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

Return completed workbook by email to:

### 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				
8/25/23	\$ ALLOCATION NUMBER				

### coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:							
Accounting	2023/1							
Period								
B Owner	Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpote title of the subsidiary, not that of the parent corporation.  List any other name or names under which the owner conducts the business of the cable system.  If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit single statement of account and royalty fee payment covering the entire accounting period.  Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.							
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
	D&P Cable, Inc.							
				04022320231				
				040223 2023/1				
	4200 Teal Road							
	Petersburg, MI 49270							
С	INSTRUCTIONS: In line 1, give any business or trade names used to i							
	names already appear in space B. In line 2, give the mailing address o	t the system, if dif	ferent from the address giv	en in space B.				
System	1 IDENTIFICATION OF CABLE SYSTEM:							
	MAILING ADDRESS OF CABLE SYSTEM:							
	2 (Number, street, rural route, apartment, or suite number)							
	(City, town, state, zip code)							
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst com	munity served helow and re	elist on nage 1h				
Area	with all communities.	only the list com	munity served below and re	nist on page 16				
Served	CITY OR TOWN	STATE						
First	Petersburg MI							
Community	Below is a sample for reporting communities if you report multiple ch	annel line-ups in S	Space G.					
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#				
Sample	Alda	MD	A -	1				
•	Alliance	MD	В	2				
	Gering	MD	В	3				

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.

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:					
Accounting	2023/1	(enter four digit year and /1 (for Jan-Jun period) or /2 (for Jul-Dec period) No spaces)				
Period						

			_						
	INSTR	UCTIONS:							
В	Give	Give the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full							
Owner	corporate title of the subsidiary, not that of the parent corporation.								
	In line	2, list any other names under which the owner conducts the business of the cable system.							
	If the	re were different owners during the accounting period, only the owner on the last day of the accounting period should submit							
	a sing	gle statement of account and royalty fee payment covering the entire accounting period.	BARCODE DAT						
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	Filing Period						
	1	LEGAL NAME OF OWNER OF CABLE SYSTEM:	040						
		D&P Cable, Inc.							
	2	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):							
	3	MAILING ADDRESS OF OWNER OF CABLE SYSTEM:							
	4200 Teal Road								
	(Number, street, rural route, apartment, or suite number)								
		Petersburg, MI 49270							
		(City, town, state, zip)							
	INSTR	UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these							
_	names	already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.							
С									
System	1	IDENTIFICATION OF CABLE SYSTEM:							
		MAILING ADDRESS OF CABLE SYSTEM:							
	2	(Number, street, rural route, apartment, or suite number)							
		(City, town, state, zig code)							

	_	III/IEI/O ABBILEOO OI GABEE O	TOTEM.				
	2	(Number, street, rural route, apartment, or	r suite number)				
		(City, town, state, zip code)					
_		BLOC			•		
E		CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE			
Secondary		dential:	SUBSCRIBERS	KAIE			
Transmission		Service to first set	1,098	30.00			
Service: Sub-		Service to additional set(s)					
scribers and		FM radio (if separate rate)					
Rates		l, hotel mercial	2	367.00			
	Conv	erter					
		Residential					
		Non-residential					
					]		
				BLOCK 1			
F		GORY OF SERVICE	RATE	CATEGORY OF		RATE	
Г	Cont	inuing Services: Pay cable	3.99	Installation: No	on-residential  • Motel, hotel		
Services		Pay cable—add'l channel	5.99		Motel, notel    Commercial		
Other Than		Fire protection			Pay cable		
Secondary		Burglar protection			Pay cable-add'l channel		
Transmissions: Rates	Insta	Ilation: Residential  • First set	50.00		Fire protection     Burglar protection		
rai@S		Additional set(s)	50.00	Other services			
		FM radio (if separate rate)		1	Reconnect	85.00	
		Converter			Disconnect		
					Outlet relocation     Move to new address	40.00 25.00	
	С	HANNELS					
M	Ir	structions: You must give (	1) the number of	channels on wh	nich the cable system carrie	d television broadca	ast stations
	to	its subscribers and (2) the o	able system's total	al number of ac	ctivated channels, during the	accounting period	•
Channels						г	
	1.	Enter the total number of ch					56
		system carried television b	roadcast stations				
	_	Fatandha tatal assarban af an					
	2	Enter the total number of ac		h	N	1	
		on which the cable system					325
		and nonbroadcast services	*				
		IDIVIDUAL TO BE CONTAC	TED IE EUDTUE	D INFORMATION	ON IS NEEDED. (Identify or	in dividual	
N		e can contact about this state			OR IS NEEDED. (Identity at	ı murviuudl	
Individual to	"			•			
Be Contacted							
for Further		Name	Jessica Weri	ner		Telephone	734-279-5509
Information		Address	4200 Teal Ro	ad			
		, 1001 000			oute, apartment, or suite numbe	r)	
			Petersburg, I				
			(City,	town, state, zip)			
		Email (optional)	jessica.wern	er@d-pcom	m.com	Fax (optional	
		(,	4	- Addin Francisco		(	
	CEP	FIEICATION (This states	of account must	an nortifed as d	cianod in accordance with	Converight Office	ulations \
0	Signa	FIFICATION (This statement ature Space O – this form will ture by typing "/s/" followed by	l be submitted wit	h an electronic	"/s/" signature (e.g., /s/Joh	n Smith). Do not f	
Certification	Signa	by typing /a/ lollowed t	, journame ill li	arginature DO	space o or ran page o	, opacc w=0 .	
				Toward and it	ded arms. In the	Mannen	
				Typed or prin	nted name: Jessica	vverner	
				Title:	Assistant Secretary		
					(Title of official position he	ld in corporation or par	tnership)
	ı			Date:	August 24, 2023		

U.S. Copyright Office

Total Gross Receipts \$ 707,310.23

)K

**Subgroup Gross Receipts Total** 

\$ 707,310.23

Subgroup		Subgroup/Community Name	(	Gross Receipts
FIRST	1	Blsfld Twsp & Vlg, Palmy Riga	\$	168,718.65
SECOND	2	All Other Communities	\$	471,632.43
THIRD	3	Hudson	\$	35,216.55
FOURTH	4	Morenci, Seneca Township	\$	31,742.60
FIFTH	5			
SIXTH	6			
SEVENTH	7			
EIGHTH	8			
NINTH	9			
TENTH	10			
ELEVENTH	11			
TWELVTH	12			
THIRTEENTH	13			
FOURTEENTH	14			
FIFTEENTH	15			
SIXTEENTH	16			
SEVENTEENTH	17			
EIGHTEENTH	18			
NINTEENTH	19			
TWENTIETH	20			
TWENTY-FIRST	21			
TWENTY-SECOND	22			
TWENTY-THIRD	23			
TWENTY-FOURTH	24			
TWENTY-FIFTH	25			
TWENTY-SIXTH	26			
TWENTY-SEVENTH	27			

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#						
D&P Cable, Inc.			040223			
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.						
<b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile hombelow the identified city or town.	e parks should be	e reported in parei	ntheses			
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 re	e column blank. If	you report any st	ations			
designated by a number (based on your reporting from Part 9).  When reporting the carriage of television broadcast stations on a community-by-commu	nity basis, associa	ate each communi	ity with a			
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 b		ip designated by a	number			
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	-		
Petersburg	MI		2	First		
Blissfield Township	MI		1	Community		
City of Adrian	MI		2			
City of Hudson	MI		3			
City of Morenci	MI		4			
City of Tecumseh  Deerfield Township	MI MI		1	See instructions for additional information		
Dundee Township	MI		2	on alphabetization.		
Ida Township	MI		2			
Macon Township	MI		1			
Palmyra Township	MI		1			
Ridgeway Township	MI		2	Add rows as necessary.		
Riga Township	MI		1			
Seneca Township	MI		4			
Summerfield Township	MI		2			
Tecumseh Towhship	MI		2			
Whiteford Township	MI		2			
Village of Blissfield	MI		1			
Village of Britton	MI		2			
Village of Clinton	MI		1			
Village of Deerfield	MI		11			
Village of Dundee	MI		2			

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

D&P Cable, Inc.

SYSTEM ID#

040223

# 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.

RATE
40.00
13.00
-

# F

### Services Other Than Secondary Transmissions: Rates

### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

BLOCK 1					BLOCK 2			
CATEGORY OF SERVICE	R	ATE	CATEGORY OF SERVICE	F	RATE	CATEGORY OF SERVICE	=	RATE
Continuing Services:			Installation: Non-residential					
• Pay cable	\$	3.99	Motel, hotel			НВО	\$	15.00
<ul> <li>Pay cable—add'l channel</li> </ul>	[		Commercial			Showtime/TMC	\$	10.95
Fire protection	[		Pay cable			Cinemax	\$	12.00
<ul> <li>Burglar protection</li> </ul>	[		<ul> <li>Pay cable-add'l channel</li> </ul>			Starz/Encore	\$	12.00
Installation: Residential	[		Fire protection			1st HD Box Rental	\$	9.95
• First set	\$	50.00	Burglar protection			2nd HD Box Rental	\$	9.95
<ul> <li>Additional set(s)</li> </ul>	[		Other services:			1st HD/DVR Box Rental	\$	9.95
<ul> <li>FM radio (if separate rate)</li> </ul>			Reconnect	\$	85.00	2nd HD/DVR Box Rental	\$	9.95
Converter	[		Disconnect			HBO Hotels per room	\$	5.00
			Outlet relocation	\$	40.00			
			<ul> <li>Move to new address</li> </ul>	\$	25.00		T	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 040223 D & P Cable, Inc. Len FP SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES E 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 Secondary about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the Transmission last day of the accounting period (June 30 or December 31, as the case may be). Service: Sub-Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken scribers and 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 Rates 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. BLOCK 1 BLOCK 2 NO OF NO OF CATEGORY OF SERVICE SUBSCRIBERS RATE CATEGORY OF SERVICE SUBSCRIBERS RATE Residential: · Service to first set 613 \$ 24.00 Foundation Plus 613 36.00 Variety 1 59 · Service to additional set(s) 24.95 • FM radio (if separate rate) Variety 2 46 19.95 Motel, hotel 613 **HDTV** Commercial Converter Residential Non-residential 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 F 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 Services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the Other Than amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, Secondary 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. Transmissions: **Block 2:** List any services that your cable system furnished or offered during the accounting period that were not Rates listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each BLOCK 1 BLOCK 2 CATEGORY OF SERVICE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE RATE Continuing Services: Installation: Non-residential HRO Pav cable 3.99 Motel hotel 16.00 • Pav cable—add'l channel Commercial Showtime/TMC 10.95 13.00 · Fire protection Pav cable Cinemax •Burglar protection • Pay cable-add'l channel Starz/Encore \$ 13.00 • Fire protection 1st HD Box Rental Installation: Residential \$ 9.95 50.00 Burglar protection 2nd HD Box Rental \$ 9.95 · Additional set(s) Other services: 1st HD/DVR Box Rental 9.95 • FM radio (if separate rate) Reconnect 2nd HD/DVR Box Rental 85.00 9.95

Disconnect

Outlet relocation

· Move to new address

**HBO Hotels per room** 

40.00

25.00

\$

5.00

Converter

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 040223 D & P Cable, Inc. Mon FP SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES E 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 Secondary about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the Transmission last day of the accounting period (June 30 or December 31, as the case may be). Service: Sub-Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken scribers and 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 Rates 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. BLOCK 1 BLOCK 2 NO OF NO OF CATEGORY OF SERVICE SUBSCRIBERS RATE CATEGORY OF SERVICE SUBSCRIBERS RATE Residential: · Service to first set 183 \$ Foundation Plus 183 36.00 24.00 Variety 1 24 · Service to additional set(s) 24.95 • FM radio (if separate rate) Variety 2 14 19.95 Motel, hotel 183 **HDTV** Commercial Converter Residential Non-residential 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 F 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 Services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the Other Than amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, Secondary 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. Transmissions: **Block 2:** List any services that your cable system furnished or offered during the accounting period that were not Rates listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each BLOCK 1 BLOCK 2 CATEGORY OF SERVICE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE RATE Continuing Services: Installation: Non-residential HRO Pav cable 3.99 Motel hotel 15.00 • Pav cable—add'l channel Commercial Showtime/TMC 12.00 12.00 · Fire protection Pav cable Cinemax •Burglar protection • Pay cable-add'l channel Starz/Encore \$ 12.00 • Fire protection 1st HD Box Rental Installation: Residential \$ 9.95 50.00 Burglar protection 2nd HD Box Rental \$ 9.95 · Additional set(s) Other services: 1st HD/DVR Box Rental 9.95 • FM radio (if separate rate) Reconnect 2nd HD/DVR Box Rental 85.00 9.95

Disconnect

Outlet relocation

· Move to new address

**HBO Hotels per room** 

40.00

25.00

\$

5.00

Converter

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:					
Name	D & P Cable, Inc.	Len Reg				
		_				

## E

Secondary Transmission Service: Subscribers and Rates

### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**In General:** The information in space E should cover all categories of secondary system, that is, the retransmission of television and radio broadcasts by your syst about other services (including pay cable) in space F, not here. All the facts you s 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 subscri down by categories of secondary transmission service. In general, you can compleach category by counting the number of billings in that category (the number of preseparately for the particular service at the rate indicated—not the number of sets

**Rate:** Give the standard rate charged for each category of service. Include both unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard 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 secor systems most commonly provide to their subscribers. Give the number of subscrithat applies to your system. **Note:** Where an individual or organization is receiving categories, that person or entity should be counted as a subscriber in each applic subscriber who pays extra for cable service to additional sets would be included in 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 so printed in block 1 (for example, tiers of services that include one or more secondary with the number of subscribers and rates, in the right-hand block. A two- or three-sufficient.

BLOCK 1					
	NO. OF				
CATEGORY OF SERVICE	SUBSCRIBERS		RATE		CATE
Residential:					
<ul> <li>Service to first set</li> </ul>	2,185	\$	30.00		Expanded
<ul> <li>Service to additional set(s)</li> </ul>					Digital Se
<ul> <li>FM radio (if separate rate)</li> </ul>					HDTV
Motel, hotel	7	\$	367.00		
Commercial					
Converter					
Residential					
Non-residential					

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 y not covered in space E, that is, those services that are not offered in combination service for a single fee. There are two exceptions: you do not need to give rate informished at cost or (2) services or facilities furnished to nonsubscribers. Rate informished at cost or the charge and the unit in which it is usually billed. If any rates are chargenter only the letters "PP" in the rate column.

**Block 1:** Give the standard rate charged by the cable system for each of the ap **Block 2:** List any services that your cable system furnished or offered during the

listed in block 1 and for which a separate charge was made or established. List th brief (two- or three-word) description and include the rate for each.

	BLOCK 1							
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE						
Continuing Services:		Installation: Non-residential						
• Pay cable	\$ 3.99	Motel, hotel						
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial						
Fire protection		• Pay cable						
•Burglar protection		Pay cable-add'l channel						
Installation: Residential		Fire protection						
• First set	\$ 50.00	Burglar protection						
<ul> <li>Additional set(s)</li> </ul>		Other services:						
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect						
<ul> <li>Converter</li> </ul>		Disconnect						
		Outlet relocation						
		Move to new address						

# SYSTEM ID# 040223

transmission service of the cable em to subscribers. Give information tate must be those existing on the

bers to the cable system, broken ute the number of subscribers in persons or organizations charged receiving service).

I the amount of the charge and the rate variations within a particular rate

ndary transmission service that cable bers and rate for each listed category g service that falls under different able category. Example: a residential n the count under "Service to the

ervice that are different from those ary transmissions), list them, together word description of the service is

BLOCK 2						
	NO. OF					
GORY OF SERVICE	SUBSCRIBERS		RATE			
d Service	1,978	\$	40.00			
rvice	492	\$	13.00			
	2,185	\$	-			
	***************************************					
	***************************************		***************************************			
	***************************************		***************************************			
***************************************	***************************************					

your cable system's services that were with any secondary transmission formation concerning (1) services ormation should include both the ged on a variable per-program basis,

oplicable services listed.
e accounting period that were not

### iese other services in the form of a

	BLOCK 2					
RATE	CATEGORY OF SERVICE	I	RATE			
	НВО	\$	15.00			
	Showtime/TMC	\$	12.00			
	Cinemax	\$	12.00			
	Starz/Encore	\$	12.00			
	1st HD Box Rental	\$	9.95			
	2nd HD Box Rental	\$	9.95			
	1st HD/DVR Box Rental	\$	9.95			
\$ 85.00	2nd HD/DVR Box Rental	\$	9.95			
	HBO Hotels per room	\$	5.00			
\$ 40.00						
\$ 25.00						
		.,				

LEGAL NAME OF OWN	ER OF CARLE SV	STEM:			SYSTEM ID#	
D&P Cable, Inc		STEIWI.			040223	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 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 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 specife 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 inducate). 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						
	Canadian statio	ns, if any, give	the name of the	e community with	to which the station is licensed by the which the station is identifed.	
	T	CHANN	EL LINE-UP	*carried i	n local area	
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	
CBET	9	I			Windsor, ONT	
WDIV	45	N-M			Detroit, MI	See instructions for
WDIV-HD	45.1	N			Detroit, MI	additional information
WDIV-ThisTV	45.2	I-M			Detroit, MI	on alphabetization.
WDIV-MeTV	45.3	I-M			Detroit, MI	
WGTE	29	E-M			Toledo, OH	
WGTE-HD	29.1	E			Toledo, OH	
WGTE Create	29.2	E-M			Toledo, OH	
WGTE Kids	29.3	E-M			Toledo, OH	
WJBK	58	I-M			Detroit, MI	
WJBK-HD	58.1	I			Detroit, MI	
WJBK Movies	58.2	I-M			Detroit, MI	
WJBK BUZZR	58.3	I-M			Detroit, MI	
WJBK H&I	58.4	I-M			Detroit, MI	
WKBD	14	N			Toledo, OH	
WKBD-HD	14.1	N-M			Toledo, OH	
WLMB	5	I-M			Toledo, OH	
WLMB-HD	5.1	l			Toledo, OH	

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	N
D&P Cable, Inc.	040223	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.

			•	<u> </u>	<u>'</u>
	CHANNEL LINE-UP			Continued	
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
WLMB-2	5.2	I-M			Toledo, OH
WMYD*	21.1	I-M			Detroit, MI
WMYD-HD*	21	I			Detroit, MI
WMYD-Antenna*	21.2	I-M			Detroit, MI
WMYD-Escape*	21.3	I-M			Detroit, MI
WNWO	49	N-M			Toledo, OH
WNWO-HD	49.1	N			Toledo, OH
WNWO-AS	49.2	I-M			Toledo, OH
WNWO-CT	49.3	I-M			Toledo, OH
WNWO-TBD	49.4	I-M			Toledo, OH
WPXD	31	I-M	Yes	0	Ann Arbor, MI
WPXD-HD	31.1	I	Yes	Е	Ann Arbor, MI
WPXD-Qubo	31.2	I-M	Yes	0	Ann Arbor, MI
WPXD-lonLife	31.3	I-M	Yes	0	Ann Arbor, MI
WTOL	11	N-M			Toledo, OH
WTOL-HD	11.1	N			Toledo, OH
WTOL-MeTV	11.2	I-M			Toledo, OH
WTOL-GRIT	11.3	I-M			Toledo, OH

G

Primary Transmitters: Television

D&P Cable, Inc					CVCTEM ID#						
DOLL CADIE, ILIC		STEM:			SYSTEM ID# 040223	Name					
PRIMARY TRANSMITTE		N									
In General: In space C	6, identify every	television stat	ion (including tra	anslator stations a	nd low power television stations)	•					
		٠.		•	only on a part-time basis under n network programs [sections	G					
76.59(d)(2) and (4), 76	.61(e)(2) and (4	), or 76.63 (re	ferring to 76.61(	-	d (2) certain stations carried on a	Primary					
substitute program bas Substitute Basis S				carried by your cal	ble system on a substitute program	Transmitters: Television					
basis under specifc FC				0							
station was carried			t in space i (the	Special Statemen	nt and Program Log)—if the						
	formation conce				te basis and also on some other the general instructions located						
Column 1: List eac	h station's call s	-		-	such as HBO, ESPN, etc. Identify						
			•	•	on. For example, report multi- stream separately; for example						
WETA-simulcast).			•	•							
			•		n for broadcasting over-the-air in nay be different from the channel						
on which your cable sy	stem carried the	e station.									
				-	endent station, or a noncommercial st), "I" (for independent), "I-M"						
•	* .		**	•	nmercial educational multicast).						
For the meaning of the Column 4: If the sta					naper SA3 form.  If not, enter "No". For an ex-						
planation of local servi					paper SA3 form. ating the basis on which your						
cable system carried th	ne distant station	n during the a	ccounting period	. Indicate by enter	ring "LAC" if your cable system						
carried the distant stati	•				pacity. payment because it is the subject						
of a written agreement	entered into on	or before Jun	e 30, 2009, betw	veen a cable syste	em or an association representing						
•				•	transmitter, enter the designa- er basis, enter "O." For a further						
explanation of these th	ree categories,	see page (v) o	of the general ins	structions 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 Continued										
		• •		pace G for each ch							
1. CALL	2. B'CAST	• •		pace G for each ch							
1. CALL SIGN	CHANNEL	CHANN  3. TYPE  OF	EL LINE-UP	Continued  5. BASIS OF CARRIAGE	nannel line-up.						
SIGN	CHANNEL NUMBER	CHANN  3. TYPE  OF  STATION	EL LINE-UP 4. DISTANT?	Continued  5. BASIS OF	6. LOCATION OF STATION						
SIGN WTVG	CHANNEL NUMBER 13	CHANN 3. TYPE OF STATION N-M	EL LINE-UP 4. DISTANT?	Continued  5. BASIS OF CARRIAGE	6. LOCATION OF STATION  Toledo, OH						
SIGN WTVG WTVG-HD	CHANNEL NUMBER 13 13.1	CHANN 3. TYPE OF STATION N-M N	EL LINE-UP 4. DISTANT?	Continued  5. BASIS OF CARRIAGE	6. LOCATION OF STATION  Toledo, OH  Toledo, OH						
SIGN WTVG WTVG-HD WTVG-CW HD	CHANNEL NUMBER  13  13.1  13.2	CHANN 3. TYPE OF STATION N-M N I-M	EL LINE-UP 4. DISTANT?	Continued  5. BASIS OF CARRIAGE	Toledo, OH Toledo, OH Toledo, OH						
WTVG WTVG-HD WTVG-CW HD WTVG-WX Now	CHANNEL NUMBER  13  13.1  13.2  13.3	CHANN 3. TYPE OF STATION N-M N I-M	EL LINE-UP  4. DISTANT? (Yes or No)	Continued  5. BASIS OF CARRIAGE (If Distant)	Toledo, OH Toledo, OH Toledo, OH Toledo, OH						
WTVG WTVG-HD WTVG-CW HD WTVG-WX Now WTVS	CHANNEL NUMBER  13 13.1 13.2 13.3 43	CHANN 3. TYPE OF STATION N-M N I-M I-M E-M	EL LINE-UP  4. DISTANT? (Yes or No)  Yes	Continued  5. BASIS OF CARRIAGE (If Distant)	Toledo, OH Toledo, OH Toledo, OH Toledo, OH Toledo, OH Detroit, MI						
WTVG WTVG-HD WTVG-CW HD WTVG-WX Now WTVS WTVS-HD	CHANNEL NUMBER  13 13.1 13.2 13.3 43 43.1	CHANN 3. TYPE OF STATION N-M N I-M I-M E-M E	EL LINE-UP  4. DISTANT? (Yes or No)  Yes Yes	Continued  5. BASIS OF CARRIAGE (If Distant)  O E	Toledo, OH Toledo, OH Toledo, OH Toledo, OH Detroit, MI Detroit, MI						
WTVG WTVG-HD WTVG-CW HD WTVG-WX Now WTVS WTVS-HD WTVS-Create	CHANNEL NUMBER  13 13.1 13.2 13.3 43 43.1 43.3	CHANN 3. TYPE OF STATION N-M N I-M I-M E-M E	EL LINE-UP  4. DISTANT? (Yes or No)  Yes Yes Yes Yes	Continued  5. BASIS OF CARRIAGE (If Distant)  O E O	Toledo, OH Toledo, OH Toledo, OH Toledo, OH Detroit, MI Detroit, MI						
WTVG WTVG-HD WTVG-CW HD WTVG-WX Now WTVS WTVS-HD WTVS-Create WTVS-World	CHANNEL NUMBER  13 13.1 13.2 13.3 43 43.1 43.3 43.4	CHANN 3. TYPE OF STATION N-M N I-M I-M E-M E E-M E-M	EL LINE-UP  4. DISTANT? (Yes or No)  Yes Yes	Continued  5. BASIS OF CARRIAGE (If Distant)  O E	Toledo, OH Toledo, OH Toledo, OH Toledo, OH Detroit, MI Detroit, MI Detroit, MI Detroit, MI						
WTVG WTVG-HD WTVG-CW HD WTVG-WX Now WTVS WTVS-HD WTVS-Create WTVS-World WUPW	CHANNEL NUMBER  13 13.1 13.2 13.3 43 43.1 43.3 43.4 46	CHANN 3. TYPE OF STATION N-M N I-M I-M E-M E-M E-M I-M I-M I-M I-M I-M I-M I-M I-M I-M I	EL LINE-UP  4. DISTANT? (Yes or No)  Yes Yes Yes Yes	Continued  5. BASIS OF CARRIAGE (If Distant)  O E O	Toledo, OH Toledo, OH Toledo, OH Toledo, OH Detroit, MI Detroit, MI Detroit, MI Detroit, MI Detroit, MI Toledo, OH						
WTVG WTVG-HD WTVG-CW HD WTVG-WX Now WTVS WTVS-HD WTVS-Create WTVS-World WUPW WUPW-HD	CHANNEL NUMBER  13 13.1 13.2 13.3 43 43.1 43.3 43.4 46 46.1	CHANN 3. TYPE OF STATION N-M N I-M I-M E-M E-M E-M I-M I-M I-M I-M I-M I-M I-M I-M I-M I	EL LINE-UP  4. DISTANT? (Yes or No)  Yes Yes Yes Yes	Continued  5. BASIS OF CARRIAGE (If Distant)  O E O	Toledo, OH Toledo, OH Toledo, OH Toledo, OH Detroit, MI Detroit, MI Detroit, MI Detroit, MI Toledo, OH Toledo, OH						
WTVG WTVG-HD WTVG-CW HD WTVG-WX Now WTVS WTVS-HD WTVS-Create WTVS-World WUPW WUPW-HD WUPW-Bounce	CHANNEL NUMBER  13 13.1 13.2 13.3 43 43.1 43.3 43.4 46 46.1 46.2	CHANN 3. TYPE OF STATION N-M N I-M I-M E-M E E-M I-M I-M I-M I-M I-M I-M I-M I-M I-M I	EL LINE-UP  4. DISTANT? (Yes or No)  Yes Yes Yes Yes	Continued  5. BASIS OF CARRIAGE (If Distant)  O E O	Toledo, OH Toledo, OH Toledo, OH Toledo, OH Detroit, MI Detroit, MI Detroit, MI Toledo, OH Toledo, OH Toledo, OH						
WTVG WTVG-HD WTVG-CW HD WTVG-WX Now WTVS WTVS-HD WTVS-Create WTVS-World WUPW WUPW-HD WUPW-Bounce WUPW-Escape	CHANNEL NUMBER  13 13.1 13.2 13.3 43 43.1 43.3 43.4 46 46.1 46.2 46.3	CHANN 3. TYPE OF STATION N-M N I-M I-M E-M E-M E-M I-M I-M I-M I-M I-M I-M I-M I-M I-M I	Yes Yes Yes Yes	Continued  5. BASIS OF CARRIAGE (If Distant)  O E O O	Toledo, OH Toledo, OH Toledo, OH Toledo, OH Toledo, OH Detroit, MI Detroit, MI Detroit, MI Toledo, OH Toledo, OH Toledo, OH Toledo, OH Toledo, OH						
WTVG WTVG-HD WTVG-CW HD WTVG-WX Now WTVS WTVS-HD WTVS-Create WTVS-World WUPW WUPW-HD WUPW-Bounce WUPW-Escape WWJ	CHANNEL NUMBER  13 13.1 13.2 13.3 43 43.1 43.3 43.4 46 46.1 46.2 46.3 44	CHANN 3. TYPE OF STATION N-M N I-M I-M E-M E-M I-M I-M I-M I-M I-M I-M I-M I-M I-M I	Yes Yes Yes Yes Yes Yes	Continued  5. BASIS OF CARRIAGE (If Distant)  O E O O	Toledo, OH Toledo, OH Toledo, OH Toledo, OH Detroit, MI Detroit, MI Detroit, MI Toledo, OH Toledo, OH Detroit, MI Detroit, MI Detroit, MI Detroit, MI Toledo, OH Toledo, OH Toledo, OH Toledo, OH Toledo, OH Toledo, OH						
WTVG WTVG-HD WTVG-CW HD WTVG-WX Now WTVS WTVS-HD WTVS-Create WTVS-World WUPW WUPW-HD WUPW-Bounce WUPW-Escape WWJ WWJ-HD	CHANNEL NUMBER  13 13.1 13.2 13.3 43 43.1 43.3 43.4 46 46.1 46.2 46.3 44 44.1	CHANN 3. TYPE OF STATION N-M N I-M I-M E-M E-M I-M I-M I-M I-M I-M I-M I-M I-M I-M I	Yes Yes Yes Yes Yes Yes Yes Yes	O E O O C E C O C C C C C C C C C C C C	Toledo, OH Toledo, OH Toledo, OH Toledo, OH Toledo, OH Detroit, MI Detroit, MI Detroit, MI Toledo, OH Toledo, OH Toledo, OH Detroit, MI Detroit, MI Detroit, MI Detroit, MI Toledo, OH Toledo, OH Toledo, OH Toledo, OH Detroit, MI Detroit, MI						
WTVG WTVG-HD WTVG-CW HD WTVG-WX Now WTVS WTVS-HD WTVS-Create WTVS-World WUPW WUPW-HD WUPW-Bounce WUPW-Escape WWJ WWJ-HD WWJ-HD	CHANNEL NUMBER  13 13.1 13.2 13.3 43 43.1 43.3 43.4 46 46.1 46.2 46.3 44 44.1 44.2	CHANN 3. TYPE OF STATION N-M N I-M I-M E-M E-M I-M I-M I-M I-M I-M I-M I-M I-M I-M I	Yes Yes Yes Yes Yes Yes	Continued  5. BASIS OF CARRIAGE (If Distant)  O E O O	annel line-up.  6. LOCATION OF STATION  Toledo, OH Toledo, OH Toledo, OH Detroit, MI Detroit, MI Detroit, MI Toledo, OH Detroit, MI Detroit, MI Detroit, MI Detroit, MI Detroit, MI Detroit, MI						
WTVG WTVG-HD WTVG-CW HD WTVG-WX Now WTVS WTVS-HD WTVS-Create WTVS-World WUPW WUPW-HD WUPW-Bounce WUPW-Escape WWJ WWJ-HD WWJ-HD WWJ-Decades WXYZ	CHANNEL NUMBER  13 13.1 13.2 13.3 43 43.1 43.3 43.4 46 46.1 46.2 46.3 44 44.1 44.2 41	CHANN 3. TYPE OF STATION N-M N I-M I-M E-M E-M I-M I-M I-M I-M I-M I-M I-M I-M I-M I	Yes Yes Yes Yes Yes Yes Yes Yes	O E O O C E C O C C C C C C C C C C C C	Toledo, OH Toledo, OH Toledo, OH Toledo, OH Toledo, OH Detroit, MI Detroit, MI Detroit, MI Toledo, OH Toledo, OH Detroit, MI Detroit, MI Detroit, MI Detroit, MI Toledo, OH Toledo, OH Toledo, OH Toledo, OH Toledo, OH Toledo, OH Detroit, MI Detroit, MI Detroit, MI Detroit, MI Detroit, MI Detroit, MI						
WTVG WTVG-HD WTVG-CW HD WTVG-WX Now WTVS WTVS-HD WTVS-Create WTVS-World WUPW WUPW-HD WUPW-Bounce WUPW-Escape WWJ WWJ-HD WWJ-Decades	CHANNEL NUMBER  13 13.1 13.2 13.3 43 43.1 43.3 43.4 46 46.1 46.2 46.3 44 44.1 44.2	CHANN 3. TYPE OF STATION N-M N I-M I-M E-M E-M I-M I-M I-M I-M I-M I-M I-M I-M I-M I	Yes Yes Yes Yes Yes Yes Yes Yes	O E O O C E C O C C C C C C C C C C C C	Toledo, OH Toledo, OH Toledo, OH Toledo, OH Toledo, OH Detroit, MI Detroit, MI Detroit, MI Toledo, OH Toledo, OH Detroit, MI Detroit, MI Detroit, MI Detroit, MI Toledo, OH Toledo, OH Toledo, OH Toledo, OH Toledo, OH Detroit, MI						
WTVG WTVG-HD WTVG-CW HD WTVG-WX Now WTVS WTVS-HD WTVS-Create WTVS-World WUPW WUPW-HD WUPW-Bounce WUPW-Escape WWJ WWJ-HD WWJ-Decades WXYZ WXYZ-HD WXYZ-BN	CHANNEL NUMBER  13 13.1 13.2 13.3 43 43.1 43.3 43.4 46 46.1 46.2 46.3 44 44.1 44.2 41	CHANN 3. TYPE OF STATION N-M N I-M I-M E-M E-M I-M I-M I-M I-M I-M I-M I-M I-M I-M I	Yes Yes Yes Yes Yes Yes Yes Yes	O E O O C E C O C C C C C C C C C C C C	Toledo, OH Toledo, OH Toledo, OH Toledo, OH Toledo, OH Detroit, MI Detroit, MI Detroit, MI Toledo, OH Toledo, OH Detroit, MI Detroit, MI Detroit, MI Detroit, MI Toledo, OH Toledo, OH Toledo, OH Toledo, OH Toledo, OH Detroit, MI						
WTVG WTVG-HD WTVG-CW HD WTVG-WX Now WTVS WTVS-HD WTVS-Create WTVS-World WUPW WUPW-Bounce WUPW-Escape WWJ WWJ-HD WWJ-Decades WXYZ WXYZ-HD	CHANNEL NUMBER  13 13.1 13.2 13.3 43 43.1 43.3 43.4 46 46.1 46.2 46.3 44 44.1 44.2 41	CHANN  3. TYPE OF STATION  N-M  N  I-M  E-M  E-M  I-M  I-M  I-M  I-M  I-M	Yes Yes Yes Yes Yes Yes Yes Yes	O E O O C E C O C C C C C C C C C C C C	Toledo, OH Toledo, OH Toledo, OH Toledo, OH Toledo, OH Detroit, MI Detroit, MI Detroit, MI Toledo, OH Toledo, OH Detroit, MI Detroit, MI Detroit, MI Detroit, MI Toledo, OH Toledo, OH Toledo, OH Toledo, OH Toledo, OH Detroit, MI						

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

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

D&P Cable, Inc.

SYSTEM ID#

040223



#### 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 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 STATION

FORM SA3E. PAGE 5.						ACCOUNTING	i PERIOD: 2023/1
LEGAL NAME OF OWNER OF	CABLE SYST	EM:			;	SYSTEM ID#	Nama
D&P Cable, Inc.						040223	Name
SUBSTITUTE CARRIAGE	E: SPECIA	L STATEME	NT AND PROGRAM LOG	1			ı
In General: In space I, ident substitute basis during the acceptantion of the programm	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regul	lations, or authorizations.	For a further	Substitute
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE							Carriage: Special
• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?  Signature:  Yes XNo							
Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer is '	'Yes," you mι	ust complete the progra	m	
log in block 2.  2. LOG OF SUBSTITUTE	- DDOGDA	MS					
In General: List each subst			ate line. Use abbreviations	wherever pos	ssible, if their meaning is	S	
clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re	of every no distant stat	nnetwork telev ion and that yo	ision program (substitute pour cable system substitute	d for the prog	ramming of another sta		
SA3 form for futher informatitles, for example, "I Love L	tion. Do no ucy" or "NE	ot use general ( BA Basketball:	categories like "movies", or	basketball".			
Column 3: Give the call Column 4: Give the broad	sign of the s adcast statio	station broadca on's location (th	asting the substitute progra ne community to which the	m. station is lice			
the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 give	ith and day		community with which the tem carried the substitute p			nth	
Column 6: State the time	es when the		gram was carried by your o			ly	
to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carri	led by a system from 6:01:	15 p.m. to 6:2	28:30 p.m. snould be		
Column 7: Enter the lette to delete under FCC rules a			was substituted for progra			d	
gram was substituted for pr	ogramming						
effect on October 19, 1976.	•						
	UDOTITUT	E DBOCDAN	4		EN SUBSTITUTE	7. REASON	
1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM  3. STATION'S		5. MONTH	IAGE OCCURRED 6. TIMES	FOR DELETION	
1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO		
,							
	ļ						
	ļ						
					_		
	<u> </u>				_		
	<del> </del>						
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	<del> </del>						

ACCOUNTING PERIOD: 2023/1 FORM SA3E. PAGE 6.

	-									
Name	D&P Cable,		SYSTEM:						S'	YSTEM ID# 040223
<b>J</b> Part-Time Carriage Log	Icolumn 5 of space (i									
			DATES	S AND HOURS	OF F	PART-TIME CAR	RIAGE			
	CALL SIGN	WHEN	CARRIAGE OCCU			CALL SIGN	WHE	N CARRIAGE OC	CUR	
		DATE	FROM	TO			DATE	FROM	- OINC	то
									=-	
									_	
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LEGA	AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#				
D&	P Cable, Inc.		040223	Name			
Inst all a (as	OSS RECEIPTS  cructions: The figure you give in this space determines the form you fle and the amount amounts (gross receipts) paid to your cable system by subscribers for the system's second identified in space E) during the accounting period. For a further explanation of how to consequently of the general instructions.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	ndary transmissior	service	<b>K</b> Gross Receipts			
IMP	ORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of g	ross receipts)				
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe:  Complete block 1, showing your minimum fee.  Complete block 2, showing whether your system carried any distant television stations.  If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee.  If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.							
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be ck 3 below.	entered on line 1	of				
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be e elow.	ntered on line 2 in	block				
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shou block 4 below.	lld be entered on li	ne				
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.	is 1.064 percent of	f the				
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064	\$	707,310.23				
	Enter the result here.						
	This is your minimum fee.	\$	7,525.78				
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colum "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting perio Yes—Complete the DSE schedule.  No—Leave block 3 below blank and column Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or	n 4, you must ched	ck 4.				
Block 3	4, or part 9, block A of the DSE schedule. If none, enter zero	<u> </u>	2,292.05				
	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	\$	2,292.05				
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	\$	7,525.78	Cable systems			
	Line 2. <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.		0.00	submitting additional deposits under			
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)		0.00	Section 111(d)(7) should contact			
	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	\$	8,250.78	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.)	See page (i) of the					

ACCOUNTING PERIOD: 2023/1
FORM SA3E PAGE 8

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	D&P Cable, Inc.	040223						
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcas to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	t stations						
Channels	Enter the total number of channels on which the cable     system carried television broadcast stations	56						
	Enter the total number of activated channels     on which the cable system carried television broadcast stations	325						
	and nonbroadcast services	020						
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)							
Be Contacted for Further Information	Name Jessica Werner Telephone	734-279-5509						
	Address 4200 Teal Road (Number, street, rural route, apartment, or suite number)							
	Petersburg, MI 49270							
	(City, town, state, zip)							
	Email jessica.werner@d-pcomm.com Fax (optional							
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regu	ulations.)						
O Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)							
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space E	3; ог						
	(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.	ner 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/ Jessica Werner							
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compa							
	Typed or printed name: Jessica Werner							
	Title: Assistant Secretary  (Title of official position held in corporation or partnership)							
	Date: August 24, 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
D&P Cable, Inc.	040223	
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 lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the beservice of providing secondary transmissions of primary broadcast transmitters, the system shall not inclused scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section	asic ude sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in paper SA3 form.	n the	Concerning Gross Receipts Exclusion
During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmi made by satellite carriers to satellite dish owners?	ssions	
X NO		
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Name Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underposed for an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	ayment.	Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-	
x	days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,	0274	
space L, (page 7)	-	
(interest	charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	e please	
** 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 filing.	original	
Owner Address		
First community served		
Accounting period  ID number		

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

ACCOUNTING PERIOD: 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.

U.S. Copyright Office

#### 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 DSF 1.064% of gross receipts Each of the second, third, and fourth DSEs. 0.701% of gross receipts The fifth and each additional DSE

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

0.330% of gross receipts

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

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

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

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

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

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

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

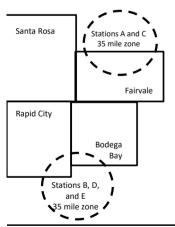
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

#### **EXAMPLE:**

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

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



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

Minimum Fee Total Gross Receipts \$600,000.00 x .01064 \$6,384.00

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

Total Base Rate Fee: \$6.497.20 + \$1.907.71 + \$1.604.03 = \$10.008.94 In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

**ACCOUNTING PERIOD: 2023/1** 

DSE SCHEDULE, PAGE	,									
1	LEGAL NAME OF OWNER OF CABLE	E SYSTEM:			S	YSTEM ID# 040223				
•	D&P Cable, Inc.									
	SUM OF DSEs OF CATEGOR	Y "O" STATION	S:							
	<ul> <li>Add the DSEs of each station</li> </ul>									
	Enter the sum here and in line	1 of part 5 of this	schedule.		5.25					
	Instructions:					•				
2	In the column headed "Call S	ign": list the call	signs of all distant stations i	dentified by th	e letter "O" in column 5					
	of space G (page 3).		ndont station with the DCC	"4 O". f						
Computation of DSEs for	In the column headed "DSE" mercial educational station, giv			as 1.0; for e	ach network or noncom-					
Category "O"	mercial educational station, giv	C THE DOL 43 .20	CATEGORY "O" STATION	S: DSFs						
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
	WPXD	1.000	0.122.2.0.1							
	WPXD-Qubo	1.000								
	WPXD-IonLife	1.000								
	WTVS	0.250								
	WTVS-Kids	0.250								
Add rows as	WTVS-Create	0.250								
necessary.	WTVS-World	0.250								
Remember to copy all	WWJ	0.250								
formula into new	WWJ-Decades	1.000								
rows.	TVVV Boodees	1.000								
				<u> </u>		 				
				<b></b>		l				
						l				
				<u> </u>		<u> </u>				
				<u> </u>		<u> </u>				
						<u> </u>				
				I		1				


Name	D&P Cable, I	nc.					S	040223
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should of Column 3 Column 4 be carried out Column 5 give the type-v	It the call sign of all distart: For each station, give the correspond with the inform.  For each station, give the Divide the figure in column at least to the third deciment: For each independent sevalue as ".25."  Multiply the figure in column.	ne number of hor mation given in some total number of mn 2 by the figunal point. This is tation, give the "	urs your cable system space J. Calculate only of hours that the static re in column 3, and githe "basis of carriage type-value" as "1.0." of the column 5, and give in column 5,	n carried the statily one DSE for eon broadcast over the result in control of the state of the s	ion during the accounting ach station. er the air during the accou decimals in column 4. This	nting period. Ifigure must ational station,	
Capacity		(	CATEGORY	LAC STATIONS:	COMPUTAT	ION OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	JRS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS O CARRIAC VALUE			βE
			÷		=	x	=	
			÷		=	x x	=	
			÷		=	x	=	
			÷		=	x	=	
			÷		=	x	=	
			÷		=	x x	=	
	Add the DSEs	OF CATEGORY LAC ST of each station. m here and in line 2 of pa		dule,		0.00		
Computation of DSEs for Substitute-Basis Stations	Column 1: Giv.  • Was carried tions in effe  • Broadcast o space I).  Column 2: I at your option.  Column 3: I Column 4: I	ct on October 19, 1976 (a ne or more live, nonnetwo For each station give the I This figure should corres Enter the number of days Divide the figure in colum	tution for a program shown by the bork programs during number of live, repond with the in in the calendar n 2 by the figure	ram that your system letter "P" in column 7 ng that optional carria nonnetwork programs formation in space I. year: 365, except in a in column 3, and give	was permitted to of space I); and age (as shown by to carried in substances a leap year. to the result in co	delete under FCC rules a	of rere deleted than the third	).
		SL	JBSTITUTE-I	BASIS STATION	S: COMPUTA	ATION OF DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	3	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷		=		=		=
		÷		=		4		=
		÷		=		-	-	=
		÷		=		-	+	=
		÷		=		+		=
	Add the DSEs	OF SUBSTITUTE-BASIS of each station. m here and in line 3 of pa		dule,		0.00		
5		R OF DSEs: Give the amo		exes in parts 2, 3, and	4 of this schedule	and add them to provide the	ne total	
Total Number	1. Number	of DSEs from part 2 ●				<b>-</b>	5.25	
of DSEs	2. Number	of DSEs from part 3 ●				<u> </u>	0.00	
	3. Number	of DSEs from part 4 ●				<b>-</b>	0.00	
	TOTAL NUMBE	R OF DSEs						5.25

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

D&P Cable, Inc		SYSTEM:					S	YSTEM ID# 040223	Name
Instructions: Block In block A: • If your answer if "\schedule. • If your answer if "\text{N}	Yes," leave the re	mainder of pa	below.	of the DSE schedul		complete part	8, (page 16) of the	3	6 Computation of
=	1981?	schedule—D	najor and smalle		d under section		C rules and regula	itions in	3.75 Fee
		BLO	CK B: CARR	IAGE OF PERM	IITTED DSE	 Es			
CALL SIGN	under FCC rules	of distant stand and regulation	ations listed in pons prior to June dule. (Note: The	part 2, 3, and 4 of the 25, 1981. For furth e letter M below refe	iis schedule th	nat your syste n of permitted	stations, see the	•	
BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommerica D Grandfathered instructions fo E Carried pursua *F A station previous control of the con	lles and reguled pursuant to on as defined all educations of the station (76.6 or DSE sched ant to individuations of the station will be station will end of the station wille	lations cited belto the FCC marked in 76.5(kk) (76 al station [76.59:65) (see paragralule).  Lual waiver of FC and on a part-time within grade-B co	e or substitute basis ontour, [76.59(d)(5),	in effect on J 57, 76.59(b), 7 1), 76.63(a) re (a) referring to titution of gran	une 24, 1981. 76.61(b)(c), 70 eferring to 76. 5 76.61(d)] adfathered sta	5.63(a) referring to 61(e)(1) tions in the		
		e stations ide	ntified by the le	parts 2, 3, and 4 of tter "F" in column 2,			rksheet on page 1	4 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
WTVS	C	0.25	WPXD	A	1.00	SIGN	BAGIO		
WTVS-Kids	M	0.25	WWJ	A	0.25				
WTVS-Crea		0.25	WWJ-Deca	M	1.00				
WTVS-Worl		0.25							
WPXD-Qub		1.00							
WPXD-lonL	M	1.00							
			BLOCK C: CC	MPUTATION OF	3.75 FEE			5.25	
Line 1: Enter the t		DSEs from	part 5 of this s	schedule					
Line 3: Subtract li (If zero, le				of DSEs subject to 7 of this schedule)		te.			
Line 4: Enter gros	s receipts from	space K (pa	age 7)				x 0.0	375	Do any of the DSEs represent partially permited/
Line 5: Multiply lin	-						х		partially nonpermitted carriage?
Line 6: Enter total  Line 7: Multiply lir				2. block 3. snace I	_ (page 7)			0.00	If yes, see part 9 instructions.

ACCOUNTING PERIOD: 2023/1

Name	D&P Cable, Inc.		SYSTEM:							S	YSTEM ID# 040223
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.)  Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule.  Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981.  Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1).  Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters:  (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.)  A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections									ose	
			3								
	1. CALL SIGN	PERMIT 2. PRIC DSE	OR 3. AC	ATIONS CARRIE COUNTING ERIOD	ED	00	N A PART-TIME ANI 4. BASIS OF CARRIAGE	5. PF	TUTE BASIS RESENT DSE	6. P	ERMITTED DSE
<b>7</b> Computation of the	· ·	"Yes," comple	te blocks B and C,		art	t 8 (	of the DSE schedule.		,		
Syndicated			BLOC	K A: MAJOR	TE	EL	EVISION MARKE	ΞΤ			
Exclusivity											
Surcharge	• Is any portion of the c	•	, ,	r television marke	et a	as			les in effect June	24, 198	11?
	Yes—Complete	blocks B and	C .			L	No—Proceed to	part 8			
	BLOCK B: C	arriage of VHI	-/Grade B Contour	Stations			BLOC	C: Compu	ıtation of Exemp	ot DSEs	
	Is any station listed in commercial VHF station or in part, over the cal	block B of par on that places	t 6 the primary stre	am of a		nit	as any station listed ty served by the cable former FCC rule 76.	e system pr			
	Yes—List each st  X No—Enter zero a		n its appropriate pern art 8.	nitted DSE		[	Yes—List each sta  X No—Enter zero an			e permitte	ed DSE
	CALL SIGN	DSE	CALL SIGN	DSE			CALL SIGN	DSE	CALL SIG	<sub>N</sub>	DSE
	5, 122 51511	552	2,122 31014	202				302	5, 122 510	*	
				<u></u>							
				<u>-</u>							
			TOTAL DSEs	0.00					TOTAL DS	Es	0.00

LEGAL NA	MME OF OWNER OF CABLE SYSTEM:  D&P Cable, Inc.	940223	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	707,310.23	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC?  Yes—Complete section 3 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?      X Yes—Complete part 9 of this schedule.  No—Complete the applicable section below.  If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE		
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.  A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section .1)		
	line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1)		
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name		ME OF OWNER OF CABLE SYSTEM:  D&P Cable, Inc.  040223
Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.  A. Enter 0.00300 of gross receipts (the amount in section 1).  B. Enter 0.00189 of gross receipts (the amount in section 1).  C. Multiply line B by 3.000 and enter here.  D. Enter 0.00089 of gross receipts (the amount in section 1).  E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.
		F. Multiply line D by line E and enter here
8 Computation of Base Rate Fee	You m 6 was In blo If you If you blank What i	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of 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  s a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers becated within that station's local service area and others were located outside that area. For the definition of a station's "local e area," see page (v) of the general instructions.
	_	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS our cable system retransmit the signals of any partially distant television stations during the accounting period?  X Yes—Complete part 9 of this schedule.  No—Complete the following sections.
	Section 1	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE  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)

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

LEGAL N	AME OF OWNER OF CABLE SYSTEM: SYSTEM	ID#
D&P	Cable, Inc. 0402	Name Name
Section	If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.	
4	in the right in country 2 to 11,000 than 11,000, compare your sace has been also as a country of same	8
	A. Enter 0.01064 of gross receipts (the amount in section 1)  ▶\$	
	(the amount in section 1) ▶\$	
	B. Enter 0.00701 of gross receipts	Computation
	(the amount in section 1) <b>&gt;</b> \$	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)  **State of the image is a section 1.**    The image is a 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.	$\neg$
	Enter here and in block 3, line 1, space L (page 7)  Base Rate Fee	,
	Base Rate Fee  ▶ \$ 0.00	
	RTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals sha	all
instead Space	I be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in G.	9
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude	Computation
	s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of t on, you must:	of Base Rate Fee
Eiret: [	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same	and
station	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of	Syndicated Exclusivity
	and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.  Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	Surcharge
	If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you mu	for Partially
also co	In any portion or your capie system is located within the top 100 television market and the station is not exempt in part 7, you into impute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. Howeverable system is wholly located outside all major television markets, complete block A only.	
	o Identify a Subscriber Group for Partially Distant Stations	for Partially
	For each community served, determine the local service area of each wholly distant and each partially distant station you	Permitted Stations
	to that community.	
outside	: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by oken, the station is distant to the subscriber.)	the
subscri	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each iber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable sys	stem
will hav	ve only one subscriber group when the distant stations it carried have local service areas that coincide.	
Compi groups	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscri .	ber
In each	n section:	
	fy the communities/areas represented by each subscriber group.	
subscri	the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the ibers in the group.	
• lf:	system is located whelly cutaide all major and smaller television markets, give each station's DSE as you gave it in parts 2, 2, a	and
4 of this	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, as schedule; or,	rid
	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, 6 of this schedule.	
• Add tl	he DSEs for each station. This gives you the total DSEs for the particular subscriber group.	
	alate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions appear SA3 form.	
	bute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding	
DSEs f	In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show you calculations on the form.	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	STEM ID#
ivallie	D&P Cable, Inc.	040223
	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 Rat	
	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 <b>D&amp;P Cable, Inc.</b>	R OF CABLE	E SYSTEM:					040223	Name
	BLOCK A:	COMPUTATION C	OF BASE RA	ATE FEES FOR EACH	SUBSCRIB	BER GROUP		
FIRST SUBSCRIBER GROUP			SECOND SUBSCRIBER GROUP			DUP	_	
COMMUNITY/ AREA BIsfid Deerfield Town		Twsp & Vig, Palmy Riga		COMMUNITY/ AREA	All Other Communities			<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fee
	<del>.  </del>							
	<mark></mark>							and
	<mark></mark>							Syndicated
	<u></u>							Exclusivity
								Surcharge
	<u> </u>	-						for
	<u> </u>							Partially
								Distant
	<u>.</u>							Stations
	<u> </u>							
Total DSEs	!	<del>!</del>	0.00	Total DSEs	<del>'</del>	<del>'</del>	0.00	
Gross Receipts First G	roup	. 16	88,718.65	Gross Receipts Secon	d Croup	¢	471,632.43	
Gross Receipts First G	roup	\$ 16	50,7 10.05	Gross Receipts Secon	a Group	\$	47 1,032.43	
Base Rate Fee First G		\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	DUP	
COMMUNITY/ AREA	Hudsor	1		COMMUNITY/ AREA	Morenci,	, Seneca Towns	hip	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WPXD	1.00			WPXD	1.00			
WPXD-QUBO	1.00			WPXD-QUBO	1.00			
WPXD-IONLIFE	1.00			WPXD-IONLIFE	1.00			
WWJ	0.25			WWJ	0.25			
WWJ-DECADES	1.00			WWJ-Decades	1.00			
WTVS	0.25							
WTVS-Kids	0.25							
WTVS-Create	0.25							
WTVS-World	0.25							
Total DSEs 5.25		Total DSEs		4.25				
Gross Receipts Third Group		\$ 35,216.55		Gross Receipts Fourth Group		\$ 31,742.60		
Base Rate Fee Third Group		\$ 1,260.58		Base Rate Fee Fourth Group		s 1,031.48		
Base Rate Fee: Add th	e base rate	e fees for each subsc	criber group a	s shown in the boxes abo	ove.			
Enter here and in block 3, line 1, space L (page 7)						\$ 2,292.05		

LEGAL NAME OF OWNER D&P Cable, Inc.	R OF CABLE	E SYSTEM:				S	O40223	Name
E	BLOCK A:	COMPUTATION O	BASE RA	TE FEES FOR EACH	SUBSCRII	BER GROUP		
FIRST SUBSCRIBER GROUP			SECOND SUBSCRIBER GROUP			>	0	
COMMUNITY/ AREA	OMMUNITY/ AREA BIsfld Twsp & Vig, Palmy Riga		COMMUNITY/ AREA	All Other Communities			9	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
OTTEL CIGIT	DOL	O/ILL GIGIT	DOL	OTTEL STOTA	DOL	O'TEE GIGIT	DOL	Base Rate Fee
								and
		-						Syndicated
								Exclusivity
					<u> </u>			Surcharge
								for Partially
		<del> </del>						Distant
								Stations
			<b>.</b>		<b></b>			
			<b></b>		<b></b>			
Total DSEs			0.00	Total DSEs	1	<del>! !</del>	0.00	
			_					
Gross Receipts First Gr	roup	\$ 168	,718.65	Gross Receipts Second	d Group	\$ 47	71,632.43	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second		\$	0.00	
	THIRD	SUBSCRIBER GROU	IP	FOURTH SUBSCRIBER GROUP				
COMMUNITY/ AREA	Hudsor	1		COMMUNITY/ AREA	Morenci	, Seneca Townshi <sub>l</sub>	0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		<del></del>						
		<del> </del>						
					<b></b>			
Total DSEs			0.00	Total DSEs			0.00	
				0				
Gross Receipts Third Group \$ 35,216.55		,216.55	Gross Receipts Fourth	Group	\$ 31,742.60			
Base Rate Fee Third Group \$		\$	0.00	0.00 Base Rate Fee Fourth Group		\$ 0.00		
							_	
Base Rate Fee: Add th Enter here and in block			iber group a	s shown in the boxes ab	ove.	\$	0.00	

FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name D&P Cable, Inc. 040223

### BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP

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

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

First 50 major television market Second 50 major television market

### INSTRUCTIONS:

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

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

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