts Fourth	Group	\$	148,548.17	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th	ne base rat	e fees for each subs	criber group a	as shown in the boxes at	oove.			
Enter here and in block			group t		<b></b>	\$	0.00	

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABL	E SYSTEM:				S	YSTEM ID# 25206	Name
В				ATE FEES FOR EACH				
		SUBSCRIBER GROU	JP		SIXTE	H SUBSCRIBER GROU	IP	0
COMMUNITY/ AREA	MACO	UPON CO SE		COMMUNITY/ AREA	SANGA	MON CO.		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
	<u></u>							Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
			·					
			·					
	<del></del>		•	-	•			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$ 125	,965.10	Gross Receipts Secon	d Group	\$ 1	21,989.89	
<b>Base Rate Fee</b> First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
;	SEVENTH	SUBSCRIBER GROU	JP		EIGHTH	H SUBSCRIBER GROU	IP	
COMMUNITY/ AREA	BOND	CO.		COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<del></del>		·				····	
	<del></del>		·	-	·			
Total DSEs			0.00	Total DSEs	_		0.00	
Gross Receipts Third G	roup	\$ 13	,005.79	Gross Receipts Fourth	Group	\$	41,752.01	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				as shown in the boxes at				

							25206	Name
В				ATE FEES FOR EACH				
	NINTH	SUBSCRIBER GRO	DUP		TENTH	SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA	JERSE	Y CO.		COMMUNITY/ AREA	SCOTT	CO.		Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicate
								Exclusivit
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	8,446.84	Gross Receipts Secon	d Group	\$	54,498.73	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
E	LEVENTH	SUBSCRIBER GRO	UP		TWELVTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			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	
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		
	DSE	CALL SIGN	0.00	Total DSEs	DSE	CALL SIGN	0.00	
Total DSEs Gross Receipts Third G		CALL SIGN				CALL SIGN		
Total DSEs Gross Receipts Third G	roup		0.00	Total DSEs Gross Receipts Fourth	Group	\$	0.00	
Total DSEs	roup		0.00	Total DSEs	Group		0.00	

_								
				ATE FEES FOR EAC			ID	
	RIEENIH	SUBSCRIBER GRO		1		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computat
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
0,122 0.0.1	332	07.22 0.0.1		07.22 0.0.1		0/122 0.0.1	332	Base Rate
								and
								Syndicate
								Exclusivi
								Surcharg
								for
								Partially
								Distant
								Stations
otal DSEs			0.00	Total DSEs			0.00	
Proce Bossints First C	roup	¢	0.00	Cross Bossints Sos	and Croup	¢	0.00	
Gross Receipts First G	oup	\$	0.00	Gross Receipts Sec	ond Group	<u>\$</u>	0.00	
sase Rate Fee First G	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	ETEENTU	CLIDCODIDED OD	OLID.		CIVICENTI	L CLIDCODIDED CDOL	ID	
	FIEENIH	SUBSCRIBER GRO				SUBSCRIBER GROU	0	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		U	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>							
otal DSEs			0.00	Total DSEs			0.00	
	iroup	\$	0.00	Total DSEs Gross Receipts Fou	orth Group	\$	0.00	
otal DSEs	iroup	\$			orth Group	\$		
	·	\$			·	\$		

CABLE ONE, INC		LE SYSTEM:				;	SYSTEM ID# 25206	Name
	BLOCK A:	COMPUTATION (	OF BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
SEV		SUBSCRIBER GRO		III		H SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
								Exclusivity
							·····	Surcharge
				-				for
				-				Partially Distant
		<del> </del>		-			······	Stations
		<del> </del>		-	<b></b>			Stations
				-				
		H						
		H						
Total DSEs		Ш	0.00	Total DSEs	<u> </u>		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	
1	IINTEENTH	SUBSCRIBER GRO	DUP		TWENTIETH	H SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE.	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
				-				
		-		-				
		-						
				-				
		H		1				
		H						
otal 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 Enter here and in bloo			criber group	as shown in the boxes	above.	\$		

CABLE ONE, INC		E SYSTEM:				S	25206	Name
		COMPLITATION C		TE FEES FOR FAC	LL CLIDCOD	IDED CDOLID	20200	
		SUBSCRIBER GRO		TE FEES FOR EAC		IBER GROUP 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
				-				
Total DSEs		-	0.00	Total DSEs			0.00	
Gross Receipts First (	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
TWE	NTY-THIRD	SUBSCRIBER GRO	)UP	TWEN	ITY-FOURTH	SUBSCRIBER GROU	JP	
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	
<b>Base Rate Fee:</b> Add t Enter here and in bloc			criber group a	as shown in the boxes	above.	\$		

CABLE ONE, INC.	OI CABLL	E SYSTEM:				Š	25206	Nar
				ATE FEES FOR EAC				
	Y-FIFTH	SUBSCRIBER GRO	DUP <b>0</b>	COMMUNITY/ ARE		SUBSCRIBER GROU	JP <b>0</b>	9
COMMUNITY/ AREA			U	COMMUNITY/ ARE	Α			Compu
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Ra
								and Syndic
								Exclus
								Surcha
								for
								Partia
								Dista Statio
								-
otal DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts First Gro	un	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
orese resorpte riner sire	<b>4</b> P	<u>-</u>		Cross rescipte est	ona Oroap	*		
ase Rate Fee First Gro	dr	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
TWENTY-SE	EVENTH	SUBSCRIBER GRO	DUP	11		SUBSCRIBER GROU	JP	
OMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			·····					
		<u> </u>						
otal DSEs			0.00	Total DSEs			0.00	
	iup	\$	0.00		rth Group	\$	0.00	
Fotal DSEs Gross Receipts Third Gro	ıup	\$		Total DSEs Gross Receipts Fou	rth Group	\$	-,	

Name	25206	S			_	E SYSTEM:		LEGAL NAME OF OWNE  CABLE ONE, INC.
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION C	BLOCK A:	В
9		SUBSCRIBER GROU	THIRTIETH	ii		SUBSCRIBER GRO	ITY-NINTH	
Computatio	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and								
Syndicated								
Exclusivity								
Surcharge								
for			<u>_</u>					
Partially Distant		-	<u>.</u>		<u>.</u>			
Stations		-			•			
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	0.00			Total DSEs	0.00	-		Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr
			•				•	•
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr
	IP	SUBSCRIBER GROU	/-SECOND	THIRT	JP	SUBSCRIBER GRO	RTY-FIRST	THIR
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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			<b>-</b>		·		<del></del>	
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		-	<b></b>		<u> </u>			
			<b>†</b>		<u> </u>			
	0.00		1	Total DSEs	0.00		_1	Γotal DSEs
		-						
	0.00		_	III roog Dogginta Faurth				
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	eroup	Gross Receipts Third G

H SUBSCRIBER GROUP  0 Computation CALL SIGN DSE Base Rate Fe and Syndicated		TE FEES FOR EACH		COMPUTATION C	BLOCK A:	
CALL SIGN   DSE   of   Base Rate Fe   and   Syndicated	/-FOURTH	THIRT				
Computation    CALL SIGN   DSE   of     Base Rate Fe   and     Syndicated		H	UP	SUBSCRIBER GRO	RTY-THIRD	THIF
CALL SIGN DSE of Base Rate Fe and Syndicated		COMMUNITY/ AREA	0			COMMUNITY/ AREA
and Syndicated	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Syndicated						
···· -						
Exclusivity						
Surcharge						
for			<u></u>			
Partially Distant						
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Stations	<b></b>			H		
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0.00		Total DSEs	0.00	11		Total DSEs
\$ 0.00	d Group	Gross Receipts Secor	0.00	\$	Group	Gross Receipts First G
s 0.00	d Group	Base Rate Fee Secon	0.00	\$	Group	Base Rate Fee First G
H SUBSCRIBER GROUP	RTY-SIXTH	THI	UP	SUBSCRIBER GRO	IRTY-FIFTH	THII
0		COMMUNITY/ AREA	0			COMMUNITY/ AREA
CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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0.00	•	Total DSEs	0.00		•	Total DSEs
\$ 0.00	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third (
	•	,			•	,
\$ 0.00	Group	Base Rate Fee Fourth	0.00	\$	Group	Base Rate Fee Third (

SYSTEM ID# 25206	S				E SYSTEM:	R OF CABL	CABLE ONE, INC.
			TE FEES FOR EAC				
	I SUBSCRIBER GROU		ii e		SUBSCRIBER GRO	SEVENTH	
0 Compu			COMMUNITY/ AREA	0			COMMUNITY/ AREA
DSE o	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Ra							
an Syndi							
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Surch							
fo							
Parti Dist							
Stati							
0.00			Total DSEs	0.00			Total DSEs
0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	oup	Gross Receipts First Gr
0.00	\$	nd Group	Base Rate Fee Seco	0.00	\$	oup	Base Rate Fee First Gr
OUP	I SUBSCRIBER GROU	FORTIETH		JP	SUBSCRIBER GRO	TY-NINTH	THIR
0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
DSE	CALL SIGN	DSE	COMMUNITY/ AREA	DSE	CALL SIGN	DSE	COMMUNITY/ AREA CALL SIGN
	CALL SIGN	DSE			CALL SIGN	DSE	
	CALL SIGN	DSE			CALL SIGN	DSE	
	CALL SIGN	DSE			CALL SIGN	DSE	
	CALL SIGN	DSE			CALL SIGN	DSE	
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	CALL SIGN	DSE			CALL SIGN	DSE	CALL SIGN
DSE	CALL SIGN		CALL SIGN	DSE	CALL SIGN		CALL SIGN  Total DSEs
DSE			CALL SIGN  Total DSEs	DSE			CALL SIGN  Total DSEs
DSE		n Group	CALL SIGN  Total DSEs	DSE		roup	CALL SIGN  CALL SIGN  Total DSEs  Gross Receipts Third G  Base Rate Fee Third G

				ATE FEES FOR EAC			ID.	
	Y-FIRST	SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	······		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
CALL SIGN	DSE	CALL SIGN	DOE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate F
								and
						H		
								Syndicate
								Exclusivit
						H		Surcharge
								for
								Partially
								Distant
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otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	up	\$	0.00	Gross Receipts Seco	ona Group	\$	0.00	
Base Rate Fee First Gro	up	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
EOD1	V THIRD	SUBSCRIBER GRO	NI ID	EOE	TV EOLIDTH	SUBSCRIBER GROU	ID	
	1-IIIIND	SOBSCRIBER GIVE		T .		30B3CNBEN GNO	_	
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	
			0.00	Total DSEs			0.00	
	oup	\$	0.00	Total DSEs Gross Receipts Four	th Group	\$	0.00	
Fotal DSEs Gross Receipts Third G		\$	0.00	Gross Receipts Four			0.00	
		\$				\$		
iross Receipts Third G			0.00	Gross Receipts Four			0.00	

CABLE ONE, INC.							25206	Na
				ATE FEES FOR EAC				
FORTY COMMUNITY/ AREA	-FIFTH SU	JBSCRIBER GRO	0 0	COMMUNITY/ AREA		SUBSCRIBER GRO	UP <b>0</b>	9
								Compu
CALL SIGN I	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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								Surch
								fo
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			0.00	T / 1 DOE			0.00	
otal DSEs	_		0.00	Total DSEs			0.00	
Gross Receipts First Group	р <u></u> \$		0.00	Gross Receipts Seco	ond Group	\$	0.00	
ase Rate Fee First Group	p <b>\$</b>		0.00	Base Rate Fee Seco	ond Group	\$	0.00	
		JBSCRIBER GRO				\$ SUBSCRIBER GROU	<u>'</u>	
FORTY-SE\		IBSCRIBER GRO			RTY-EIGHTH		<u>'</u>	
FORTY-SE\		IBSCRIBER GRO	DUP	FO	RTY-EIGHTH		UP	
FORTY-SE\ OMMUNITY/ AREA	VENTH SU	JBSCRIBER GRO	DUP	FO	RTY-EIGHTH		UP	
FORTY-SE\ OMMUNITY/ AREA	VENTH SU		0 0	FO COMMUNITY/ AREA	RTY-EIGHTH	i SUBSCRIBER GROI	UP 0	
FORTY-SE\ OMMUNITY/ AREA	VENTH SU		0 0	FO COMMUNITY/ AREA	RTY-EIGHTH	i SUBSCRIBER GROI	UP 0	
FORTY-SE\ OMMUNITY/ AREA	VENTH SU		0 0	FO COMMUNITY/ AREA	RTY-EIGHTH	i SUBSCRIBER GROI	UP 0	
FORTY-SE\	VENTH SU		0 0	FO COMMUNITY/ AREA	RTY-EIGHTH	i SUBSCRIBER GROI	UP 0	
FORTY-SE\	VENTH SU		0 0	FO COMMUNITY/ AREA	RTY-EIGHTH	i SUBSCRIBER GROI	UP 0	
FORTY-SE\	VENTH SU		0 0	FO COMMUNITY/ AREA	RTY-EIGHTH	i SUBSCRIBER GROI	UP 0	
FORTY-SE\	VENTH SU		0 0	FO COMMUNITY/ AREA	RTY-EIGHTH	i SUBSCRIBER GROI	UP 0	
FORTY-SE\	VENTH SU		0 0	FO COMMUNITY/ AREA	RTY-EIGHTH	i SUBSCRIBER GROI	UP 0	
COMMUNITY/ AREA	VENTH SU		0 0	FO COMMUNITY/ AREA	RTY-EIGHTH	i SUBSCRIBER GROI	UP 0	
FORTY-SE\	VENTH SU		0 0	FO COMMUNITY/ AREA	RTY-EIGHTH	i SUBSCRIBER GROI	UP 0	
FORTY-SE\	VENTH SU		0 0	FO COMMUNITY/ AREA	RTY-EIGHTH	i SUBSCRIBER GROI	UP 0	
FORTY-SE\	VENTH SU		0 0	FO COMMUNITY/ AREA	RTY-EIGHTH	i SUBSCRIBER GROI	UP 0	
FORTY-SEV COMMUNITY/ AREA	VENTH SU		DUP 0	CALL SIGN	RTY-EIGHTH	i SUBSCRIBER GROI	DSE	
FORTY-SEV COMMUNITY/ AREA	DSE		DUP  O  DSE  O  O  O  O  O  O  O  O  O  O  O  O  O	CALL SIGN  CALL SIGN  Total DSEs	DSE	CALL SIGN	DSE	
FORTY-SEV COMMUNITY/ AREA	DSE		DUP 0	CALL SIGN	DSE	i SUBSCRIBER GROI	DSE	
FORTY-SEV COMMUNITY/ AREA	DSE DSE DSE DSE DSE DSE DSE DSE DSE DSE		DUP  O  DSE  O  O  O  O  O  O  O  O  O  O  O  O  O	CALL SIGN  CALL SIGN  Total DSEs	DSE DSE	CALL SIGN	DSE	

		RIBER GROUP	SUBSCRI		F DAOF RA	COMPUTATION O	BLOCK A:	H
	JP	SUBSCRIBER GROU				SUBSCRIBER GRO		
9 Compu	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rat								
and								
Syndica								
Exclusi Surcha								
for								
Partia			<b>-</b>		<u> </u>		<u></u>	
Dista								
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							<del></del>	
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	roup	Gross Receipts First Gr
		<del>-</del>	•	'				
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	<b>ase Rate Fee</b> First Gr
	<u>'</u>	\$ D SUBSCRIBER GROU				\$ SUBSCRIBER GRO		
	<u>'</u>					\$UBSCRIBER GRO		FIF
	JP			FIFT	JP	SUBSCRIBER GRO		FIF OMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	/-SECOND	FIFT COMMUNITY/ AREA	UP <b>0</b>		TY-FIRST	FIF OMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	/-SECOND	FIFT COMMUNITY/ AREA	UP <b>0</b>		TY-FIRST	FIF OMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	/-SECOND	FIFT COMMUNITY/ AREA	UP <b>0</b>		TY-FIRST	FIF OMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	/-SECOND	FIFT COMMUNITY/ AREA	UP <b>0</b>		TY-FIRST	FIF OMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	/-SECOND	FIFT COMMUNITY/ AREA	UP <b>0</b>		TY-FIRST	FIF OMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	/-SECOND	FIFT COMMUNITY/ AREA	UP <b>0</b>		TY-FIRST	FIF OMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	/-SECOND	FIFT COMMUNITY/ AREA	UP <b>0</b>		TY-FIRST	FIF OMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	/-SECOND	FIFT COMMUNITY/ AREA	UP <b>0</b>		TY-FIRST	FIF OMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	/-SECOND	FIFT COMMUNITY/ AREA	UP <b>0</b>		TY-FIRST	FIF OMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	/-SECOND	FIFT COMMUNITY/ AREA	UP <b>0</b>		TY-FIRST	FIF
	JP <b>0</b>	SUBSCRIBER GROU	/-SECOND	FIFT COMMUNITY/ AREA	UP <b>0</b>		TY-FIRST	FIF COMMUNITY/ AREA  CALL SIGN
	JP <b>0</b>	SUBSCRIBER GROU	/-SECOND	FIFT COMMUNITY/ AREA	UP <b>0</b>		TY-FIRST	FIF OMMUNITY/ AREA
	JP 0 DSE	SUBSCRIBER GROU	/-SECOND	FIFT COMMUNITY/ AREA	DSE DSE		TY-FIRST	FIF
	JP <b>0</b>	SUBSCRIBER GROU	/-SECOND	FIFT COMMUNITY/ AREA	UP <b>0</b>		TY-FIRST	CALL SIGN
	JP 0 DSE	SUBSCRIBER GROU	/-SECOND	FIFT COMMUNITY/ AREA  CALL SIGN	DSE DSE		DSE DSE	CALL SIGN  CALL SIGN  otal DSEs
	DSE  DSE  0.00	CALL SIGN	/-SECOND  DSE  Group	CALL SIGN  CALL SIGN  Total DSEs	DSE DSE D.00	CALL SIGN	DSE DSE	FIF

LEGAL NAME OF OWNE CABLE ONE, INC.		E SYSTEM:				\$	25206	Name
				ATE FEES FOR EAG				
FIF COMMUNITY/ AREA	TY-THIRD	SUBSCRIBER GRO	0 0	COMMUNITY/ ARE		H SUBSCRIBER GROU	JP <b>0</b>	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
OALL GIGIT	BOL	O/ALL SIGIV	BOL	GALL GIGIT	BOL	OALE GIGIT	BOL	Base Rate Fe
								and
								Syndicated
								Exclusivity Surcharge
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								Distant Stations
								Stations
	····		····					
Total DSEs	•		0.00	Total DSEs	1		0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
<b>Base Rate Fee</b> First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FI	FTY-FIFTH	SUBSCRIBER GRO	)UP		FIFTY-SIXTI	H 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 (	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	
				Ш				
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

OWNER OF CABLE SYSTEM: INC.	SYSTEM ID# 25206 Name
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER G	GROUP
FIFTY-SEVENTH SUBSCRIBER GROUP FIFTY-EIGHTH SUBS	<u> </u>
REA COMMUNITY/ AREA	0 Computation
DSE CALL SIGN DSE CALL SIGN DSE CAL	LL SIGN DSE of
	Base Rate F
	and
	Syndicated Exclusivity
	Surcharge
	for
	Partially
	Distant Stations
	Stations
0.00	0.00
	0.00
First Group \$ 0.00 Gross Receipts Second Group \$	0.00
First Group \$ 0.00 Base Rate Fee Second Group \$	0.00
First Group \$ 0.00 Base Rate Fee Second Group \$	0.00
FIFTY-NINTH SUBSCRIBER GROUP  SIXTIETH SUBS	
FIFTY-NINTH SUBSCRIBER GROUP SIXTIETH SUBSCRIBER GROUP COMMUNITY/ AREA	CRIBER GROUP
FIFTY-NINTH SUBSCRIBER GROUP SIXTIETH SUBSCRIBER GROUP COMMUNITY/ AREA	CRIBER GROUP  0
FIFTY-NINTH SUBSCRIBER GROUP SIXTIETH SUBSCRIBER GROUP COMMUNITY/ AREA	CRIBER GROUP  0
FIFTY-NINTH SUBSCRIBER GROUP SIXTIETH SUBSCRIBER GROUP COMMUNITY/ AREA	CRIBER GROUP  0
FIFTY-NINTH SUBSCRIBER GROUP SIXTIETH SUBSCRIBER GROUP COMMUNITY/ AREA	CRIBER GROUP  0
FIFTY-NINTH SUBSCRIBER GROUP SIXTIETH SUBSCRIBER GROUP COMMUNITY/ AREA	CRIBER GROUP  0
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FIFTY-NINTH SUBSCRIBER GROUP SIXTIETH SUBSCRIBER GROUP COMMUNITY/ AREA	CRIBER GROUP  0
FIFTY-NINTH SUBSCRIBER GROUP SIXTIETH SUBSCRIBER GROUP COMMUNITY/ AREA	CRIBER GROUP  0
FIFTY-NINTH SUBSCRIBER GROUP SIXTIETH SUBSCRIBER GROUP COMMUNITY/ AREA	CRIBER GROUP  0
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FIFTY-NINTH SUBSCRIBER GROUP SIXTIETH SUBSCRIBER GROUP COMMUNITY/ AREA	CRIBER GROUP  0
FIFTY-NINTH SUBSCRIBER GROUP  REA  DSE CALL SIGN DSE CALL SIGN DSE CALL  COMMUNITY/ AREA  DSE CALL SIGN DSE CALL SIGN DSE CALL  COMMUNITY/ AREA	CRIBER GROUP  0  LL SIGN DSE
FIFTY-NINTH SUBSCRIBER GROUP  REA  DSE CALL SIGN DSE CALL SIGN DSE CALL  CALL SIGN DSE CALL SIGN DSE CALL  CALL SIGN DSE CALL SIGN DSE CALL  CALL SIGN DSE CALL SIGN DSE CALL  CALL SIGN DSE CALL SIGN DSE CALL  CALL SIGN DSE CALL SIGN DSE CALL  CALL SIGN DSE CALL SIGN DSE CALL  CALL SIGN DSE CALL	CRIBER GROUP  0  LL SIGN DSE  0 0.00
FIFTY-NINTH SUBSCRIBER GROUP  REA  DSE CALL SIGN DSE CALL SIGN DSE CALL  CALL SIGN DSE CALL SIGN DSE CALL  CALL SIGN DSE CALL SIGN DSE CALL  CALL SIGN DSE CALL SIGN DSE CALL  CALL SIGN DSE CALL SIGN DSE CALL  CALL SIGN DSE CALL SIGN DSE CALL  CALL SIGN DSE CALL SIGN DSE CALL  CALL SIGN DSE CALL	CRIBER GROUP  0  LL SIGN DSE  0 0.00

CABLE ONE, INC.	OF CARLE	SYSTEM:				Š	25206	Nar
				ATE FEES FOR EAG				
SIXT	Y-FIRST	SUBSCRIBER GRO	0 <b>0</b>	COMMUNITY/ ARE		SUBSCRIBER GROU	JP <b>0</b>	9
								Comput
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rat and
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								Surcha
								for
								Partial Distar
			····	-				Station
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	up	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
·	•				•			
ase Rate Fee First Gro	ир	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	Y-THIRD	SUBSCRIBER GRO				SUBSCRIBER GROU	JP	
OMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
otal DSEs			0.00	Total DSEs			0.00	
	oup	<b>s</b>	0.00		irth Group		0.00	
Total DSEs Gross Receipts Third Gro	oup	\$		Total DSEs Gross Receipts Fou	rth Group	\$	-	

Name	YSTEM ID# 25206	S				E SYSTEM:		LEGAL NAME OF OWNER  CABLE ONE, INC.
		BER GROUP	SUBSCRI	TE FEES FOR EACH	F BASE RA	COMPUTATION C	BLOCK A:	В
0	IP	SUBSCRIBER GROU	XTY-SIXTH	ii		SUBSCRIBER GRO	KTY-FIFTH	SIX
9 Computatio	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and								
Syndicated								
Exclusivity								
Surcharge								
for								
Partially Distant	····							
Stations	·····		-					
Otations			•					
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roun	Gross Receipts First Gr
	0.00	•	a Oloup	Cross rescipto esser			Гоар	or occurred to the control of
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr
	IP	SUBSCRIBER GROU	Y-EIGHTH	SIX	JP	SUBSCRIBER GRO	SEVENTH	SIXTY-S
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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			<del> </del>		<u> </u>		<mark> </mark>	
	0.00			T / L DOF	0.00			5 4 4 8 9 5
	0.00			Total DSEs	0.00			
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	25206							
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of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00	\$	nd Group	Base Rate Fee Sec	0.00	\$	oup	ase Rate Fee First Gr
	IP	SUBSCRIBER GROU	Y-SECOND	SEVE	UP	SUBSCRIBER GRO	TY-FIRST	SEVEN
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CABLE ONE, INC.	COI CABLI	E SYSTEM:				•	25206	Na
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ase Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
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O Computation DSE of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations  0.00 0.00	BER GROUP SUBSCRIBER GROUF  CALL SIGN  SUBSCRIBER GROUF	DSE DSE	TE FEES FOR EACH SEVEN COMMUNITY/ AREA  CALL SIGN  Total DSEs		COMPUTATION OI SUBSCRIBER GROI		
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	SUBSCRIBER GROUP	EIGHTIETH		JP	SUBSCRIBER GROU	NTY-NINTH	SEVEN
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CABLE ONE, INC.	OF CABLE	E SYSTEM:				•	25206	Na
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ase Rate Fee First Grou	ир	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
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Total DSEs	pup		0.00	Total DSEs	rth Group		0.00	

Computation   DSE   CALL SIGN   DSE   CALL SIGN   DSE   Dase Rate Fee Second Group   S   D.00	EIGHTY-FIFTH SUBSCRIBER GROUP	LEGAL NAME OF OWNER CABLE ONE, INC.	TO OABL	L OTOTEWI.				•	25206	Name
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Computation of Base Rate Fee Second Group \$ 0.00  Set CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE and Computation of Base Rate Fee Second Group \$ 0.00  Set CALL SIGN DSE CA	CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fee First Group \$ 0.00 Gross Receipts First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 CALL SIGN DSE		TY-FIFTH	SUBSCRIBER GRO		†		1 SUBSCRIBER GROU		g
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and syndicates and syndicates are considered as a syndicate and sy	and Syndicate Exclusive Surchary Surcha	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	fortal DSEs  Gross Receipts First Group  Base Rate Fee First Group  EIGHTY-SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  CALL SIGN  DSE  CALL SIG									
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Second Group   Seco	Gross Receipts First Group  Base Rate Fee First Group  Base Rate Fee Second Group  Base Rate Fee Second Group  Base Rate Fee Second Group  Base Rate Fee Second Group  Base Rate Fee Second Group  Base Rate Fee Second Group  COMMUNITY/ AREA  O  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SI				••••					Í
Second Group   Seco	Gross Receipts First Group  Base Rate Fee First Group  Base Rate Fee Second Group  Base Rate Fee Second Group  Base Rate Fee Second Group  Base Rate Fee Second Group  Base Rate Fee Second Group  Base Rate Fee Second Group  COMMUNITY/ AREA  O  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SI									İ
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BHTY-SEVENTH SUBSCRIBER GROUP REA  O  COMMUNITY/ AREA  O  DSE  CALL SIGN  DSE	EIGHTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA  CALL SIGN  DSE  CALL SIGN  DS									ı
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hird Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00		=-1=							1
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LEGAL NAME OF OWN CABLE ONE, INC		LE SYSTEM:				;	25206	Name
	BLOCK A:	COMPUTATION C	OF BASE RA	ATE FEES FOR EAC	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	<b>9</b> Computation
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31088 Neceipis Filsi (	Gloup	\$	0.00	Gloss Receipts Sec	ona Group	\$	0.00	
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
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COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add to Enter here and in bloo			criber group	II as shown in the boxes	above.	\$		

STEM:		SYSTEM ID# 25206 Name
MPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP SCRIBER GROUP NINETY-FOURTH SUBSCRIBER GR		
SCRIBER GROUP NINETY-FOURTH SUBSCRIBER GR  COMMUNITY/ AREA	JURIH SUBSC	0 9
ALL SIGN DSE CALL SIGN DSE CALL SIGN	SE CALI	
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		and
		Syndicat Exclusiv
		Surchar
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		Station
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LEGAL NAME OF OWN		E SYSTEM:					25206	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO		11		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
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Cross recorpts i not	Oroup		0.00	Cross recorpts dec	ona Oroap			
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
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COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
2. 300 . 1000ipio 11iilu	2.04P				Сточр			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

O Computation  OBE OF Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations  0.00 0.00 0.00	BER GROUP SUBSCRIBER GROU  CALL SIGN	D SECOND	TE FEES FOR EAC ONE HUNDRI COMMUNITY/ AREA CALL SIGN		COMPUTATION O SUBSCRIBER GRO  CALL SIGN		
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Computation  DSE of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations  0.00 0.00 0.00	CALL SIGN				CALL SIGN	DSE	
DSE of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations  0.00 0.00 0.00	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
and Syndicated Exclusivity Surcharge for Partially Distant Stations  0.00 0.00							
Syndicated Exclusivity Surcharge for Partially Distant Stations  0.00 0.00							
Exclusivity Surcharge for Partially Distant Stations  0.00 0.00							
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_	\$	nd Group	Base Rate Fee Seco	0.00	\$	roup	Base Rate Fee First G
•	SUBSCRIBER GROU	D FOURTH	ONE HUNDRI	JP	SUBSCRIBER GRO	ED THIRD	ONE HUNDR
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0.00	\$	h Group	Base Rate Fee Fourt	0.00	\$	Group	Base Rate Fee Third G

LEGAL NAME OF OWN CABLE ONE, INC		LE SYSTEM:					25206	Name
	BLOCK A:	COMPUTATION C	OF BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUND	RED FIFTH	SUBSCRIBER GRO	DUP	ONE HUN	IDRED SIXTH	SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-		-				and Syndicated
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Γotal 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	
ONE HUNDRED	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	
		H						
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
	•				•			
Base Rate Fee: Add t Enter here and in bloc			criber group a	as shown in the boxes	above.	\$		

		SYSTEM:				:	25206	Na
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otal DSEs	-		0.00	Total DSEs			0.00	
Bross Receipts First Group	) <u> </u>	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First Group	)	\$	0.00	Base Rate Fee Sec		\$	0.00	
ONE HUNDRED ELEV	/ENTH S	SUBSCRIBER GRO		1		SUBSCRIBER GROU	JP	
OMMUNITY/ AREA			0	COMMUNITY/ ARE			0	
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CABLE ONE, INC.		LE SYSTEM:				,	25206	Name
				TE FEES FOR EAG				
ONE HUNDRED TH	IRTEENTH	SUBSCRIBER GRO		ii ee		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α			Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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								and
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F / 1 DOF			0.00	T / 1 DOF			0.00	
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	
ONE HUNDRED F	IFTEENTH	SUBSCRIBER GRO	)UP	ONE HUNDRED	SIXTEENTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
oredo redesple rima	Огоцр			l cross resorpts rea	ran Oroup			
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
e Rate Fee: Add to			criber group a	as shown in the boxes	above.	\$		

CABLE ONE, INC.	CABLE SYSTEM:					25206	Na
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ONE HUNDRED SEVENTEE	NTH SUBSCRIBER GR		H		H SUBSCRIBER GROUP		ç
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otal DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
noss recoupts i not Group	•		Gross receipts eec	ona Group	¥		
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ase Rate Fee First Group ONE HUNDRED NINTEE	NTH SUBSCRIBER G	•			SUBSCRIBER GRO		
ONE HUNDRED NINTEE	NTH SUBSCRIBER G	•		TWENTIETH	\		
ONE HUNDRED NINTEE		GROUP	ONE HUNDRED	TWENTIETH	\	UP	
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ONE HUNDRED NINTEE OMMUNITY/ AREA		GROUP 0	ONE HUNDRED	TWENTIETH	i SUBSCRIBER GRO	UP <b>0</b>	
ONE HUNDRED NINTEE		GROUP 0	ONE HUNDRED	TWENTIETH	i SUBSCRIBER GRO	UP <b>0</b>	
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COMMUNITY/ AREA		DSE	ONE HUNDRED COMMUNITY/ ARE CALL SIGN	TWENTIETH A DSE	i SUBSCRIBER GRO	DSE	

	25206							
		BER GROUP	SUBSCRI	TE FEES FOR EACI				
9	_	SUBSCRIBER GROUP	TY-SECOND			SUBSCRIBER GROUP		
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EGAL NAME OF OWNER OF CABLE ONE, INC.						25206	Na
	K A: COMPUTATION						
ONE HUNDRED TWENTY-F	IFTH SUBSCRIBER GRO		Ti .		H SUBSCRIBER GROUP		9
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ase Rate Fee First Group	\$ ENTH SUBSCRIBER GRO	<b>'</b>			\$ H SUBSCRIBER GROUF	'	
sase Rate Fee First Group	\$ ENTH SUBSCRIBER GRO	<b>'</b>		ENTY-EIGHTH		'	
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BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP  ONE HUNDRED THIRTY-THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  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  COMMUNITY/ AREA  DO  COMMUNITY/ AREA  COMMUNITY/ AREA  COMMUNITY/ AREA  COMMUNITY/ AREA  CALL SIGN  DSE  CALL SIGN  D	O Computa O DSE of Base Rate and
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Total DSEs  One Hundred Thirty-Fifth Subscriber Group  One Hundred Thirty-Fifth Subscriber Group  Community/ AREA  One Hundred Thirty-Fifth Subscriber Group  Community/ AREA  One Hundred Thirty-Fifth Subscriber Group  Community/ AREA  One Hundred Thirty-Sixth Subscriber Group  Community/ AREA	DSE of Base Rate
Total DSEs  Total DSEs  Total DSEs  Gross Receipts First Group  Sase Rate Fee First Group  Sase Rate Fee First Group  Source  Source  Sase Rate Fee Second Group  Source  Sour	Base Rate
Gross Receipts First Group  \$ 0.00  Gross Receipts Second Group  \$ 0.00  Base Rate Fee Second Group  \$ ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP  COMMUNITY/ AREA  COMMUNITY/ AREA	and
ase Rate Fee First Group  \$ 0.00  Gross Receipts Second Group  \$ 0.00  Base Rate Fee Second Group  \$ 0.00  ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP  OMMUNITY/ AREA  0 COMMUNITY/ AREA	
ase Rate Fee First Group  \$ 0.00  Gross Receipts Second Group  \$ 0.00  Base Rate Fee Second Group  \$ 0.00  ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP  OMMUNITY/ AREA  0 COMMUNITY/ AREA	Syndicat
ross Receipts First Group \$ 0.00 Gross Receipts Second Group \$  ase Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$  ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP OMMUNITY/ AREA 0 COMMUNITY/ AREA	Exclusiv
ross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ ase Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP OMMUNITY/ AREA 0 COMMUNITY/ AREA	Surchar
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Gross Receipts First Group  \$ 0.00  Gross Receipts Second Group  \$ 0.00  Base Rate Fee Second Group  \$ 0.00  ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP  COMMUNITY/ AREA  0  COMMUNITY/ AREA	
Gross Receipts First Group  \$ 0.00  Gross Receipts Second Group  \$ 0.00  Base Rate Fee Second Group  \$ 0.00  ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP  OMMUNITY/ AREA  0  COMMUNITY/ AREA	
Sase Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$  ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP  COMMUNITY/ AREA  0 COMMUNITY/ AREA	0.00
ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP OMMUNITY/ AREA  O  COMMUNITY/ AREA	0.00
ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP OMMUNITY/ AREA  O  COMMUNITY/ AREA	
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OMMUNITY/ AREA O COMMUNITY/ AREA	
	0
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	DSE
otal DSEsTotal DSEs	
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$	0.00
	0.00
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$	

ONE HUNDRED THIRTY-S		COMPLITATION C						
	SEVENTH			ATE FEES FOR EAC		RIBER GROUP	)	
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CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								Syndicate
								Exclusivit
								Surcharg for
								Partially
								Distant
								Stations
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	up	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Gro		\$	0.00	Base Rate Fee Sec		\$	0.00	
ONE HUNDRED THIRT	Y-NINTH	SUBSCRIBER GRO	)UP 0	II		1 SUBSCRIBER GROU	JP <b>0</b>	
OMMUNITY/ AREA			U	COMMUNITY/ ARE	ч			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
				-				
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gro	oup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
,	•	<u>·</u>			- <del></del> r-	-		
	oup		0.00	Base Rate Fee Fou	rth Group	\$	0.00	

CABLE ONE, INC.	ABLE SYSTEM:				`	25206	Naı
	A: COMPUTATION (						
ONE HUNDRED FORTY-FII	RST SUBSCRIBER GROU	JP <b>0</b>	ONE HUNDRED FO		SUBSCRIBER GROUP	0	9
			COMMONT IT AIRE	······································			Compu
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	0
							Base Ra an
							Syndic
							Exclus
							Surch
							for
							Partia Dista
							Statio
otal DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
	·		<b>"</b>				
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ase Rate Fee First Group ONE HUNDRED FORTY-TH	IRD SUBSCRIBER GROU	<b>'</b>			\$ SUBSCRIBER GROUP		
ONE HUNDRED FORTY-TH	RD SUBSCRIBER GROU	<b>'</b>		RTY-FOURTH			
ONE HUNDRED FORTY-TH		JP	ONE HUNDRED FO	RTY-FOURTH		) )	
ONE HUNDRED FORTY-TH	П	JP <b>0</b>	ONE HUNDRED FO	PRTY-FOURTH	H SUBSCRIBER GROUF	0	
ONE HUNDRED FORTY-TH	П	JP <b>0</b>	ONE HUNDRED FO	PRTY-FOURTH	H SUBSCRIBER GROUF	0	
ONE HUNDRED FORTY-TH	П	JP <b>0</b>	ONE HUNDRED FO	PRTY-FOURTH	H SUBSCRIBER GROUF	0	
ONE HUNDRED FORTY-TH	П	JP <b>0</b>	ONE HUNDRED FO	PRTY-FOURTH	H SUBSCRIBER GROUF	0	
ONE HUNDRED FORTY-TH	П	JP <b>0</b>	ONE HUNDRED FO	PRTY-FOURTH	H SUBSCRIBER GROUF	0	
ONE HUNDRED FORTY-TH	П	JP <b>0</b>	ONE HUNDRED FO	PRTY-FOURTH	H SUBSCRIBER GROUF	0	
ONE HUNDRED FORTY-TH	П	JP <b>0</b>	ONE HUNDRED FO	PRTY-FOURTH	H SUBSCRIBER GROUF	0	
OMMUNITY/ AREA	П	JP <b>0</b>	ONE HUNDRED FO	PRTY-FOURTH	H SUBSCRIBER GROUF	0	
ONE HUNDRED FORTY-TH	П	JP <b>0</b>	ONE HUNDRED FO	PRTY-FOURTH	H SUBSCRIBER GROUF	0	
ONE HUNDRED FORTY-TH	П	JP <b>0</b>	ONE HUNDRED FO	PRTY-FOURTH	H SUBSCRIBER GROUF	0	
ONE HUNDRED FORTY-TH	П	JP <b>0</b>	ONE HUNDRED FO	PRTY-FOURTH	H SUBSCRIBER GROUF	0	
ONE HUNDRED FORTY-TH	П	JP <b>0</b>	ONE HUNDRED FO	PRTY-FOURTH	H SUBSCRIBER GROUF	0	
ONE HUNDRED FORTY-TH	П	JP <b>0</b>	ONE HUNDRED FO	PRTY-FOURTH	H SUBSCRIBER GROUF	0	
ONE HUNDRED FORTY-THE COMMUNITY/ AREA  CALL SIGN  DSE  Otal DSEs	E CALL SIGN	DSE  DSE	ONE HUNDRED FO	DRTY-FOURTH	CALL SIGN	0 DSE	
ONE HUNDRED FORTY-THE COMMUNITY/ AREA  CALL SIGN  DSI	П	DSE	ONE HUNDRED FO	DRTY-FOURTH	H SUBSCRIBER GROUF	DSE	

CABLE ONE, INC.	CABLE SYSTEM:				`	25206	
	( A: COMPUTATION (		ATE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
ONE HUNDRED FORTY-FI	FTH SUBSCRIBER GROU		TI .		SUBSCRIBER GROUP		
COMMUNITY/ AREA		0	COMMUNITY/ ARE	4	0		
CALL SIGN DS	E CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		0.00				0.00	
otal DSEs		0.00	Total DSEs		-	0.00	
ross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First Group	c	0.00				0.00	
	ā	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
·	NTH SUBSCRIBER GROU	<u>'</u>			SUBSCRIBER GROUF	•	
ONE HUNDRED FORTY-SEVE	NTH SUBSCRIBER GROU	<u>'</u>		ORTY-EIGHTH		•	
OME HUNDRED FORTY-SEVE		JP	ONE HUNDRED F	ORTY-EIGHTH		D .	
ONE HUNDRED FORTY-SEVE		JP <b>0</b>	ONE HUNDRED F	ORTY-EIGHTH	SUBSCRIBER GROUF	0	
NE HUNDRED FORTY-SEVE		JP <b>0</b>	ONE HUNDRED F	ORTY-EIGHTH	SUBSCRIBER GROUF	0	
ONE HUNDRED FORTY-SEVE		JP <b>0</b>	ONE HUNDRED F	ORTY-EIGHTH	SUBSCRIBER GROUF	0	
OME HUNDRED FORTY-SEVE		JP <b>0</b>	ONE HUNDRED F	ORTY-EIGHTH	SUBSCRIBER GROUF	0	
OME HUNDRED FORTY-SEVE		JP <b>0</b>	ONE HUNDRED F	ORTY-EIGHTH	SUBSCRIBER GROUF	0	
OME HUNDRED FORTY-SEVE		JP <b>0</b>	ONE HUNDRED F	ORTY-EIGHTH	SUBSCRIBER GROUF	0	
OME HUNDRED FORTY-SEVE		JP <b>0</b>	ONE HUNDRED F	ORTY-EIGHTH	SUBSCRIBER GROUF	0	
OME HUNDRED FORTY-SEVE		JP <b>0</b>	ONE HUNDRED F	ORTY-EIGHTH	SUBSCRIBER GROUF	0	
ONE HUNDRED FORTY-SEVE		JP <b>0</b>	ONE HUNDRED F	ORTY-EIGHTH	SUBSCRIBER GROUF	0	
ONE HUNDRED FORTY-SEVE		JP <b>0</b>	ONE HUNDRED F	ORTY-EIGHTH	SUBSCRIBER GROUF	0	
ONE HUNDRED FORTY-SEVE		JP <b>0</b>	ONE HUNDRED F	ORTY-EIGHTH	SUBSCRIBER GROUF	0	
ONE HUNDRED FORTY-SEVE		JP <b>0</b>	ONE HUNDRED F	ORTY-EIGHTH	SUBSCRIBER GROUF	0	
CALL SIGN DS		JP <b>0</b>	ONE HUNDRED F	ORTY-EIGHTH	SUBSCRIBER GROUF	0	
CALL SIGN DS	E CALL SIGN	DSE  DSE	ONE HUNDRED F COMMUNITY/ ARE.  CALL SIGN  Total DSEs	DSE	CALL SIGN	0 DSE DSE DSE DSE DSE DSE DSE DSE DSE DSE	
ONE HUNDRED FORTY-SEVE		DSE	ONE HUNDRED F COMMUNITY/ ARE.	DSE	SUBSCRIBER GROUF	DSE	

## Nonpermitted 3.75 Stations

LEGAL NAME OF OWN CABLE ONE, INC		E SYSTEM:				,	25206	Name
				TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED FOR	RTY-NINTH	SUBSCRIBER GRO	UP	ONE HUNDF	ED FIFTIETH	I SUBSCRIBER GRO	UP	^
COMMUNITY/ AREA		0		COMMUNITY/ ARE	0	9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-		-				Base Rate Fee
		-		-				Syndicated
								Exclusivity
								Surcharge
								for
	<u></u>			-				Partially
		-		-				Distant Stations
		-		-				Stations
							2.22	
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 G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FI	FTY-FIRST	SUBSCRIBER GRO	UP	ONE HUNDRED FII	TY-SECOND	SUBSCRIBER GRO	UP	
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		-11	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 bloc			criber group	as shown in the boxes	above.	\$		

WNER OF CABLE SYSTEM: NC.	SYSTEM ID# 25206	Nan	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP			
O FIFTY-THIRD SUBSCRIBER GROUP  ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP		9	
EA COMMUNITY/ AREA	0		
DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN	DSE	Computa of	
		Base Rat	
		and	
		Syndica	
		Exclusi Surcha	
		for	
		Partia	
		Dista	
		Statio	
	0.00		
st Group \$ 0.00 Gross Receipts Second Group \$	0.00		
st Group \$ 0.00 Base Rate Fee Second Group \$	0.00		
St. Group State 1 66 Second Group	0.00		
D FIFTY-FIFTH SUBSCRIBER GROUP  ONE HUNDRED FIFTY-SIXTH SUBSCRIBER GR	<b>"</b> !		
	<b>"</b> !		
D FIFTY-FIFTH SUBSCRIBER GROUP ONE HUNDRED FIFTY-SIXTH SUBSCRIBER GR	OUP		
D FIFTY-FIFTH SUBSCRIBER GROUP  EA  O  COMMUNITY/ AREA	OUP <b>0</b>		
D FIFTY-FIFTH SUBSCRIBER GROUP  EA  O  COMMUNITY/ AREA	OUP <b>0</b>		
D FIFTY-FIFTH SUBSCRIBER GROUP  EA  O  COMMUNITY/ AREA	OUP <b>0</b>		
D FIFTY-FIFTH SUBSCRIBER GROUP  EA  O  COMMUNITY/ AREA	OUP <b>0</b>		
D FIFTY-FIFTH SUBSCRIBER GROUP  EA  O  COMMUNITY/ AREA	OUP <b>0</b>		
D FIFTY-FIFTH SUBSCRIBER GROUP  EA  O  COMMUNITY/ AREA	OUP <b>0</b>		
D FIFTY-FIFTH SUBSCRIBER GROUP  EA  O  COMMUNITY/ AREA	OUP <b>0</b>		
D FIFTY-FIFTH SUBSCRIBER GROUP  EA  O  COMMUNITY/ AREA	OUP <b>0</b>		
D FIFTY-FIFTH SUBSCRIBER GROUP  EA  O  COMMUNITY/ AREA	OUP <b>0</b>		
D FIFTY-FIFTH SUBSCRIBER GROUP  EA  O  COMMUNITY/ AREA	OUP <b>0</b>		
D FIFTY-FIFTH SUBSCRIBER GROUP  EA  O  COMMUNITY/ AREA	OUP <b>0</b>		
D FIFTY-FIFTH SUBSCRIBER GROUP  EA  O  COMMUNITY/ AREA	OUP <b>0</b>		
D FIFTY-FIFTH SUBSCRIBER GROUP  EA  O  COMMUNITY/ AREA	OUP <b>0</b>		
D FIFTY-FIFTH SUBSCRIBER GROUP  EA  DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN  DSE CALL SIGN DSE CALL SIGN  DSE CALL SIGN DSE CALL SIGN  DSE	OUP  DSE  OUD  DOSE  OUD  OUD  OUD  OUD  OUD  OUD  OUD  OU		
D FIFTY-FIFTH SUBSCRIBER GROUP  EA  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	OUP  OUP  DSE		

25206						
		11		COMPUTATION O		
SUBSCRIBER GROUP  0	FTY-EIGHTH		0	SUBSCRIBER GROUP	-SEVENTH	ONE HUNDRED FIFTY
		COMMUNITY/ ARE	U			COMMUNITY/ AREA
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:						
			<u> </u>			
· · · · · · · · · · · · · · · · · · ·						
0.00		Total DSEs	0.00			otal DSEs
\$ 0.00	nd Group	Gross Receipts Sec	0.00	\$	oup	Fross Receipts First Gr
<u> </u>						
\$ 0.00	nd Group	Base Rate Fee Sec	0.00	\$	oup	a <b>se Rate Fee</b> First Gr
				\$ SUBSCRIBER GRO		Base Rate Fee First Gr
\$ 0.00				\$ SUBSCRIBER GRO		ONE HUNDRED FIF
\$ 0.00		ONE HUNDF	JP	\$ SUBSCRIBER GRO		ONE HUNDRED FIF
\$ 0.00		ONE HUNDF	JP	SUBSCRIBER GRO		ONE HUNDRED FIF
\$ 0.00  SUBSCRIBER GROUP	D SIXTIETH	ONE HUNDF	UP <b>0</b>		TY-NINTH	ONE HUNDRED FIF
\$ 0.00  SUBSCRIBER GROUP	D SIXTIETH	ONE HUNDF	UP <b>0</b>		TY-NINTH	ONE HUNDRED FIF
\$ 0.00  SUBSCRIBER GROUP	D SIXTIETH	ONE HUNDF	UP <b>0</b>		TY-NINTH	ONE HUNDRED FIF
\$ 0.00  SUBSCRIBER GROUP	D SIXTIETH	ONE HUNDF	UP <b>0</b>		TY-NINTH	ONE HUNDRED FIF
\$ 0.00  SUBSCRIBER GROUP	D SIXTIETH	ONE HUNDF	UP <b>0</b>		TY-NINTH	ONE HUNDRED FIF
\$ 0.00  SUBSCRIBER GROUP	D SIXTIETH	ONE HUNDF	UP <b>0</b>		TY-NINTH	ONE HUNDRED FIF
\$ 0.00  SUBSCRIBER GROUP	D SIXTIETH	ONE HUNDF	UP <b>0</b>		TY-NINTH	ONE HUNDRED FIF
\$ 0.00  SUBSCRIBER GROUP	D SIXTIETH	ONE HUNDF	UP <b>0</b>		TY-NINTH	ONE HUNDRED FIF
\$ 0.00  SUBSCRIBER GROUP	D SIXTIETH	ONE HUNDF	UP <b>0</b>		TY-NINTH	ONE HUNDRED FIF
\$ 0.00  SUBSCRIBER GROUP	D SIXTIETH	ONE HUNDF	UP <b>0</b>		TY-NINTH	ONE HUNDRED FIF
\$ 0.00  SUBSCRIBER GROUP	D SIXTIETH	ONE HUNDF	UP <b>0</b>		TY-NINTH	ONE HUNDRED FIF
\$ 0.00  SUBSCRIBER GROUP	D SIXTIETH	ONE HUNDF	UP <b>0</b>		TY-NINTH	ONE HUNDRED FIF
\$ 0.00  SUBSCRIBER GROUP	D SIXTIETH	ONE HUNDF	UP <b>0</b>		TY-NINTH	ONE HUNDRED FIF
\$ 0.00  SUBSCRIBER GROUP	D SIXTIETH	ONE HUNDF	UP <b>0</b>		TY-NINTH	ONE HUNDRED FIF
SUBSCRIBER GROUP  CALL SIGN  DSE	D SIXTIETH	ONE HUNDF COMMUNITY/ ARE CALL SIGN	DSE		TY-NINTH	ONE HUNDRED FIF
\$ 0.00  SUBSCRIBER GROUP  CALL SIGN DSE  0.00	DSE	ONE HUNDE COMMUNITY/ ARE CALL SIGN  Total DSEs	DSE DSE O.00		TY-NINTH  DSE	ONE HUNDRED FIF
SUBSCRIBER GROUP  CALL SIGN  DSE	DSE	ONE HUNDF COMMUNITY/ ARE CALL SIGN	DSE		TY-NINTH  DSE	ONE HUNDRED FIF
\$ 0.00  SUBSCRIBER GROUP  CALL SIGN DSE  0.00	DSE	ONE HUNDE COMMUNITY/ ARE CALL SIGN  Total DSEs	DSE DSE O.00	CALL SIGN	TY-NINTH  DSE	COMMUNITY/ AREA
\$ 0.00  SUBSCRIBER GROUP  CALL SIGN DSE  0.00	DSE	ONE HUNDE COMMUNITY/ ARE CALL SIGN  Total DSEs	DSE DSE O.00	CALL SIGN	TY-NINTH  DSE	ONE HUNDRED FIF

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE. INC. 25206 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 of Base Rate Fee INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of 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 vour 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 SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY **SURCHARGE** SURCHARGE First Group . . . . . . . . . . . . . . . . Second Group . . . . . . . . . . . . . . . THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 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 Fourth Group . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

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