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

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
8/24/2023	\$					
	ALLOCATION NUMBER					

Return completed workbook by email to

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:			
Accounting Period	2023/1			
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busines If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account Check here if this is the system's first filling. If not, enter the system's ID	ss of the cable syster on the last day of the	em. he accounting period should sui	
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM			
	Frontier California Inc.			
				6262620231
				62626 2023/1
	401 Merrit 7 Norwalk, CT 06851			
		identify the busine	and appraisan of the ave	tom unloss those
С	INSTRUCTIONS: In line 1, give any business or trade names used to names already appear in space B. In line 2, give the mailing address of	•		
System	1 IDENTIFICATION OF CABLE SYSTEM: (Pomona, CA) VHO3			
	MAILING ADDRESS OF CABLE SYSTEM:			
	2853 N Ficus St (Number, street, rural route, apartment, or suite number)			
	Pomona, CA 91766 (City, town, state, zip code)			
D	Instructions: For complete space D instructions, see page 1b. Identify	only the first con	nmunity served helow and re	elist on nage 1h
Area	with all communities.	y only the mot our	minumity solved below and it	silot on page 15
Served	CITY OR TOWN	STATE		
First	BEAUMONT	CA		
Community	Below is a sample for reporting communities if you report multiple ch	annel line-ups in	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 filling, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Frontier California Inc.

SYSTEM ID#
62626

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 first 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.

Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.

If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).

When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below.

CITY OR TOWN	STATE	CH LINE UP	SUB GRP#
BEAUMONT	CA	A	4
APPLE VALLEY	CA	A	4
ARTESIA	CA	Α	4
AZUSA	СА	Α	4
BALDWIN PARK	CA	Α	4
BANNING	CA	Α	4
BELLFLOWER	CA	Α	4
CALIMESA	CA	Α	4
CAMARILLO	CA	Α	3
CANYON LAKE	СА	Α	4
CERRITOS	СА	Α	4
CHINO	CA	A	4
CHINO HILLS	CA	Α	4
CLAREMONT	CA	A	4
COACHELLA	CA	В	2
COVINA	CA	A	4
CULVER CITY	CA	A	4
DIAMOND BAR	CA	A	4
DOWNEY	CA	A	4
FONTANA	CA	A	4
FORT IRWIN	CA	A	1
FOUNTAIN VALLEY	CA	A	4
GARDEN GROVE	CA	A	4
GLENDORA	CA	A	4
HAWAIIAN GARDENS	CA	A	4
HEMET	CA	A	4
HERMOSA BEACH	CA	A	4
HESPERIA	CA	A	4
HIGHLAND	CA	A	4
HUNTINGTON BEACH	CA	A	4
INDIAN WELLS	CA	В	2
INDIO	CA	В	_ 2
INDUSTRY	CA	A	4
IRWINDALE	CA	A	4
LA HABRA	CA	A	4
LA MIRADA	CA	A	4
LA PALMA	CA	A	4
LA PUENTE	CA	A	4
LA QUINTA	CA	В	2

Area Served

D

First Community

See instructions for additional information on alphabetization.

Add rows as necessary.

LA VERNE	CA	Α	4
LAKE ELSINORE	CA	A	4
LAKEWOOD	CA	A	4
LAWNDALE	CA	A	4
LOMA LINDA	CA	A	4
LONG BEACH	CA	A	4
LOS ALAMITOS	CA	A	4
LOS ANGELES	CA		_
		Α	4
LOS ANGELE	CA	Α	4
MALIBU	CA	A	4
MANHAT	CA	A	4
MENIFEE	CA	Α	4
WONTCLAIR	CA	Α	4
MORENO VALLEY	CA	Α	4
MURRIETA	CA	Α	4
NORWALK	CA	Α	4
ONTARIO	CA	Α	4
ORANGE	CA	A	4
OXNAR	CA	A	3
PALM DESERT	CA	В	2
PERRIS	CA	Α	4
PICO RIVER	CA	A	4
POMONA	CA	A	4
PORT HUENEM	CA	A	3
RANCHO CUCA	CA	A	4
RANCHO	CA	A	4
REDLANDS	CA	A	4
REDONDO BEACH	CA	Α	4
RIVERSIDE CITY	CA	Α	4
RIVERSIDE COUNTY (Los Angeles)	CA	Α	4
RIVERSIDE COUNTY (Palm Springs)	CA	В	2
ROLLING HILLS	CA	Α	4
ROLLING HILLS	CA	Α	4
SAN BERNARDINO	CA	Α	4
SAN BERNARDINO COUNTY	CA	Α	4
SAN DIMAS	CA	Α	4
SAN JACINTO	CA	A	4
SANTA FE SPRING	CA	A	4
SANTA MONICA	CA	A	4
SEAL BEACH	CA	A	4
SIGNAL HIL	CA	A	4
STANTON	CA	A	4
TEMECULA	CA	A	4
THOUSAND OAKS	CA	A	4
TORRANCE	CA	Α	4
JPLAND	CA	Α	4
VENTURA	CA	Α	4
VICTORVILLE	CA	Α	4
WALNUT	CA	Α	4
WEST COVINA	CA	Α	4
WESTMINSTER	CA	A	4
	CA	A	4
WHITTIER	√ ∧		_
WHITTIER WILDOMAR	CΔ	Δ	4
WHITTIER WILDOMAR YUCAIPA	CA CA	A A	4

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Frontier California Inc.

SYSTEM ID#
62626

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1				BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE		CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		
Residential:									
 Service to first set 	79,125	\$	24.99						
 Service to additional set(s) 									
 FM radio (if separate rate) 									
Motel, hotel									
Commercial	14,150	\$	34.99						
Converter									
 Residential 									
 Non-residential 									
		†		1 ľ					

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2						
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	F	RATE		CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential					
• Pay cable		Motel, hotel				See Next Tab	
 Pay cable—add'l channel 		Commercial	\$	34.00			
Fire protection		• Pay cable					
Burglar protection		Pay cable-add'l channel					
Installation: Residential		Fire protection					
• First set	\$ 24.99	Burglar protection					
 Additional set(s) 		Other services:					
• FM radio (if separate rate)		• Reconnect					
Converter		Disconnect					
		Outlet relocation					
		 Move to new address 					

LEGAL NAME OF	FOWNER OF CABLE SY	/STEM:			SYSTEM ID#	Namo
Frontier Ca	alifornia Inc.				62626	i i i i i i i i i i i i i i i i i i i
PRIMARY TRANS	MITTERS: TELEVISION	ON				
In General: In specarried by your carried basis and are substitute Basis under specare. Do not list the station was carried in the station of basis. For furth in the paper Scolumn 1: List cast stream as "VWETA-simulcast Column 2: Gits community of loon which your calculumn 3: Inceducational static (for independent For the meaning Column 4: If the planation of local Column 5: If you calculated a column 5: If you calcula	pace G, identify ever able system during to egulations in effect of 4), 76.61(e)(2) and of the system during the system during the case of the channel num license. For example ble system carried the dicate in each case on, by entering the lemulticast), "E" (for not these terms, see the station is outside service area, see pyou have entered "Yried the distant station.	y television so the accounting n June 24, 19 (4), or 76.63 (4), or 76.63 (4) and the next respect to an lations, or aut G—but do listitute basis. ace I, if the statement of the station account of the station account of the station. Whether the setter "N" (for respage (v) of the the local serving the servi	g period, except 981, permitting to 76.6 paragraph. Ly distant station chorizations: et it in space I (the station was carried it in the station to the station to the station to the station to the station is a network of the s	the carriage of ceres of the carriage of ceres of the carriage of ceres of the carriage of the carriage of the carriage of the carriage of the carried by your the Special Staten of the Special Staten of the special Staten of the carriage of the carriage of the television state of the television of the carriage of the television of the carriage of t	stating the basis on which your ntering "LAC" if your cable system	Primary Transmitters: Television
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SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 62626 Frontier California Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AB 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 1. CALL 6. LOCATION OF STATION OF SIGN **CHANNEL** (Yes or No) **CARRIAGE NUMBER STATION** (If Distant) 23 Twentynine Palms ı No V KVMD 24 Ε YES 0 V KVCR San Bernardino 24 ı No **Garden Grove B** KBEH C KCET 28 Ε 0 YES Los Angeles 34 ı M KMEX No Los Angeles 40 ı No Santa Ana T KTBN 44 ı Rancho Palos Verde X KXLA No 46 ı Ontario KFTR No 7 Ν No Los Angeles A HD 60 Ν C KCBS-simulcast Los Angeles No 36 Ν Los Angeles N KNBC-simulcast No D KDOC-simulcast 56 ı No Anaheim 31 No Los Angeles TL KTLA-simulcast 7 Ν No Los Angeles A KABC-simulcast O KOCE-simulcast 36 Ε YES Ε **Huntington Beach** I Los Angeles 43 C KCAL-simulcast No 39 Ν Corona V KVEA-simulcast No

65

T KTTV-simulcast

I

No

Los Angeles

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 62626 Frontier California Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AC 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION OF SIGN **CHANNEL** (Yes or No) **CARRIAGE NUMBER STATION** (If Distant) 62 ı NO Riverside R KRCA-simulcast 66 ı NO C KCOP-simulcast Los Angeles 57 ı NO Ventura L KJLA-simulcast I 54 NO Avalon A KAZA-simulcast 22 Ν NO W KWHY-simulcast Los Angeles 31 ı NO Twentynine Palms V KVMD-simulcast V KVCR-simulcast 26 Ε YES Ε San Bernardino Ε **59** Ε YES C KCET-simulcast Los Angeles M KMEX-simulcast 34 ı No Los Angeles I 44 NO Rancho Palos Verde X KXLA-simulcast 29 ı NO Ontario KFTR-simulcast o Cozi TV [KNBC] 4 N-M NO Los Angeles I-M NO Los Angeles C KCOP Buzzr 66 56 I-M NO Anaheim D KDOC Me TV C KCET NHK World 59 E-M Yes 0 Los Angeles C KCOP Movies! 66 I-M No Los Angeles

Los Angeles

Los Angeles

TL KTLA- DT This TV

TL KTLA Antenna TV

31

5

I-M

I-M

NO

NO

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 62626 Frontier California Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AD 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION OF SIGN **CHANNEL** (Yes or No) **CARRIAGE NUMBER STATION** (If Distant) 7 N-M No A KABC ABC LAFF Los Angeles 24 I-M No Garden Grove **B** Romantica **50** E-M Yes 0 **Huntington Beach B** PBS KOCE Plus 0 V Exp. 24 E-M San Bernardino YES V KVEA Exitos TV 39 Corona N-M No 58 E-M Yes 0 L KLCS DT2 Los Angeles 0 **58** E-M YES Los Angeles L KLCS Create 34 I-M No Los Angeles M KMEX Bounce TV C KCET VME 58 E-M Yes 0 Los Angeles F KFTR getTV 29 I-M No Ontario 49 KJLA-VBS I-M No Ventura V Cities 24 E-M Yes 0 San Bernardino 24 E-M YES 0 San Bernardino V KVCR DT4 Create 22 N-M W KWHY Super 22 No Los Angeles C KCBS Decades 60 N-M No Los Angeles 29 I-M No F KFTR Grit TV Ontario 29 I-M No F KFTR Escape TV Ontario

Riverside

Z KZSW (ABN)

10

No

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 62626 Frontier California Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AE 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 1. CALL 6. LOCATION OF STATION OF SIGN **CHANNEL** (Yes or No) **CARRIAGE NUMBER STATION** (If Distant) 18 I-M No **KSCI LA 18.8** Long Beach 44 I-M X Dynasty No Rancho Palos Verde KPSP 38 Ν No **Cathedral City** N 42 Ε No Palm Springs KESQ 2 ı C KCWQ No Palm Springs 36 Ν No M KMIR Palm Springs 33 ı No Indio/Palm Springs D KDFX **50** Ν No Palm Springs KPSE (MNT) 15 ı No Indio U KUNA C KCET 28 Ε 0 Los Angeles Yes Ε San Bernardino 24 No V KVCR 9 C KCAL ı No Los Angeles No **Cathedral City** R KRET 45 O KOCE **50** Ε Yes 0 **Huntington Beach** P KPSP-simulcast 38 N No Cathedral City 42 Ν No Palm Springs E KESQ-simulcast **Palm Springs** M KMIR-simulcast 36 Ν No

Indio/Palm Springs

33

I

No

D KDFX-simulcast

ACCOUNTING PERIOD: 2023/1 FORM SA3E. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 62626 Frontier California Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AF	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
U KUNA-simulcast	15	I	No		Indio
C KCET-simulcast-	28	E	Yes	E	Los Angeles
V KVCR-simulcast	26	Е	No		San Bernardino
C KCAL-simulcast-	9	I	No		Los Angeles
O KOCE-simulcast	36	E	Yes	E	Huntington Beach
cc [KESQ]	42	N-M	No		Palm Springs
M KMIR Movies!	36	N-M	No		Palm Springs
B PBS KOCE Plus	50	E-M	Yes	0	Huntington Beach
V Exp.	24	E-M	No		San Bernardino
tr Estrella [KRET]	45	I-M	No		Cathedral City
R KRET MundoFox	45	I-M	No		Cathedral City
hi This TV [KRET]	45	I-M	No		Cathedral City
C KCET NHK World-	28	E-M	Yes	0	Los Angeles
C KCET VME-	28	E-M	Yes	0	Los Angeles
V KVCR Desert Cities	24	E-M	No		San Bernardino
Y KYAV-LD	12		No		Palm Springs
E KEVC (Unimas)	5	N	NO		Indio

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 62626 Frontier California Inc. PRIMARY TRANSMITTERS: RADIO H 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. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary** Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. **Column 1:** Identify the call sign of each station carried. **Column 2:** State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). LOCATION OF STATION **CALL SIGN** AM or FM S/D CALL SIGN AM or FM S/D LOCATION OF STATION

FORM SA3E. PAGE 5. ACCOUNTING PERIOD: 2023/1

LEGAL NAME OF OWNER OF	CABLE SYS	ГЕМ:				SYSTEM ID#	Nama
Frontier California Inc	•					62626	Name
SUBSTITUTE CARRIAG	E: SPECIA	L STATEME	NT AND PROGRAM LO				
In General: In space I, ident substitute basis during the a explanation of the programm form.	ccounting pe	eriod, under spe	ecific present and former FC	CC rules, regu	llations, or authorizatior	s. For a further	Substitute
1. SPECIAL STATEMEN	T CONCER	RNING SUBS	TITUTE CARRIAGE				Carriage:
 During the accounting pe broadcast by a distant sta 		ır cable syster	n carry, on a substitute ba	sis, any non	network television pro Yes	´	Special Statement and Program Log
Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUT		·	ge blank. If your answer is	s "Yes," you	must complete the pro	gram	
In General: List each subsclear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, restanding titles, for example, "I Love Column 2: If the program Column 3: Give the call Column 4: Give the brothe case of Mexican or Carcolumn 5: Give the mofirst. Example: for May 7 gives the mofirst.	stitute progra ace, please of every no distant state egulations, of ation. Do no Lucy" or "NI m was broa sign of the adcast state hadian state onth and day ive "5/7." hes when the Example: a ter "R" if the and regulati rogramming	am on a separ attach addition annetwork teletion and that your authorization of use general BA Basketball: dcast live, ento station broaddon's location (ons, if any, the when your sy e substitute program carrons in effect d	nal pages. vision program (substitute our cable system substitute ns. See page (vi) of the ge categories like "movies", or 76ers vs. Bulls." er "Yes." Otherwise enter the community to which the community with which the stem carried the substitute or carried the substitute or carried by you ried by a system from 6:00 m was substituted for progluring the accounting period	program) thated for the program instructor "basketbar" 'No." ram. e station is life station is life program. Ur cable system in the camming thated; enter the	at, during the accountiogramming of another tions located in the pauli". List specific programming of another tions located in the pauli". List specific programming the following senumerals, with the m. List the times accumum. List the times accumum. Sizes:30 p.m. should be to your system was requester "P" if the listed p	ng r station per am r, in month trately e	
					N SUBSTITUTE	7. REASON	
	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	AGE OCCURRED 6. TIMES	FOR DELETION	
TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	522211011	
	-						
					_		
							l

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

Name	LEGAL NAME OF		E SYSTEM:						SY	STEM ID#			
	Frontier Cal	ifornia Inc.								62626			
1	PART-TIME CA		with column 5 of sp.	ace G. If you list	ed a	a station's basis	of carriage as "	LAC" for part-					
Part-Time Carriage Log	In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G. Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period. • Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10."												
	 State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.— 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.— 12:00 p.m." 												
			DATES	S AND HOURS	OF F	PART-TIME CAF	RRIAGE						
	CALL SIGN	WHEN	CARRIAGE OCCU			CALL SIGN	WHE	N CARRIAGE OC					
		DATE	HOUI FROM	KS TO			DATE	FROM	DURS	то			
									=				
									=				
			_										
										.===			
	1		Ī		ı	Ī		Ī					

	ntier California Inc.		,	SYSTEM ID# 62626	Name			
Inst all a (as pag	CONTAINT: You must complete a statement in a page R concerning green receipts	ndary tran ompute th	smission services amount, see \$ 22,0	42,811.72	K Gross Receipts			
	ORTANT: You must complete a statement in space P concerning gross receipts.	(.	Amount of gross red	ceipts)				
 COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. 								
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.	entered o	on line 1 of					
▶ If pa 3 be	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be er low.	ntered on	line 2 in block					
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shoul block 4 below.	ld be ente	ered on line					
	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.		percent of the					
	Line 1. Enter the amount of gross receipts from space K. Line 2. Multiply the amount in line 1 by 0.01064.		\$ 22,04	42,811.72				
	Enter the result here. This is your minimum fee.	\$	2	34,535.52				
	 DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the ispace G. If, in space G, you identified any stations as "distant" by stating "Yes" in column "Yes" in this block. Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule. No—Leave block 3 below blank and on the column of the accounting period of the column of the accounting period of the column of	n 4, you r d?	must check					
Block	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero.	_	\$	29,543.83				
3	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero.	_		0.00				
	Line 3. Add lines 1 and 2 and enter here.	\$;	29,543.83				
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.	_	\$ 2	34,535.52	Cable systems			
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter			0.00	submitting additional			
	zero. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	_		0.00	deposits under Section 111(d)(7) should contact the Licensing			
	Line 4. FILING FEE	_	\$	725.00	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	\$	2	35,260.52	appropriate form for submitting the additional fees.			
	EFT Trace # or TRANSACTION ID #							
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (S general instructions located in the paper SA3 form and the Excel instructions ta	. •	` '					

ACCOUNTING PERIOD: 2023/1 FORM SA3E. PAGE 8.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Frontier California Inc.	62626
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
	1. Enter the total number of channels on which the cable system carried television broadcast stations	
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations 760	
	and nonbroadcast services	
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
for Further Information	Name Karol Whittaker Telephone 214-534-6827	
	Address 1919 McKinney Ave (Number, street, rural route, apartment, or suite number)	
	Dallas, TX 75201 (City, town, state, zip)	
	Email karol.whittaker@ftr.com Fax (optional)	
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations.)	
0		
Certification	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or	
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.	em
	• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	
	X /s/ Jessica Matushek	
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the button, then type /s/ and your name. Pressing the "F2" button will avoid enabling Excel's Lotus compatibility settings.	"F2"
	Typed or printed name: Jessica Matushek	
	Title: Sr. Director Accounting (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 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 filing, a determination that would be made by a court of law.

ACCOUNTING PERIOD: 2023/1

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Frontier California Inc.	62626	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by account lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for service of providing secondary transmissions of primary broadcast transmitters, the system shall rescribers and amounts collected from subscribers receiving secondary transmissions pursuant to secondary transmission on when to exclude these amounts, see the note on page (vii) of the general instruction paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions.	r the basic not include sub- ection 119." tions in the	Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners? X NO		
YES. Enter the total here and list the satellite carrier(s) below		
Name Name		
Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or upon an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 for		Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
x	- days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-	
	x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L (page 7)	_	
	(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further ass contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	istance 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 please list below the owner, address, first community served, accounting period, and ID number as given filing.		
Owner		
Address		
First community served		
Accounting period		
ID number		

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

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, 1981, 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.

DSE SCHEDULE. PAGE 11.

COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE

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

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

- 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:

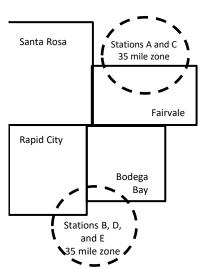
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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



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

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x .01064
 \$6.384.00

		Ψ0,30-1.00			
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)

DSE SCHEDULE. PAGE 11. (CONTINUED)

_	LEGAL NAME OF OWNER OF CABLE	SYSTEM:			S	YSTEM ID#					
1	Frontier California Inc.		62626								
	SUM OF DSEs OF CATEGOR	Y "O" STATION	S:								
	Add the DSEs of each station.		.								
	Enter the sum here and in line		3.00								
	Instructions:					1					
	In the column headed "Call S	ign": list the call	signs of all distant stations i	dentified by the	e letter "O" in column 5						
	of space G (page 3).	_	_								
	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-										
Category "O"	mercial educational station, give the DSE as ".25." CATEGORY "O" STATIONS: DSEs										
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
	KOCE	0.250	OALL GIOIN	DOL	OALL GION	DOL					
	KLCS	0.250									
	KVCR	0.250									
	KCET	0.250									
	KCET NHK World	0.250									
Add rouge oc	PBS KOCE Plus	0.250									
necessary.	KVCR First Nations Exp										
Remember to copy an	KLCS DT2	0.250									
formula into new	KLCS Create	0.250									
rows.	KCET VME	0.250									
	KVCR DT3 Desert Cities										
	KVCR DT4 Create	0.250									

)								

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:					S	YSTEM ID#	
Name	Frontier California Inc. 62626								
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2: For ear figure should corresp Column 3: For ear Column 4: Divide be carried out at leas Column 5: For ear give the type-value as Column 6: Multip	all sign of all distance of act station, give to ond with the informach station, give to the figure in column to the third decimant in the figure in column to the figure in the figure in column to the figure in the	the number of rmation given the total numb umn 2 by the mal point. Thi station, give to	in space J. Calculate of per of hours that the stated figure in column 3, and is is the "basis of carriathe "type-value" as "1.0 er figure in column 5, and	em carried the sta only one DSE for ation broadcast ov give the result in ge value" for the s " For each netwo	ation during the accountin each station. ver the air during the acco decimals in column 4. Th	ounting period. nis figure must cational station, less than the		
Capacity		C	CATEGOR	Y LAC STATIONS:	COMPUTATI	ON OF DSEs			
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEI	ER JRS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	5. TYPE	6. DS	SE.	
			÷		=	<u>x</u>	=		
			÷ ÷		=	x x			
			÷		=	x	=		
			÷		=	x	=		
			÷		=	x	=		
			÷ ÷		=	x			
4	SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. Enter the sum here and in line 2 of part 5 of this schedule,								
Computation of DSEs for Substitute- Basis Stations	space I). Column 2: For eac at your option. This fig Column 3: Enter th Column 4: Divide t	h station give the ure should corre e number of days he figure in colun he station's DSE	e number of live spond with the s in the calend nn 2 by the fig (For more inf	ve, nonnetwork prograr e information in space dar year: 365, except ir gure in column 3, and g formation on rounding,	ns carried in subs l. n a leap year. ive the result in c see page (viii) of	the word "Yes" in column a stitution for programs that olumn 4. Round to no les the general instructions in	were deleted s than the third	ırm).	
				E-BASIS STATION					
	SIGN OF	MBER OGRAMS	3. NUME OF DA IN YEA	YS	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	
		-		=		÷		=	
				=		÷		=	
		-		=		÷		=	
				=		÷ ÷		=	
	SUM OF DSEs OF SU Add the DSEs of each Enter the sum here	BSTITUTE-BAS station.	IS STATIONS		▶	0.00			
5	TOTAL NUMBER OF D			e boxes in parts 2, 3, an	d 4 of this schedul	le and add them to provide	the total		
Total Number	1. Number of DSEs	from part 2 ●				>	3.00		
of DSEs	2. Number of DSEs	from part 3 ●				<u> </u>	0.00		
	3. Number of DSEs	from part 4 ●				>	0.00		
	TOTAL NUMBER OF D	SEs				<u> </u>		3.00	

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

LEGAL NAME OF O		SYSTEM:					S'	YSTEM ID# 62626	Name
Instructions: Bloc In block A: If your answer if " schedule. If your answer if "	Yes," leave the re	emainder of p		7 of the DSE sched	dule blank and	d complete pa	rt 8, (page 16) of	the	6
n your anower ii	140, Complete ble			ELEVISION MA	ARKETS				Computation of
Column 1: CALL SIGN Column 2: BASIS OF	1981? plete part 8 of the lete blocks B and List the call signs under FCC rules instructions for the Satellite Television Enter the approp (Note the FCC rules A Stations carrier 76.61(b)(c)]	schedule—I C below. BLOG of distant stand regulation on Extension riate letter in alles and regulation ed pursuant	CK B: CARR tations listed in ons prior to Jur edule. (Note: The and Localism dicating the ba lations cited be to the FCC ma	PLETE THE REMA IAGE OF PERM part 2, 3, and 4 of the 25, 1981. For full the letter M below resolution Act of 2010.) sis on which you call the letter M below resolution in the service of the service in the service i	MITTED DS this schedule rther explanate efers to an exe arried a permi se in effect on 5.57, 76.59(b)	Es that your systion of permitteempt multicast tted station. June 24, 198, 76.61(b)(c),	em was permitted ed stations, see th stream as set for 1.) 76.63(a) referring	d to carry ne rth in the	3.75 Fee
Column 3:	C Noncommerica D Grandfathered instructions for E Carried pursua *F A station pre G Commercial U M Retransmission List the DSE for e	al educational station (76. or DSE scheolant to individually carried (1966) and of a distante estations ideal	al station [76.59 65) (see paragule). ual waiver of Fed on a part-tin within grade-Bot multicast street station listed in entified by the left.	ne or substitute bas contour, [76.59(d)(5	3(a) referring stitution of grassis prior to Jur 5), 76.61(e)(5)	to 76.61(d)] andfathered st ne 25, 1981 n, 76.63(a) refe	tations in the erring to 76.61(e)(
1. CALL	2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE	
SIGN	BASIS		SIGN	BASIS		SIGN	BASIS		
KOCE	С	0.25	KVCR	M	0.25				
KLCS	С	0.25	KLCS	M	0.25				
KVCR	С	0.25	KLCS	M	0.25				
KCET	С	0.25	KCET	M	0.25				
KCET	М	0.25	KVCR	М	0.25				
PBS KOCE	М	0.25	KVCR	М	0.25				
		E	BLOCK C: CC	MPUTATION OF	3.75 FEE			3.00	
Line 1: Enter the Line 2: Enter the				п			i e		
Line 3: Subtract l (If zero, le				r of DSEs subjec 7 of this schedul		rate.			
Line 4: Enter gro	ss receipts from	space K (p	page 7)				x 0.03	375	Do any of the DSEs represent partially permited/
Line 5: Multiply li	·		***************************************				x		partially nonpermitted carriage? If yes, see part
Line 6: Enter tota Line 7: Multiply li				2, block 3, space	e L (page 7)			0.00	9 instructions.

Name	Frontier California Inc. SYSTEM ID#: 62626									
Worksheet for Computating the DSE Schedule for Permitted 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									entered
		PERMITTI	ED DSE FOR STA	TIONS CARRIE	ΞD	ON A PART-TIME AN	ND SUBST	ITUTE BASIS		
	1. CALL SIGN	2. PRIO DSE		COUNTING ERIOD		4. BASIS OF CARRIAGE		RESENT DSE		MITTED SE
							•••••••••			
Computation of the Syndicated Exclusivity	Instructions: Block A must be completed. In block A: If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. BLOCK A: MAJOR TELEVISION MARKET									
Surcharge	• Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 19. Yes—Complete blocks B and C. No—Proceed to part 8								981?	
	BLOCK B: Ca	arriage of VHF	F/Grade B Contour	Stations	BLOCK C: Computation of Exempt DSEs					
	Is any station listed in commercial VHF stati or in part, over the ca	on that places	•			Was any station listed nity served by the cab to former FCC rule 76	le system p		-	
	Yes—List each s		th its appropriate perr part 8.	mitted DSE		Yes—List each sta		with its appropriate to part 8.	permitted	DSE
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIGN		DSE
			TOTAL DSEs	0.00				TOTAL DSEs		0.00

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Frontier California Inc. SYSTEM ID# 62626	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE	
Section 1	Enter the amount of gross receipts from space K (page 7)	7
Section 2	A. Enter the total DSEs from block B of part 7	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below.	
	SECTION 3: TOP 50 TELEVISION MARKET	
Section 3a	• Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.	
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	
	A. Enter 0.00599 of gross receipts (the amount in section1)	
	B. Enter 0.00377 of gross receipts (the amount in section.1)	
	C. Subtract 1.000 from total permitted DSEs (the figure on	
	line C in section 2) and enter here	
	D. Multiply line B by line C and enter here	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.	
	A. Enter 0.00599 of gross receipts (the amount in section 1)	
	B. Enter 0.00377 of gross receipts (the amount in section 1)	
	C. Multiply line B by 3.000 and enter here	
	D. Enter 0.00178 of gross receipts (the amount in section 1)	
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here	
	F. Multiply line D by line E and enter here	
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	
	SECTION 4: SECOND 50 TELEVISION MARKET	
Section 4a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.	
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	
	B. Enter 0.00189 of gross receipts (the amount in section 1)	
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here	
	D. Multiply line B by line C and enter here	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	

ACCOUNTING PERIOD: 2023/1

DSE SCHEDULE, PAGE 16.

	Frontier California Inc. 62626
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). \$\begin{array}{c} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
	F. Multiply line D by line E and enter here
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
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS our cable system retransmit the signals of any partially distant television stations during the accounting period?
Section 1	Yes—Complete part 9 of this schedule. No—Complete the following sections. BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE
Section 2	Enter the amount of gross receipts from space K (page 7)
Section 3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1)
	• In blo • If you • If you blank What i were loservice • Did you Section 1 Section 2

U.S. Copyright Office

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: Frontier California Inc.	62626	Name
Section If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.		
Section If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.		0
A. Enter 0.01064 of gross receipts		8
(the amount in section 1) ▶		
B. Enter 0.00701 of gross receipts		Computation
(the amount in section 1) \$		of Base Rate Fee
C. Multiply line B by 3.000 and enter here \$		Dase Nate i ee
D. Enter 0.00330 of gross receipts (the amount in section 1) ▶ \$		
E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here▶		
F. Multiply line D by line E and enter here		
G. Add lines A, C, and F. This is your base rate fee.		
Enter here and in block 3, line 1, space L (page 7)		
Base Rate Fee	0.00	
IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast s	signals	
shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple chan ups in Space G.	-	9
In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to		Computation
receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take advathis exclusion, you must:	antage of	of
		Base Rate Fee and
First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the		Syndicated
DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each	ch group.	Exclusivity Surcharge
Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.		for
NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt in part must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B However, if your cable system is wholly located outside all major television markets, complete block A only.		Partially Distant Stations, and
How to Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
Step 1: For each community served, determine the local service area of each wholly distant and each partially distant station carried to that community.	you	Stations
Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station the same token, the station is distant to the subscriber.)		
Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a system will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system subscriber groups.	า'ร	
In each section:		
 Identify the communities/areas represented by each subscriber group. Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of subscribers in the group. 	the	
• If:		
1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in part and 4 of this schedule; or,	arts 2, 3,	
2) any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in bloc part 6 of this schedule.	ck B,	
• Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
• Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instrint in the paper SA3 form.	ructions	
• Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the prepage. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to your actual calculations on the form.	s, the total	

ACCOUNTING PERIOD: 2023/1

DSE SCHEDULE. PAGE 18.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Frontier California Inc.	62626
	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 the subscriber groups may be partially distant.	ese
	Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonperm	nitted distant
	signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs	
	.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 repo	-
	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 Percer	ıt Rate
	and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream.	
	You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agree	
	entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a prim	ary
	transmitter or an association representing the primary transmitter.	

CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	Di /				TE EFF0 F0D F40'	1 CLIDOOD	IDED CDOLLD	62626	
COMMUNITY AREA Fort Erwin COMMUNITY AREA Coachella, Indian Wells, Indio, La C	BLC							JP	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	COMMUNITY/ AREA				COMMUNITY/ AREA				9 Computation
Color Colo	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
Synthe 0.25	CET	0.25			KCET	0.25			Base Rate Fe
NOCE	CET NHK WORLD	0.25			KCET NHK WOR	L 0.25			and
PBS KOCE PLUS	CET VME	0.25			KCET VME-	0.25			Syndicated
KLCS 0.25 KLCS 072 0.25 KLCS 072 0.25 KVCR 0.25 KVCR 10.25 KVCR 10	KOCE	0.25			KOCE	0.25			Exclusivity
KLCS DT2					PBS KOCE PLUS	0.25			Surcharge
Community Comm									for
State								<u></u>	Partially
Community AREA									Distant
Total DSEs 3.00 Total DSEs 1.25							_		Stations
Total DSEs 3.00 Total DSEs 1.25 Gross Receipts First Group \$ 9,938.35 Gross Receipts Second Group \$ 1,543,181.17									
Total DSEs 3.00 Total DSEs Gross Receipts First Group \$ 9,938.35 Gross Receipts Second Group \$ 1,543,181.17 Base Rate Fee First Group \$ 245.08 Base Rate Fee Second Group FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA Camarillo, Port Hueneme, Oxna CALL SIGN DSE CALL SIGN D									
Gross Receipts First Group S 9,938.35 Gross Receipts Second Group S 1,543,181.17 Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Camarillo, Port Hueneme, Oxnai CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE KVCR 0.25 KVCR DT3 DESER 0.25 KVCR DT4 CREATI 0.25 COMMUNITY/ AREA Camarillo, Port Hueneme, Oxnai CALL SIGN DSE KVCR DT3 DESER 0.25 KVCR DT4 CREATI 0.25 Gross Receipts Third Group S 956,285.44 Gross Receipts Fourth Group S 19,533,406.76	VUR DI4 CREAII	U.25							
Gross Receipts First Group \$ 9,938.35 Gross Receipts Second Group \$ 1,543,181.17 Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Camarillo, Port Hueneme, Oxna CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE KVCR 0.25 KVCR D13 DESER 0.25 KVCR D14 CREATI 0.25 KVCR D14 CREATI 0.25 Total DSEs 1.00 Gross Receipts Third Group \$ 956,285.44 Gross Receipts Fourth Group \$ 1,543,181.17 \$ 19,123.87 \$ 19,123.87 FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA APPLE VALLEY ,ARTESIA ,AZUSA CALL SIGN DSE Gross Receipts Fourth Group \$ 19,533,406.76									
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Gross Receipts First Group S 9,938.35 Gross Receipts Second Group S 1,543,181.17 Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY AREA Camarillo, Port Hueneme, Oxnai CALL SIGN DSE CALL S	otal DSEs			3.00	Total DSEs		I	1.25	
THIRD SUBSCRIBER GROUP THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Camarillo, Port Hueneme, Oxnai CALL SIGN DSE CALL SIGN DSE CALL SIGN O.25 CVCR D14 CREATI O.25 CVCR D14 CREATI O.25 CVCR D15 DESER CALL SIGN DSE CALL SIGN COMMUNITY/ AREA CALL SIGN DSE CA		un	•			nd Group	¢ 1 E		
THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Camarillo, Port Hueneme, Oxnai CALL SIGN DSE CALL	Bioss Receipts Filst Gio	up	5	9,936.33	Gross Receipts Seco	ia Group	\$ 1,5	43,101.17	
COMMUNITY/ AREA Camarillo, Port Hueneme, Oxnai COMMUNITY/ AREA APPLE VALLEY ,ARTESIA ,AZUSA CALL SIGN DSE CALL SI	Base Rate Fee First Gro	•	\$ SUBSCRIBER GRO		Base Rate Fee Second	· .		•	
CALL SIGN DSE CA					COMMUNITY/ ADEA				
KVCR 0.25	""	Oaman	iio, i oit iiueiieii	ile, Oxila	COMMONT IT AREA	ALLE	VALLET ,ARTEON	A ,A200A	
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KVCR DT3 DESER 0.25 KVCR DT4 CREATI 0.25 Gross Receipts Third Group \$ 956,285.44 Total DSEs Output	(VCR	0.25							
KVCR DT4 CREAT 0.25 Interest of the control of the	(VCR First Nations	0.25							
Total DSEs									
Gross Receipts Third Group \$ 956,285.44 Gross Receipts Fourth Group \$ 19,533,406.76	(VCR DT4 CREAT	0.25							
Gross Receipts Third Group \$ 956,285.44 Gross Receipts Fourth Group \$ 19,533,406.76									
Gross Receipts Third Group \$ 956,285.44 Gross Receipts Fourth Group \$ 19,533,406.76									
Gross Receipts Third Group \$ 956,285.44 Gross Receipts Fourth Group \$ 19,533,406.76							_		
Gross Receipts Third Group \$ 956,285.44 Gross Receipts Fourth Group \$ 19,533,406.76									
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Sross Receipts Third Group \$ 956,285.44 Gross Receipts Fourth Group \$ 19,533,406.76									
	otal DSEs			1.00	Total DSEs			0.00	
	Gross Receints Third Gr	oun	s 956	6.285.44	Gross Receints Fourt	h Group	s 19.5	33,406.76	
Base Rate Fee Third Group \$ 10,174.88 Base Rate Fee Fourth Group \$ 0.00	2. 300 . toodipto Tillia Oli	- ~ h	<u>, , , , , , , , , , , , , , , , , , , </u>	-,	C. 550 Protopio Podrit	Слочр	10,0	7	
	Base Rate Fee Third Group \$ 10,174.88		0,174.88	Base Rate Fee Fourth Group \$ 0.00			0.00		
					Ш				
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7) \$ 29,543.83									

Distant Community Area First Subscriber Group Distant to KCET, KCET NHK WORLD, KCET VME, KOCE, PBS KOCE PLUS, KLCS, KLCS DT21, KLCS CREATE, KVCR, KVCR 1ST NAT EXP, KVCR DT3, KVCR DT4

Fort Irwin	

Distant Community Area Third Subscriber Group Distant to KVCR, KVCR 1ST NAT EXP, KVCR DT3, KVCR DT4

-	
City of Camarillo	
City of Port Hueneme	
Oxnard	

Distant Comm Second Subscri Distant to KCET, KCET NHK W PBS KOCE

City of Coachella
City of Indian Wells
City of Indio
City of La Quinta
City of Palm Desert
Riverside County (Palm Spring

Ar	tesia	
_	11.61	

Bellflower

Cerritos

Chino

City of Azusa

City of Baldwin Park

City of Banning

City of Beaumont

City of Calimesa

City of Canyon Lake

City of Chino Hills

City of Covina

City of Culver City

City of Hemet

City of Hermosa Beach

City of Hesperia

City of Highland

City of Huntington Beach

City of Industry

City of Irwindale

City of La Habra

City of Lake Elsinore

City of Lakewood

City of Loma Linda

City of Long Beach

City of Los Alamitos
City of Los Angeles
City of Malibu
City of Manhattan Beach
City of Montclair
City of Murrieta
City of Ontario
City of Perris
City of Pico River
City of Pomona
City of Redlands
City of Rolling Hills
City of San Bernardino

unity Area iber Group /ORLD, KCET VME, KOCE, PLUS
5)

Distant Community Area Fourth Subscriber Group Distant to

City of Snn Jacinto	Santa Fe Springs
City of Santa Monica	Signal Hills
City of Seal Beach	Town of Apple Valley
City of Stanton	Upland
City of Temecula	Ventura County
City of Thousand Oaks	Walnut
City of Torrance	Westminster
City of Victorville	Wildomar
City of West Covina	Yucaipa
City of Whittier	
Claremont	
Diamond Bar	
Downey	
Fontana	
Fountain Valley	
Garden Grove	
Glendora	
Hawaiian Gardens	
La Mirada	
La Palma	
La Puente	
La Verne	
Lawndale	
Los Angeles County	
Menifee	

Moreno Valley	
Norwalk	
Orange County	
Rancho Cucanmonga	
Rancho Palo Verdes	
Redondo Beach	
Riverside	
Riverside County (LA)	
Rolling Hills Estate	
City of San Bernardino	
San Bernardino County	
San Dimas	
Santa Fe Springs	

Name	Frontier California Inc.	SYSTEM ID# 62626			
9	If your cable system is located within a top 100 television market an	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP r cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a icated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined ction 76.5 of FCC rules in effect on June 24, 1981:			
Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant	First 50 major television market INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for community this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none is Step 3: In line 3, subtract line 2 from line 1. This is the total number Step 4: Compute the surcharge for each subscriber group using the	up for the VHF Grade B contour stations that were classified as enter zero. er of DSEs used to compute the surcharge.			
Stations	your actual calculations on this form.				
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP			
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs			
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs			
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation			
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group			
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP			
	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs			
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation			
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group			
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for in the boxes above. Enter here and in block 4, line 2 of space L (page)	or each subscriber group as shown ge 7)			