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.

STATEMENT OF ACCOUNT for Secondary Transmissions by

Cable Systems (Long Form)

General instructions are located in

the first tab of this workbook.

# SA3E Long Form

Return completed workbook by email to:

## coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS S	TATEMENT:			
Accounting Period	2023/1				
<b>B</b> Owner	Instructions:         Give the full legal name of the owner of the cable system         rate title of the subsidiary, not that of the parent corporation.         List any other name or names under which the owner construction.         If there were different owners during the accounting per a single statement of account and royalty fee payment cover         Check here if this is the system's first filing. If not, ent	onducts the business of the cable system iod, only the owner on the last day of the ring the entire accounting period.	accounting period should s		062799
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CAB	BLE SYSTEM			
	CEQUEL COMMUNICATIONS LLC				
				06279	920231
				062799	2023/1
	3027 S SE LOOP 323				
	TYLER, TX 75701				
С	<b>INSTRUCTIONS:</b> In line 1, give any business or trade names already appear in space B. In line 2, give the n	3			
System					
	1 DIXIE/FAYETTE COUNTY				
	MAILING ADDRESS OF CABLE SYSTEM:				
	2 (Number, street, rural route, apartment, or sulte number)				
	(City, town, state, zip code)				
					41
D	<b>Instructions:</b> For complete space D instructions, see	page 1b. Identify only the first commi	unity served below and re	elist on page	e 1D
Area Served	with all communities. CITY OR TOWN	STATE			
First	DIXIE/FAYETTE COUNTY	WV			
Community	Below is a sample for reporting communities if you re	eport multiple channel line-ups in Sp	ace G.		
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUE	B GRP#
Sample	Alda	MD	Α		1
•	Alliance	MD	<u> </u>		2
	Gering	MD	В		3
form in order to pro numbers. By provid	e: Section 111 of title 17 of the United States Code authorizes the Copy beess your statement of account. PII is any personal information that cau ding PII, you are agreeing to the routine use of it to establish and mainta bared for the public. The effect of not providing the PII requested is that	n be used to identify or trace an individual, suc in a public record, which includes appearing in	h as name, address and telepho the Offce's public indexes and	one in	

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AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

8-29-23

FORM SA3E. PAGE 1b.								
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#								
CEQUEL COMMUNICATIONS LLC			062799					
<b>Instructions:</b> List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.								
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., on all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each rel designated by a number (based on your reporting from Part 9).	e column blank. If evant community	you report any sta with a subscriber	ations group,					
When reporting the carriage of television broadcast stations on a community-by-comm	a subscriber grou							
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#					
DIXIE/FAYETTE COUNTY	WV	В	4	First				
CHARLESTON	WV	Α	1	Community				
BARBOURSVILLE	WV	Α	1					
BELLE CITY	WV	A	1					
BOONE COUNTY	WV	A	1					
BOONE/JULIAN	WV	A	1	See instructions for				
BOONE/WHITESVILLE	WV	A	2	additional information				
CABELL COUNTY	WV	A	1	on alphabetization.				
CEDAR GROVE	WV	A	1					
CHESAPEAKE	WV	A	1					
CHEYLAN	WV	A	1	Add rows as necessary.				
	WV	A	2	riad rono do necessary:				
	WV	A	1					
CRABTREE	WV	A	1					
DANVILLE	WV	A	1					
DIXIE/NICHOLAS COUNTY	WV	A	2					
DUNBAR	WV	A	1					
EAST BANK	WV	A	1					
EAST LYNN	WV	A	1					
	WV	A	3					
FAYETTE/JODIE	WV	A	3					
FORT GAY	WV	A	1					
GAULEY BRIDGE	WV	A	3					
GLASGOW	WV	A	1					
HANDLEY	WV	A	2					
HURRICANE	WV	A	1					
	WV	A	2					
INDORE	WV	A	2					
INSTITUTE	WV	A	1					
KANAWHA COUNTY	WV	A	1					
	WV	A	1					
	WV	A	1					
LOUDENDALE	WV	A	1					
MADISON	WV	A	1					
MARMET	WV	A	1					
MILL CREEK	WV	A	1					
	WV	A	1					
MONTGOMERY FAYETTE COUNTY	WV	A	3					
NICHOLAS COUNTY	WV	A	2					
NITRO KANAWHA COUNTY	WV	A	1					
POND GAP	WV	Α	2					
	WV	Α	1					
ROBSON	WV	Α	3					

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM 062799 **CEQUEL COMMUNICATIONS LLC** Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identifcation hereafter known as the "first community." Please use it as the first community on all future filings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN STATE CH LINE UP SUB GRP# WV **SMITHERS** 3 First Α SOUTH CHARLESTON wv Α 1 Community ST. ALBANS WV Α 1 **SYLVESTER** WV Α 2 **TOWN OF PRATT** WV Α 2 WAYNE WV Α 1 See instructions for WHITESVILLE WV Α 2 additional information on alphabetization. Add rows as necessary.

FORM SA3E. PAGE 1b.

Name								-	OTEN IS	
	LEGAL NAME OF OWNER OF CABLI							S	STEM ID	
	CEQUEL COMMUNICAT	IONS LLC							06279	
Е	SECONDARY TRANSMISSION		-	-	-					
E	In General: The information in space E should cover all categories of secondary transmission service of the cable									
Secondam/	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information									
Secondary Transmission	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).									
Service: Sub-	Number of Subscribers: Both						ble system	ı, broken		
scribers and	down by categories of secondary	y transmission	service	e. In general, y	ou can con	npute the numbe	er of subsc	ribers in		
Rates	each category by counting the n							s charged		
	separately for the particular serv Rate: Give the standard rate of							ao and tho		
	unit in which it is generally billed	-	-					-		
	category, but do not include disc									
	Block 1: In the left-hand block	t in space E, th	e form	lists the catego	ories of sec	-				
	systems most commonly provide									
	that applies to your system. Not									
	categories, that person or entity subscriber who pays extra for ca									
	first set" and would be counted of									
	Block 2: If your cable system	has rate catego	ories fo	r secondary tra	ansmissior	n service that are				
	<b>Block 2:</b> 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									
	with the number of subscribers a sufficient.	and rates, in the	e right-l	hand block. A	wo- or thre	ee-word descript	ion of the s	service is		
		OCK 1					BLOC	К 0		
		NO. OF					DLOC	NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE	
	Residential:									
	<ul> <li>Service to first set</li> </ul>	3	8,319	\$ 50.00						
	<ul> <li>Service to additional set(s)</li> </ul>									
	<ul> <li>FM radio (if separate rate)</li> </ul>									
	Motel, hotel									
	Commercial		1,380	\$ 45.95						
	Converter									
			••••••	+				4		
	Residential									
	Residential     Non-residential									
	Residential     Non-residential     SERVICES OTHER THAN SEC					all your cable sys	stem's serv	vices that were		
	Residential     Non-residential     SERVICES OTHER THAN SECURATION SECURATION STATEMENT (Space F calls for rate)	te (not subscrit	ber) info	ormation with r	espect to a					
F	Residential     Non-residential     SERVICES OTHER THAN SECO In General: Space F calls for rai not covered in space E, that is, t service for a single fee. There and	te (not subscrib those services re two exceptio	ber) info that are ons: you	ormation with r e not offered in ı do not need t	espect to a combinati o give rate	ion with any seco information con	ondary trar cerning (1	nsmission ) services		
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- Services Other Than Secondary Transmissions:	Residential     Non-residential     SERVICES OTHER THAN SECCIN General: Space F calls for rain not covered in space E, that is, t service for a single fee. There are furnished at cost or (2) services amount of the charge and the urenter only the letters "PP" in the Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a strife (two- or three-word) description (two- or three-word)	te (not subscrit those services re two exceptio or facilities furn hit in which it is rate column. te charged by t t your cable sys separate charg otion and includ <u>BLOO</u> <u>RATE</u> \$ 17.00 \$ 19.00 \$ 99.00	ber) info that are ons: you nished to usually the cabi stem fu ge was to de the r CK 1 CATEC Install • Mo • Pa • Pa • Fir • Bu Other • Re	ormation with r e not offered in a do not need t to nonsubscrib y billed. If any r le system for e rnished or offe made or estab ate for each. GORY OF SEF ation: Non-re otel, hotel ommercial y cable-add'l c e protection rglar protection services: econnect	espect to a combinati o give rate ers. Rate i ates are cl ach of the red during lished. List <u>RVICE</u> sidential	ion with any seco a information con information shou harged on a vari applicable servi the accounting t these other ser	ondary trar cerning (1 Id include able per-p ces listed. period that vices in the	nsmission ) services both the rogram basis, : were not e form of a BLOCK 2	RATE	
Services Other Than Secondary Transmissions:	Residential     Non-residential     SERVICES OTHER THAN SECCIN General: Space F calls for rain not covered in space E, that is, t service for a single fee. There are furnished at cost or (2) services amount of the charge and the urenter only the letters "PP" in the Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a strife (two- or three-word) description (two- or three-word)	te (not subscrit those services re two exceptio or facilities furn hit in which it is rate column. te charged by t t your cable sys separate charg otion and includ <u>BLOO</u> <u>RATE</u> \$ 17.00 \$ 19.00 \$ 99.00	ber) info that are ons: you nished to usually the cabi stem fu ge was in de the r CK 1 CATEC Install • Mo • Ca • Pa • Fir • Bu Other • Re • Dis	ormation with r e not offered in a do not need t to nonsubscrib y billed. If any r le system for e rnished or offe made or estab ate for each. GORY OF SEF ation: Non-re otel, hotel mmercial y cable-add'l c e protection rglar protection services: connect sconnect	espect to a combinati o give rate ers. Rate i ates are cl ach of the red during lished. List <u>RVICE</u> sidential	ion with any seco information con information shou harged on a vari applicable servi the accounting t these other ser RATE	ondary trar cerning (1 Id include able per-p ces listed. period that vices in the	nsmission ) services both the rogram basis, : were not e form of a BLOCK 2	RATE	
Services Other Than Secondary Transmissions:	Residential     Non-residential     SERVICES OTHER THAN SECCIN General: Space F calls for rain not covered in space E, that is, t service for a single fee. There are furnished at cost or (2) services amount of the charge and the urenter only the letters "PP" in the Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a strife (two- or three-word) description (two- or three-word)	te (not subscrit those services re two exceptio or facilities furn hit in which it is rate column. te charged by t t your cable sys separate charg otion and includ <u>BLOO</u> <u>RATE</u> \$ 17.00 \$ 19.00 \$ 99.00	ber) info that are ons: you nished to usually the cabi stem fu ge was in de the r CK 1 CATEC Install • Mo • Co • Pa • Pa • Fir • Bu Other • Co	ormation with r e not offered in a do not need t to nonsubscrib y billed. If any r le system for e rnished or offe made or estab ate for each. GORY OF SEF ation: Non-re otel, hotel ommercial y cable-add'l c e protection rglar protection services: econnect	espect to a combinati o give rate ers. Rate i ates are cl ach of the red during lished. List RVICE sidential	ion with any seco e information con information shou harged on a vari applicable servi the accounting t these other ser	ondary trar cerning (1 Id include able per-p ces listed. period that vices in the	nsmission ) services both the rogram basis, : were not e form of a BLOCK 2	RATE	

CEQUEL CO	WINER OF CABLE SY				SYSTEM I 0627	Name
PRIMARY TRANSMI	TTERS: TELEVISIO	N				
			· · ·		nd low power television stations)	G
		• •		,	only on a part-time basis under n network programs [sections	G
					d (2) certain stations carried on a	Primary
substitute program Substitute Basi				carried by your cal	ble system on a substitute program	Transmitters: Television
basis under specifc	FCC rules, regulat	tions, or autho	rizations:		, , ,	
	ion here in space 0 ed only on a substi		t in space I (the	Special Statemen	t and Program Log)—if the	
List the station her	e, and also in spac	ce I, if the stati			e basis and also on some other	
in the paper SA3		erning substitu	te basis stations	, see page (v) of t	he general instructions located	
		•		•	such as HBO, ESPN, etc. Identify	
					n. For example, report multi- stream separately; for example	
WETA-simulcast).	the channel number	er the ECC ha	s assigned to the	a television station	for broadcasting over-the-air in	
			•		ay be different from the channel	
on which your cable			tion is a network	station an indepe	endent station, or a noncommercial	
educational station,	by entering the lett	ter "N" (for net	work), "N-M" (for	r network multicas	t), "I" (for independent), "I-M"	
(for independent mu For the meaning of					mercial educational multicast). paper SA3 form.	
Column 4: If the	station is outside	the local servi	ce area, (i.e. "dis	stant"), enter "Yes'	. If not, enter "No". For an ex-	
planation of local se Column 5: If you					aper SA3 form. ating the basis on which your	
cable system carrie	d the distant statio	n during the ad	counting period.	. Indicate by enter	ing "LAC" if your cable system	
carried the distant s For the retransm					pacity. ayment because it is the subject	
of a written agreem	ent entered into on	or before Jun	e 30, 2009, betw	veen a cable syste	m or an association representing	
					transmitter, enter the designa- er basis, enter "O." For a further	
explanation of these	three categories,	see page (v)	of the general ins	structions located	in the paper SA3 form.	
					o which the station is licensed by the hich the station is identifed.	
vote: ir you are utili	zing multiple chanr	nel líne-ups, us	se a separate sp	ace G for each ch	annel line-up.	
Note: Il you are utili	zing multiple chanr		se a separate sp		annel line-up.	
		CHANN	EL LINE-UP	AA		
1. CALL SIGN	2. B'CAST CHANNEL				annel line-up.	_
1. CALL	2. B'CAST	CHANN 3. TYPE	EL LINE-UP 4. DISTANT?	AA 5. BASIS OF		_
1. CALL SIGN	2. B'CAST CHANNEL	CHANN 3. TYPE OF	EL LINE-UP 4. DISTANT?	AA 5. BASIS OF CARRIAGE		
1. CALL SIGN WCHS-1	2. B'CAST CHANNEL NUMBER	CHANN 3. TYPE OF STATION	4. DISTANT? (Yes or No)	AA 5. BASIS OF CARRIAGE	6. LOCATION OF STATION	See instructions for
1. CALL SIGN WCHS-1 WCHS-2	2. B'CAST CHANNEL NUMBER 8	CHANN 3. TYPE OF STATION N	EL LINE-UP 4. DISTANT? (Yes or No) No	AA 5. BASIS OF CARRIAGE	6. LOCATION OF STATION	additional information
1. CALL SIGN WCHS-1 WCHS-2 WCHS-3	2. B'CAST CHANNEL NUMBER 8 8.2	CHANN 3. TYPE OF STATION N I-M	EL LINE-UP 4. DISTANT? (Yes or No) No No	AA 5. BASIS OF CARRIAGE	6. LOCATION OF STATION CHARLESTON, WV CHARLESTON, WV	
1. CALL SIGN WCHS-1 WCHS-2 WCHS-3 WCHS-4	2. B'CAST CHANNEL NUMBER 8 8.2 8.3	CHANN 3. TYPE OF STATION N I-M	EL LINE-UP 4. DISTANT? (Yes or No) No No No	AA 5. BASIS OF CARRIAGE	6. LOCATION OF STATION CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV	additional information
1. CALL	2. B'CAST CHANNEL NUMBER 8 8.2 8.3 8.4	CHANN 3. TYPE OF STATION N I-M I-M	EL LINE-UP 4. DISTANT? (Yes or No) No No No	AA 5. BASIS OF CARRIAGE	6. LOCATION OF STATION CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV	additional information
1. CALL SIGN WCHS-1 WCHS-2 WCHS-3 WCHS-4 WCHS-HD1	2. B'CAST CHANNEL NUMBER 8 8.2 8.3 8.4 8.4 8	CHANN 3. TYPE OF STATION N I-M I-M I-M N-M	EL LINE-UP 4. DISTANT? (Yes or No) No No No No	AA 5. BASIS OF CARRIAGE	6. LOCATION OF STATION CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV	additional information
1. CALL SIGN WCHS-1 WCHS-2 WCHS-3 WCHS-4 WCHS-HD1 WLPX-1 WLPX-HD1	2. B'CAST CHANNEL NUMBER 8 8.2 8.3 8.3 8.4 8 8 29	CHANN 3. TYPE OF STATION I-M I-M I-M I-M I-M I-M I-M	EL LINE-UP 4. DISTANT? (Yes or No) No No No No No No	AA 5. BASIS OF CARRIAGE	6. LOCATION OF STATION CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV	additional information
1. CALL SIGN WCHS-1 WCHS-2 WCHS-3 WCHS-4 WCHS-HD1 WLPX-1 WLPX-HD1 WLPX-HD1	2. B'CAST CHANNEL NUMBER 8 8.2 8.3 8.4 8.4 8 29 29 29	CHANN 3. TYPE OF STATION I-M I-M I-M I-M I-M	EL LINE-UP 4. DISTANT? (Yes or No) No No No No No No No	AA 5. BASIS OF CARRIAGE	6. LOCATION OF STATION CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV	additional information
1. CALL SIGN WCHS-1 WCHS-2 WCHS-3 WCHS-4 WCHS-HD1 WLPX-1 WLPX-1 WLPX-1 WLPX-HD1 WOWK-1 WOWK-2	2. B'CAST CHANNEL NUMBER 8 8.2 8.3 8.4 8.4 8 29 29 29 13	CHANN 3. TYPE OF STATION I-M I-M I-M I I I-M I N-M	EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO NO NO NO NO NO NO NO	AA 5. BASIS OF CARRIAGE	6. LOCATION OF STATION CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV	additional information
1. CALL SIGN WCHS-1 WCHS-2 WCHS-3 WCHS-4 WCHS-HD1 WLPX-1 WLPX-1 WLPX-HD1 WOWK-1 WOWK-2 WOWK-3	2. B'CAST CHANNEL NUMBER 8 8.2 8.3 8.4 8 29 29 29 13 13.2	CHANN 3. TYPE OF STATION N I-M I-M I I I-M I N I-M	EL LINE-UP 4. DISTANT? (Yes or No) No No No No No No No No No No	AA 5. BASIS OF CARRIAGE	6. LOCATION OF STATION CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV	additional information
1. CALL SIGN WCHS-1 WCHS-2 WCHS-3 WCHS-4 WCHS-HD1 WLPX-1 WLPX-1 WUPX-1 WOWK-1 WOWK-2 WOWK-3 WOWK-4	2. B'CAST CHANNEL NUMBER 8 8.2 8.3 8.4 8 29 29 29 29 13 13.2 13.2 13.3	CHANN 3. TYPE OF STATION N I-M I-M I I-M I-M I-M I-M I-M	EL LINE-UP 4. DISTANT? (Yes or No) No No No No No No No No No No	AA 5. BASIS OF CARRIAGE	6. LOCATION OF STATION CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV HUNTINGTON, WV	additional information
1. CALL SIGN WCHS-1 WCHS-2 WCHS-3 WCHS-4 WCHS-HD1 WLPX-HD1 WLPX-HD1 WUPX-HD1 WOWK-1 WOWK-2 WOWK-3 WOWK-4 WOWK-HD1	2. B'CAST CHANNEL NUMBER 8 8.2 8.3 8.4 8 29 29 13 13.2 13.3 13.4	CHANN 3. TYPE OF STATION I-M I-M I-M I-M I-M I-M I-M I-M	EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO NO NO NO NO NO NO NO	AA 5. BASIS OF CARRIAGE	6. LOCATION OF STATION CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV	additional information
1. CALL SIGN WCHS-1 WCHS-2 WCHS-3 WCHS-4 WCHS-HD1 WLPX-HD1 WLPX-HD1 WOWK-1 WOWK-2 WOWK-3 WOWK-4 WOWK-4 WOWK-HD1 WQCW-1	2. B'CAST CHANNEL NUMBER 8 8.2 8.3 8.4 8.4 8 29 29 13 13.2 13.3 13.4 13.4 13	CHANN 3. TYPE OF STATION I-M I-M I-M I-M I-M I-M I-M I-M	EL LINE-UP 4. DISTANT? (Yes or No) No No No No No No No No No No	AA 5. BASIS OF CARRIAGE	6. LOCATION OF STATION CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV	additional information
1. CALL SIGN WCHS-1 WCHS-2 WCHS-3 WCHS-4 WCHS-HD1 WLPX-1 WLPX-1 WLPX-1 WLPX-1 WOWK-1 WOWK-2 WOWK-3 WOWK-4 WOWK-4 WOWK-HD1 WQCW-1 WQCW-2	2. B'CAST CHANNEL NUMBER 8 8.2 8.3 8.4 8 29 29 29 13 13.2 13.3 13.4 13.4 13 30	CHANN 3. TYPE OF STATION I-M I-M I-M I-M I-M I-M I-M I-M	EL LINE-UP 4. DISTANT? (Yes or No) NO	AA 5. BASIS OF CARRIAGE	6. LOCATION OF STATION CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV	additional information
1. CALL SIGN WCHS-1 WCHS-2 WCHS-3 WCHS-4 WCHS-HD1 WLPX-1 WLPX-1 WLPX-1 WOWK-1 WOWK-2 WOWK-2 WOWK-3 WOWK-4 WOWK-4 WOWK-HD1 WQCW-1 WQCW-2 WQCW-2	2. B'CAST CHANNEL NUMBER 8 8.2 8.3 8.4 8 29 29 29 13 13.2 13.3 13.2 13.3 13.4 13 30 30.2	CHANN 3. TYPE OF STATION N I-M I-M I-M I-M I-M I-M I-M I-M	EL LINE-UP 4. DISTANT? (Yes or No) No	AA 5. BASIS OF CARRIAGE	6. LOCATION OF STATION CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV PORTSMOUTH, OH	additional information
1. CALL SIGN WCHS-1 WCHS-2 WCHS-3 WCHS-4 WCHS-HD1 WLPX-1 WLPX-HD1 WUPX-1 WOWK-1 WOWK-2 WOWK-3 WOWK-3 WOWK-4 WOWK-4 WOWK-HD1 WQCW-1 WQCW-1 WQCW-1 WQCW-HD1 WSAZ-1	2. B'CAST CHANNEL NUMBER 8 8.2 8.3 8.4 8 29 29 29 13 13.2 13.2 13.3 13.4 13 30 30.2 30	CHANN 3. TYPE OF STATION N I-M	EL LINE-UP 4. DISTANT? (Yes or No) No	AA 5. BASIS OF CARRIAGE	6. LOCATION OF STATION CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV	additional information
1. CALL SIGN WCHS-1 WCHS-2 WCHS-3 WCHS-4 WCHS-HD1 WLPX-HD1 WLPX-HD1 WUPX-HD1 WOWK-1 WOWK-2 WOWK-3 WOWK-3 WOWK-4 WOWK-2 WOWK-4 WOWK-4 WOWK-4 WOWK-4 WOWK-4 WOWK-4 WOWK-2 WOWK-4 WOWK-4 WOWK-4 WOWK-4 WOWK-4 WOWK-4 WOWK-4 WOWK-2 WOWK-4 WOWK-2 WOWK-4 WOWK-2 WO	2. B'CAST CHANNEL NUMBER 8 8.2 8.3 8.4 8 29 29 29 13 13.2 13.3 13.4 13.4 13 30 30.2 30 30 30	CHANN 3. TYPE OF STATION N I-M	EL LINE-UP 4. DISTANT? (Yes or No) No	AA 5. BASIS OF CARRIAGE	6. LOCATION OF STATION CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV PORTSMOUTH, OH PORTSMOUTH, OH HUNTINGTON, WV	additional information
1. CALL SIGN WCHS-1 WCHS-2 WCHS-3 WCHS-4 WCHS-HD1 WLPX-HD1 WLPX-HD1 WOWK-1 WOWK-1 WOWK-2 WOWK-3 WOWK-4 WOWK-2 WOWK-4 WOWK-4 WOWK-4 WOWK-4 WOWK-3 WOWK-4 WOWK-4 WOWK-3 WOWK-4 WOWK-4 WOWK-3 WOWK-4 WOWK-4 WOWK-4 WOWK-4 WOWK-4 WOWK-4 WOWK-2 WOWK-4 WOWK-4 WOWK-4 WOWK-4 WOWK-4 WOWK-4 WOWK-2 WOWK-4 WOWK-4 WOWK-4 WOWK-4 WOWK-4 WOWK-4 WOWK-4 WOWK-2 WOWK-4 WOWK-4 WOWK-4 WOWK-4 WOWK-4 WOWK-2 WOWK-4 WOWK-2 WOWK-4 WOWK-2 WOWK-4 WOWK-2 WOWK-4 WOWK-2 WOWK-4 WOWK-2 WOWK-4 WOWK-4 WOWK-4 WOWK-4 WOWK-2 WOWK-4 WOWK	2. B'CAST CHANNEL NUMBER 8 8.2 8.3 8.4 8 29 29 29 13 13.2 13.3 13.4 13.4 13 30 30.2 30 3.2	CHANN 3. TYPE OF STATION N I-M	EL LINE-UP 4. DISTANT? (Yes or No)  NO	AA 5. BASIS OF CARRIAGE	6. LOCATION OF STATION CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV PORTSMOUTH, OH PORTSMOUTH, OH HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV	additional information
1. CALL SIGN WCHS-1 WCHS-2 WCHS-3 WCHS-4 WCHS-HD1 WLPX-HD1 WLPX-1 WLPX-HD1 WOWK-1 WOWK-2 WOWK-3 WOWK-4 WOWK-4 WOWK-4 WOWK-HD1 WQCW-1 WQCW-1 WQCW-2 WQCW-HD1 WSAZ-1 WSAZ-3 WSAZ-3 WSAZ-3	2. B'CAST CHANNEL NUMBER 8 8.2 8.3 8.4 8 29 29 29 13 13.2 13.3 13.4 13.4 13 30 30.2 30 30.2 30 3.2 3.3	CHANN 3. TYPE OF STATION N I-M	EL LINE-UP 4. DISTANT? (Yes or No) No	AA 5. BASIS OF CARRIAGE	6. LOCATION OF STATION CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV PORTSMOUTH, OH PORTSMOUTH, OH PORTSMOUTH, OH HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV	additional information
1. CALL SIGN WCHS-1 WCHS-2 WCHS-3 WCHS-4 WCHS-HD1 WLPX-1 WLPX-HD1 WUPX-1 WOWK-1 WOWK-2 WOWK-2 WOWK-3 WOWK-4 WOWK-4 WOWK-HD1 WQCW-1 WQCW-1 WQCW-1 WQCW-2 WQCW-HD1 WSAZ-1 WSAZ-3 WSAZ-HD1 WTSF-1	2. B'CAST CHANNEL NUMBER 8 8.2 8.3 8.4 8 29 29 29 13 13.2 13.3 13.4 13.2 13.3 13.4 13 30 30.2 30 30.2 30 3 3.2 3.3 3 3 4 13.2	CHANN 3. TYPE OF STATION N I-M	EL LINE-UP 4. DISTANT? (Yes or No) No	AA 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV PORTSMOUTH, OH PORTSMOUTH, OH PORTSMOUTH, OH HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV ASHLAND, KY	additional information
1. CALL SIGN WCHS-1 WCHS-2 WCHS-3 WCHS-4 WCHS-HD1 WLPX-HD1 WLPX-HD1 WUPX-HD1 WOWK-1 WOWK-2 WOWK-3 WOWK-3 WOWK-4 WOWK-4 WOWK-HD1 WQCW-1 WQCW-1 WQCW-1 WQCW-1 WQCW-1 WQCW-1 WQCW-2 WQCW-HD1 WSAZ-1 WSAZ-3 WSAZ-3 WSAZ-HD1 WTSF-1 WVAH-1	2. B'CAST CHANNEL NUMBER 8 8.2 8.3 8.4 8 29 29 29 13 13.2 13.2 13.3 13.4 13.2 13.3 13.4 13 30 30.2 30 30.2 30 3 3.2 3.3 3.2 3.3 3 11 11	CHANN 3. TYPE OF STATION N I-M	EL LINE-UP 4. DISTANT? (Yes or No) No	AA 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV ASHLAND, KY CHARLESTON, WV	additional information
1. CALL SIGN WCHS-1 WCHS-2 WCHS-3 WCHS-4 WCHS-HD1 WLPX-1 WLPX-HD1 WDWK-1 WOWK-1 WOWK-2 WOWK-3 WOWK-3 WOWK-4 WOWK-4 WOWK-HD1 WQCW-1 WQCW-1 WQCW-1 WQCW-1 WQCW-1 WQCW-1 WQCW-2 WQCW-HD1 WSAZ-1 WSAZ-3 WSAZ-3 WSAZ-HD1 WTSF-1 WVAH-1 WVAH-2	2. B'CAST CHANNEL NUMBER 8 8.2 8.3 8.4 8.4 8 29 29 29 13 13.2 13.3 13.4 13.3 13.4 13 30 30.2 30 30.2 30 30 3 3.2 3.3 3.3 61 11 11.2	CHANN 3. TYPE OF STATION I-M	EL LINE-UP 4. DISTANT? (Yes or No)  NO	AA 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV PORTSMOUTH, OH PORTSMOUTH, OH PORTSMOUTH, OH HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV CHARLESTON, WV CHARLESTON, WV	additional information
1. CALL SIGN WCHS-1 WCHS-2 WCHS-3 WCHS-4 WCHS-HD1 WLPX-HD1 WLPX-HD1 WDWK-1 WOWK-1 WOWK-2 WOWK-3 WOWK-4 WOWK-4 WOWK-4 WOWK-4 WOWK-4 WOWK-4 WOWK-4 WOWK-4 WOWK-4 WOWK-4 WOWK-4 WOWK-4 WOWK-1 WSAZ-1 WSAZ-2 WSAZ-3 WSAZ-1D1 WTSF-1 WVAH-1 WVAH-2 WVAH-3	2. B'CAST CHANNEL NUMBER 8 8.2 8.3 8.4 8 29 29 29 13 13.2 13.3 13.2 13.3 13.4 13.2 13.3 13.4 13 30 30.2 30 30.2 30 30 30.2 30 31 3.2 3.3 3 3 3 11.2 11.2 11.3	CHANN 3. TYPE OF STATION N I-M	EL LINE-UP 4. DISTANT? (Yes or No) No	AA 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV PORTSMOUTH, OH PORTSMOUTH, OH PORTSMOUTH, OH HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV	additional information
1. CALL SIGN WCHS-1 WCHS-2 WCHS-3 WCHS-4 WCHS-HD1 WLPX-HD1 WLPX-HD1 WDWK-1 WOWK-1 WOWK-2 WOWK-3 WOWK-4 WOWK-4 WOWK-4 WOWK-4 WOWK-HD1 WQCW-1 WQCW-1 WQCW-1 WQCW-1 WQCW-1 WQCW-1 WQCW-1 WQCW-1 WQCW-1 WQCW-1 WQCW-1 WSAZ-3 WSAZ-3 WSAZ-3 WSAZ-3 WSAZ-3 WSAZ-4 D1 WTSF-1 WVAH-1 WVAH-2 WVAH-3 WVPB-1	2. B'CAST CHANNEL NUMBER 8 8.2 8.3 8.4 8 29 29 29 13 13.2 13.3 13.4 13.2 13.3 13.4 13 30 30.2 30 30.2 30 30 30.2 30 31 3.2 3.3 3.3 61 11 11.2 11.3 33	CHANN 3. TYPE OF STATION N I-M	EL LINE-UP 4. DISTANT? (Yes or No) No	AA 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV PORTSMOUTH, OH PORTSMOUTH, OH PORTSMOUTH, OH PORTSMOUTH, OH HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV	additional information
1. CALL SIGN WCHS-1 WCHS-2 WCHS-3 WCHS-4 WCHS-HD1 WLPX-HD1 WLPX-HD1 WDWK-1 WOWK-1 WOWK-2 WOWK-3 WOWK-4 WOWK-4 WOWK-4 WOWK-4 WOWK-4 WOWK-4 WOWK-4 WOWK-4 WOWK-4 WOWK-4 WOWK-4 WOWK-4 WOWK-1 WSAZ-1 WSAZ-2 WSAZ-3 WSAZ-1D1 WTSF-1 WVAH-1 WVAH-2 WVAH-3	2. B'CAST CHANNEL NUMBER 8 8.2 8.3 8.4 8 29 29 29 13 13.2 13.3 13.2 13.3 13.4 13.2 13.3 13.4 13 30 30.2 30 30.2 30 30 30.2 30 31 3.2 3.3 3 3 3 11.2 11.2 11.3	CHANN 3. TYPE OF STATION N I-M	EL LINE-UP 4. DISTANT? (Yes or No) No	AA 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV PORTSMOUTH, OH PORTSMOUTH, OH PORTSMOUTH, OH HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV	additional information

Name

G

Primary Transmitters: Television

SYSTEM ID#

062799

### LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC

	_
PRIMARY TRANSMITTERS: TELEVISION	
In General: In space G, identify every television station (including translator stations and low power television stations)	
carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under	
FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections	
76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a	
substitute program basis, as explained in the next paragraph.	
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program	
basis under specifc FCC rules, regulations, or authorizations:	
• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the	
station was carried only on a substitute basis.	
List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other	
basis. For further information concerning substitute basis stations, see page (v) of the general instructions located	
in the paper SA3 form.	
Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify	
each multicast stream associated with a station according to its over-the-air designation. For example, report multi-	
cast 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.	
<b>Column 4:</b> If the station is outside the local service area (i.e. "distant") enter "Ves". If not enter "No". For an ex-	- 1

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

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

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

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

		CHANN	NEL LINE-UP AB		
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
WCHS-1	8	N	No		CHARLESTON, WV
WCHS-HD1	8	N-M	No		CHARLESTON, WV
WLPX-1	29	I	No		CHARLESTON, WV
WLPX-HD1	29	I-M	No		CHARLESTON, WV
WOAY-1	4	N	No		OAK HILL, WV
WOAY-2	4.2	I-M	No		OAK HILL, WV
WOWK-1	13	N	No		HUNTINGTON, WV
WOWK-HD1	13	N-M	No		HUNTINGTON, WV
WQCW-1	30	I	No		PORTSMOUTH, OH
WQCW-2	30.2	I-M	No		PORTSMOUTH, OH
WQCW-HD1	30	I-M	No		PORTSMOUTH, OH
WSAZ-1	3	N	No		HUNTINGTON, WV
WSAZ-2	3.2	I-M	No		HUNTINGTON, WV
WSAZ-HD1	3	N-M	No		HUNTINGTON, WV
WTSF-1	61	I	Yes	o	ASHLAND, KY
WVNS-2	59.2	I	No		LEWISBURG, WV
WVNS-HD2	59.2	I-M	No		LEWISBURG, WV
WVPB-1	33	E	No		HUNTINGTON, WV
WVPB-2	33.2	E-M	No		HUNTINGTON, WV
WVPB-3	33.3	E-M	No		HUNTINGTON, WV
WVPB-HD1	33	E-M	No		HUNTINGTON, WV
WZTS-1	16	I	No		HINTON, WV

	IOD: 2023/1							FORM SA3E. PAGE 4.
Name	LEGAL NAME OF C							SYSTEM ID# 062799
H Primary Transmitters: Radio	all-band basis v Special Instruct receivable if (1) on the basis of For detailed info located in the p Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: Co	t every radio s whose signals ctions Concer it is carried by monitoring, to prmation abou aper SA3 form dentify the call State whether t the radio stati this by placing Sive the statior	tation ca were "ge <b>ming All</b> ( the syst be receit t the the sign of e he statio on's sigr ( a check ('s locatio	rried on a separate and discre nerally receivable" by your cat -Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s Copyright Office regulations o each station carried. In is AM or FM. hal was electronically processes is mark in the "S/D" column. on (the community to which the the community with which the	ole system during opyright Office re the system's hea ystem's FM ante n this point, see ed by the cable sy e station is licens	g the accountin gulations, an adend, and (2) nna, during ce page (vi) of th ystem as a sep ed by the FCC	ng period FM sign ) it can b ertain sta e genera parate a	d. al is generally e expected, ated intervals. al instructions nd discrete
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
			5,5				5,0	
		+						
		+						
		+						
		+						
		+						
	<u> </u>	<u>†</u>	†					

	TIONS LI	_C				062799	Name
SUBSTITUTE CARRIAGE	E: SPECIA		NT AND PROGRAM LOG	Ì			l I
In General: In space I, ident substitute basis during the ac explanation of the programm	counting pe	eriod, under spe	cific present and former FCC	Crules, regula	ations, or authorizations	. For a further	Substitute
<ul> <li><b>1. SPECIAL STATEMEN</b></li> <li>During the accounting per broadcast by a distant sta</li> </ul>	CONCER	NING SUBST	ITUTE CARRIAGE		twork television progra	im	Carriage: Special Statement and
Note: If your answer is "No		rest of this pag	ge blank. If your answer is "	Yes," you mu	Ist complete the progra		Program Log
period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love I Column 2: If the prograr Column 3: Give the call Column 4: Give the broa the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progra ce, please a of every no distant stat gulations, o tion. Do no .ucy" or "NE n was broad sign of the s adcast static adian static th and day ve "5/7." es when the Example: a er "R" if the and regulatio ogramming	am on a separa attach addition nnetwork telev ion and that yo or authorization of use general of A Basketball: dcast live, ente station broadca on's location (th ons, if any, the when your sys e substitute pro a program carri listed program ons in effect du	al pages. ision program (substitute p ur cable system substituted s. See page (vi) of the gen categories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "N asting the substitute program the community to which the community with which the s tem carried the substitute p gram was carried by your c ed by a system from 6:01:1 was substituted for programing the accounting period;	rogram) that, I for the prog eral instructio "basketball". o." m. station is lice tration is iden program. Use able system. 5 p.m. to 6:2 mming that y enter the let	during the accounting ramming of another st ons located in the pape List specific program nsed by the FCC or, in tified). numerals, with the mo List the times accurat 8:30 p.m. should be our system was requir ter "P" if the listed pro	ation er onth ely ed	
s	UBSTITUT	TE PROGRAM	1		EN SUBSTITUTE IAGE OCCURRED	7. REASON FOR	
1. TITLE OF PROGRAM	2. LIVE? Yes or No		4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION	
	<u> </u>				_		
							•
	<b>+</b>						

FORM SA3E. PAGE 5.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

	LEGAL NAME OF C	EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#								
Name	CEQUEL CO	MMUNICAT	ONS LLC						(	062799
J Part-Time Carriage Log	In General: Thi time carriage du hours your syste Column 1 (C column 5 of spa Column 2 (D curred during th • Give the mont "4/10." • State the startt television statio "app." Example:	ART-TIME CARRIAGE LOG General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part- ie carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and urs 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 lumn 5 of space G. Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc- rred during the accounting period. Sive the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give /10." tate the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the evision station's broadcast day, you may give an approximate ending hour, followed by the abbreviation op." 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								
			DATE	S AND HOURS	OF F	PART-TIME CAR	RIAGE			
	CALL SIGN	WHEN	I CARRIAGE OCC			CALL SIGN	WHEN	I CARRIAGE C		D
	ONLE OIOIN	DATE	HOU FROM	JRS TO		ON LE DIGIN	DATE	FROM	IOURS	то
		DATE	FROM	10			DATE	FROM		10
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FORM	SA3E. PAGE 7.								
	LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       CEQUEL COMMUNICATIONS LLC     062799								
CE	QUEL COMMUNICATIONS LLC	062799	Name						
GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions.         Gross receipts from subscribers for secondary transmission service(s)         during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.									
<ul> <li>Instru</li> <li>Con</li> <li>Con</li> <li>If yo fee</li> <li>If yo</li> </ul>	<b>/RIGHT ROYALTY FEE</b> ctions: Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. our system did not carry any distant television stations, leave block 3 blank. Enter the am from block 1 on line 1 of block 4, and calculate the total royalty fee. our system did carry any distant television stations, you must complete the applicable par pompanying this form and attach the schedule to your statement of account.		L Copyright Royalty Fee						
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.	entered on line 1 of							
3 be	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be e slow.								
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shou block 4 below.	Id be entered on line							
Block 1	<b>MINIMUM FEE:</b> All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.								
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.	\$ 11,094,797.15							
	This is your minimum fee.	\$ 118,048.64							
Block 2	<ul> <li>DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column" "Yes" in this block.</li> <li>Did your cable system carry any distant television stations during the accounting perio</li> <li>X Yes—Complete the DSE schedule.</li> </ul>	n 4, you must check d?							
Block	X         Yes—Complete the DSE schedule.         No—Leave block 3 below blank and c           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	\$ 4,494.51							
3	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	0.00							
	Line 3. Add lines 1 and 2 and enter here	\$ 4,494.51							
Block 4	Line 1. <b>BASE RATE FEE/3.75 FEE or MINIMUM FEE:</b> 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	\$ 118,048.64	Cable systems						
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.	0.00	submitting additional deposits under						
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	Section 111(d)(7) should contact the Licensing						
	Line 4. FILING FEE	\$ 725.00	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	\$ 118,773.64	appropriate form for submitting the						
	EFT Trace # or TRANSACTION ID #		additional fees.						
	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 PERIO	FO FO	RM SA3E. PAGE 8.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 062799
<b>M</b> 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       32         2. Enter the total number of activated channels on which the cable system carried television broadcast stations       377	
N Individual to Be Contacted	<b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> : (Identify an individual we can contact about this statement of account.)	
for Further Information	Name RODNEY HASKINS Telephone (903) 579-315	52
	Address 3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)	
	TYLER, TX 75701 (City, town, state, zip)	
	Email RODNEY.HASKINS@ALTICEUSA.COM Fax (optional)	
О	<b>CERTIFICATION</b> (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)	
Certifcation	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable 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 sys in line 1 of space B.	tem
	<ul> <li>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.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>	
	X /s/ Alan Dannenbaum	
	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 is button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.	the "F2"
	Typed or printed name: ALAN DANNENBAUM	
	Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)	
	Date: August 29, 2023	

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

FORM	SA3E.	PAGE9.
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LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 062799	Name
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EX</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(lowing sentence:         <ul> <li>"In determining the total number of subscribers and the gross amount service of providing secondary transmissions of primary broadcast transcribers and amounts collected from subscribers receiving secondary</li> </ul> </li> <li>For more information on when to exclude these amounts, see the note on papaper SA3 form.         <ul> <li>During the accounting period did the cable system exclude any amounts of g made by satellite carriers to satellite dish owners?</li> <li>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below.</li> </ul> </li> </ul>	A), of the Copyright Act by adding the fol- ts paid to the cable system for the basic ansmitters, the system shall not include sub- y transmissions pursuant to section 119." age (vii) of the general instructions in the gross receipts for secondary transmissions	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address	idress	
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a For an explanation of interest assessment, see page (viii) of the general inst		Q
Line 1 Enter the amount of late payment or underpayment	x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here $\dots$	<u>-</u> <u>-</u> <u>-</u> <u>-</u> <u>-</u>	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	<u>\$</u>	
* To view the interest rate chart click on www.copyright.gov/licensing/inte contact the Licensing Division at (202) 707-8150 or licensing@copyrigh	erest-rate.pdf. For further assistance please	
** This is the decimal equivalent of 1/365, which is the interest assessme	ent for one day late.	
NOTE: If you are filing this worksheet covering a statement of account alread please list below the owner, address, first community served, accounting per filing.		
Owner		
Address		
First community served		
Accounting period		

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

### 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.

tems 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, noncommercial 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, 198I, 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 SCHEDULE

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

· If none of the stations were partially distant, calculate your base rate fee according to the following rates-for the system's permitted DSEs as reported in block B, part 6 or from part 5, whichever is applicable. First DSF 1.064% of gross receipts

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

0.330% of gross receipts

PARTIALLY DISTANT STATIONS-PART 9 OF THE DSE SCHEDULE

· If any of the stations were partially distant:

1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.

2. Identify the communities/areas represented by each subscriber group.

3. For each subscriber group, calculate the total number of DSEs of that group's complement of stations.

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

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

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

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

		<b>Distant Stations Carried</b>		Identification of	of Subscriber G	roups			
In most cases	under current FCC	STATION	DSE	CITY	OUTSIDE LO	CAL	GROS	SS RECEIPTS	
rules, all of Fa	airvale would be within	A (independent)	1.0		SERVICE ARE	EA OF	FROM S	UBSCRIBERS	
the local service	e area of both stations	B (independent)	1.0	Santa Rosa	Stations A, B,	C, D ,E	\$310,00		
A and C and all	of Rapid City and Bo-	C (part-time)	0.083	Rapid City	Stations A and	1 C		100,000.00	
dega Bay woul	d be within the local	D (part-time)	0.139	Bodega Bay	Stations A and	1 C		70,000.00	
service areas of	f stations B, D, and E.	E (network)	0.25	Fairvale	Stations B, D,	and E		120,000.00	
		TOTAL DSEs	2.472		TOTAL GROS	S RECEIPTS		\$600,000.00	
	1,7->、	Minimum Fee Total Gross	Receipts		\$600,000.00				
Santa Rosa	Stations A and C				x .01064				
	35 mile zone				\$6,384.00				
		First Subscriber Group		Second Subsc	riber Group		Third Subscriber Group		
	· · ´	(Santa Rosa)		(Rapid City and	Bodega Bay)		(Fairvale)		
	Fairvale								
		Gross receipts	\$310,000.00	Gross receipts			Gross receipts	\$120,000.00	
Rapid City		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	
	Bodega	\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .010	64 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80	
	Boulega Bay	\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .007	01 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	
Station	s B, D,	Total Base Rate Fee: \$6,4	97.20 + \$1.907.7	1 + \$1.604.03 =	\$10.008.94				

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)

and E

35 mile zone

# DSE SCHEDULE. PAGE 11. (CONTINUED)

4	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID										
1	CEQUEL COMMUNICAT	IONS LLC				062799					
	SUM OF DSEs OF CATEGORY "O" STATIONS:         • Add the DSEs of each station.         Enter the sum here and in line 1 of part 5 of this schedule.         1.00										
	Instructions:										
Computation	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom- mercial educational station, give the DSE as ".25." CATEGORY "O" STATIONS: DSEs										
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
	WTSF-1	1.000									
Add rows as necessary. Remember to copy all											
formula into new rows.											
				· · · · · · · · · · · · · · · · · · ·							
				· · · · · · · · · · · · · · · · · · ·							
				· · · · · · · · · · · · · · · · · · ·							

Name		OWNER OF CABLE SYSTEM:	C						JLE. PAGE 12. SYSTEM ID# 062799
<b>3</b> Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should Column 2 be carried out Column 9 give the type- Column 9	<b>CAPACITY</b> st the call sign of all distar 2: For each station, give th correspond with the inform 3: For each station, give th 1: Divide the figure in colu at least to the third decim 5: For each independent s value as ".25." 5: Multiply the figure in col point. This is the station's	ne number of hours y nation given in space the total number of ho mn 2 by the figure in nal point. This is the tation, give the "type umn 4 by the figure	your cable system c e J. Calculate only o purs that the station a column 3, and give "basis of carriage v e-value" as "1.0." Fo in column 5, and give	arried the station one DSE for each broadcast over t e the result in dec alue" for the stati or each network c ve the result in co	o during the ac o station. the air during t cimals in colun on. or noncomment olumn 6. Roun	he accountir nn 4. This fig cial educatio d to no less	ng period. jure must nal station, than the	
Capacity	SAS IOITI.		CATEGORY LA	C STATIONS (			<u>د</u>		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	R 3. N JRS C ED BY S	NUMBER DF HOURS STATION DN AIR	4. BASIS OF CARRIAGI VALUE		5. TYPE VALUE	6. DS	Ε
			÷ ÷	=					
								=	
			÷	=		x		=	
			÷ ÷					=	
			÷			x			
			÷	=		x		=	
	Add the DSEs	• OF CATEGORY LAC S of each station. Im here and in line 2 of pa		·,			0.00		
4 Computation of DSEs for Substitute- Basis Stations	Was carried tions in effe Broadcast of space I). Column 2: at your option. Column 3: Column 4:	e the call sign of each sta d by your system in substit ect on October 19, 1976 (a one or more live, nonnetwo For each station give the This figure should corres Enter the number of days Divide the figure in column This is the station's DSE (	tution for a program as shown by the letter rk programs during t number of live, nonr pond with the inform in the calendar year n 2 by the figure in c For more information	that your system wa er "P" in column 7 of that optional carriage network programs ca lation in space I. r: 365, except in a le column 3, and give t n on rounding, see p	as permitted to de f space I); and e (as shown by the arried in substitut eap year. he result in colun page (viii) of the g	elete under FC e word "Yes" in ion for program nn 4. Round to general instruc	C rules and column 2 of ms that were o no less tha ctions in the	e deleted	
									4 505
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUME OF PROC	BRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
			÷				÷ -		=
			: +	=			÷		=
			÷				÷		=
			- -	=			÷		=
	Add the DSEs	• OF SUBSTITUTE-BASI: of each station. Im here and in line 3 of pa		·,			0.00		
5		ER OF DSEs: Give the am s applicable to your system		s in parts 2, 3, and 4	of this schedule a	and add them t	o provide the	e total	
Total Number	1. Number	of DSEs from part 2 ●				×		1.00	
of DSEs	2. Number	of DSEs from part 3 ●			<b>)</b>	•		0.00	
	3. Number	of DSEs from part 4 ●			₽	<u> </u>		0.00	
	TOTAL NUMBE	ER OF DSEs					<b>&gt;</b>		1.00

DSE SCHEDULE. P.	AGE 13.							ACCOUNTIN	G PERIOD: 2023
	WNER OF CABLE S						S	YSTEM ID# 062799	Name
nstructions: Bloc	k A must be comp	leted.							
n block A: If your answer if "			rt 6 and part 7	of the DSE schedu	ule blank and o	complete part 8	3, (page 16) of the		6
chedule. If vour answer if "	'No," complete blo	cks B and C t	pelow.						
in your unower in				ELEVISION M	ARKETS				Computation of
s the cable systen ffect on June 24,		tside of all m		er markets as defin		ion 76.5 of FC	C rules and regula	tions in	3.75 Fee
		schedule—D	O NOT COMP	LETE THE REMAII	NDER OF PA	RT 6 AND 7.			
	lete blocks B and (								
		BLO	CK B: CARR		MITTED DS	Es			
Column 1: CALL SIGN	FCC rules and re	gulations pric e DSE Scheo	or to June 25, 1 Iule. (Note: The	part 2, 3, and 4 of th 981. For further ex e letter M below ref Act of 2010.)	planation of p	ermitted statio	ns, see the	-	
Column 2: BASIS OF PERMITTED CARRIAGE	<ul> <li>(Note the FCC ru A Stations carrie 76.61(b)(c)]</li> <li>B Specialty static</li> <li>C Noncommerica</li> <li>D Grandfathered instructions fo</li> <li>E Carried pursua *F A station prev</li> </ul>	les and regul ed pursuant to on as defined al educationa l station (76.6 r DSE schedu nt to individu viously carrie HF station wi	ations cited be b the FCC mari- in 76.5(kk) (76 I station [76.59 5) (see paragr Je). al waiver of FC d on a part-time thin grade-B co	e or substitute basi ontour, [76.59(d)(5)	e in effect on 5 57, 76.59(b), (1), 76.63(a) r 8(a) referring t stitution of gra s prior to June	June 24, 1981. 76.61(b)(c), 76 referring to 76. o 76.61(d)] ndfathered sta	.63(a) referring to 61(e)(1) tions in the		
Column 3:		stations ider	ntified by the le	parts 2, 3, and 4 of tter "F" in column 2			ksheet on page 14	lof	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
WTSF-1	A	1.00							
								1.00	
		E	BLOCK C: CC	MPUTATION OF	- 3.75 FEE				
ine 1: Enter the	total number of	DSEs from (	part 5 of this s	schedule					
ine 2: Enter the	sum of permittee	d DSEs fron	n block B abo	ve					
				of DSEs subject 7 of this schedule		ate.			
ne 4: Enter gro	ss receipts from	space K (pa	ige 7)				x 0.03	375	Do any of th DSEs represe partially
ine 5: Multiply li	ne 4 by 0.0375 a	ind enter su	m here				x		partially permited/ partially nonpermitte
ine 6: Enter tota	al number of DSE	Es from line	3						carriage? If yes, see pa 9 instructions
ine 7: Multiply li	ne 6 by line 5 an	d enter here	e and on line :	2, block 3, space	L (page 7)			0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#CEQUEL COMMUNICATIONS LLC062799									Name	
BLOCK A: TELEVISION MARKETS (CONTINUED)										•
	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
										Computation of 3.75 Fee
										0.70100
						<b>_</b>				
						ļ				
						+	-			
						<b> </b>				
·										
						[				
						İ				
						[				

								C		EDULE. PAGE 14	
Namo	LEGAL NAME OF OWN								S	YSTEM ID#	
Name	CEQUEL COM	NUNICATIONS	S LLC							062799	
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	<ul> <li>Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.)</li> <li>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.</li> <li>Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981.</li> <li>Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1).</li> <li>Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters:         <ul> <li>(Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.)</li> <li>A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)).</li> <li>B—Late-night programming: Carriage under FCC rules, sections, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form.</li> <li>Column 5: Indicate the SDE for the current accounting period as computed in parts 2, 3, and 4 of this schedule.</li> <li>Column 5: Indicate the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3: of part 6 for this station.</li> </ul> </li> <li>IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division.</li> </ul>										
					ED (	ON A PART-TIME AN	1				
	1. CALL	2. PRIOR		COUNTING		4. BASIS OF		RESENT	6. P	ERMITTED	
	SIGN	DSE	P	ERIOD		CARRIAGE	]	DSE		DSE	
7 Computation of the	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.										
Syndicated			BLOC	K A: MAJOR	TE	LEVISION MARKE	ΞT				
Exclusivity											
Surcharge	<ul> <li>Is any portion of the c</li> </ul>	able system withir	n a top 100 major	television mark	et as	defned by section 76.	5 of FCC rul	es in effect June	24, 198	1?	
		•							,		
	X Yes—Complete	DIOCKS B and C.				No—Proceed to	рап 8				
	BLOCK B: C	arriage of VHF/G	rade B Contour	Stations		BLOCI	K C: Compu	itation of Exemp	ot DSEs		
		klask Dafaset C	4:			N/					
	Is any station listed in commercial VHF station					Vas any station listed		•	-		
	or in part, over the cal		Taue D contour,	III WHOle		ity served by the cabl o former FCC rule 76.			1972 !	leiei	
	•				, in the second s		,				
		ation below with its		tted DSE		Yes—List each sta			permitte	d DSE	
	X No—Enter zero a	nd proceed to part 8	3.			X No—Enter zero ar	nd proceed to	part 8.			
		1 11					· · ·	1			
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIGN	N	DSE	
		ļ					<u> </u> ]				
		t		<b>*</b>							
		t   <mark> </mark>		···							
		<u></u> ∤  <mark>.</mark>		<mark></mark>							
		<b>∤</b>		<mark></mark>							
		ļļļ									
			TOTAL DSEs	0.00				TOTAL DSE	s	0.00	
	1	·			• 11						

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CEQUEL COMMUNICATIONS LLC 062799	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	0
	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. X No—Complete section 4 below.	
	SECTION 3: TOP 50 TELEVISION MARKET	_
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?     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)	
	<ul> <li>B. Enter 0.00377 of gross receipts (the amount in section 1)</li> <li>C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here</li> </ul>	
	D. Multiply line B by line C and enter here	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.	-
	A. Enter 0.00599 of gross receipts (the amount in section 1)	
	B. Enter 0.00377 of gross receipts (the amount in section 1)	
	C. Multiply line B by 3.000 and enter here	
	D. Enter 0.00178 of gross receipts (the amount in section 1)	
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here	
	F. Multiply line D by line E and enter here	
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	
	SECTION 4: SECOND 50 TELEVISION MARKET	-
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?	_
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.	
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$	
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here	
	D. Multiply line B by line C and enter here	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	

Name		DSE SCHEDU ME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	(STEM ID# 062799
<b>7</b> Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.  A. Enter 0.00300 of gross receipts (the amount in section 1)	
<b>8</b> Computation of Base Rate Fee	You m 6 was • In blo • If you • If you blank What i were lo	ctions: 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. bck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below to is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers bocated within that station's local service area and others were located outside that area. For the definition of a station's "local e area," see page (v) of the general instructions.	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	rour cable system retransmit the signals of any partially distant television stations during the accounting period?	
		X       Yes—Complete part 9 of this schedule.         No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7)	
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)	
	Section 3	If the figure in section 2 is <b>4.000 or less</b> , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1)	- 0.00

### DSE SCHEDULE. PAGE 17.

LEGAL N	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
CEQI	IEL COMMUNICATIONS LLC	062799	Name
Section	If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.		
4			8
	A. Enter 0.01064 of gross receipts		0
	(the amount in section 1)►	-	
	B. Enter 0.00701 of gross receipts		Computation
	(the amount in section 1) <b>*</b>		of Base Rate Fee
	C. Multiply line B by 3.000 and enter here	_	
	D. Enter 0.00330 of gross receipts (the amount in section 1) ▶ \$		
	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	
	Base Rate Fee	0.00	
IMPOR	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcas	st signals shall	
insteac Space	be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channe G.	l line-ups in	9
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee		Computation
	s from subscribers located within the station's local service area, from your system's total gross receipts. To take ac on, you must:	vantage of this	of Base Rate Fee
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to	the come	and
	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine		Syndicated
	Ind the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for	each group.	Exclusivity Surcharge
-	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system. If any portion of your cable system is located within the top 100 television market and the station is not exempt in p	ort 7 vou must	for Partially
also co	many portion of your cable system is located within the top foo television market and the station is not exempt in p mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B bel cable system is wholly located outside all major television markets, complete block A only.		Distant Stations, and
-	Identify a Subscriber Group for Partially Distant Stations		for Partially
	For each community served, determine the local service area of each wholly distant and each partially distant stati	ion you	Permitted Stations
	to that community.	,	Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were loc the station's local service area. A subscriber located outside the local service area of a station is distant to that station to token, the station is distant to the subscriber.)		
-	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. I ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note tha		
	will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
Comp groups	iting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your syste	m's subscriber	
In each	section:		
	fy the communities/areas represented by each subscriber group. he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all	of the	
	bers in the group.		
• lf:			
, -	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in s schedule; or,	parts 2, 3, and	
	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in b 6 of this schedule.	ock B,	
	e DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general in paper SA3 form.	structions	
	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the p		
DSEs f	In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that group's complement of stations and total gross receipts from the subscribers in that group). You do not nee- calculations on the form.		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SY	STEN
Name	CEQUEL COMMUNICATIONS LLC	062
	Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals	
	Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and	
	partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these	
	subscriber groups may be partially distant. <b>Step 2:</b> Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant	
	signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by	
	.0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported	
	for each part 9 used in steps 1 and 2 must equal the amount reported in space K.	
	Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant	
	signals from step 1 that is subject to this surcharge.	
	Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams	
	Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from	
	a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate	•
	and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream.	
	You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement	
	entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary	
	transmitter or an association representing the primary transmitter.	

LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       CEQUEL COMMUNICATIONS LLC     062799						Name		
	BLOCK A:	COMPUTATION O	BASE RA	TE FEES FOR EACH	SUBSCRIE	BER GROUP		
FIRST SUBSCRIBER GROUP					SUBSCRIBER GRC	)UP	-	
COMMUNITY/ AREA	SUBSC	SCRIBER GROUP 1		COMMUNITY/ AREA	COMMUNITY/ AREA SUBSCRIBER GRO			9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
							·····	Partially
						-	••••••	Distant Stations
							••••••	Stations
			<mark></mark>					
							·····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	\$ 10,422	2,448.30	Gross Receipts Second	d Group	\$	249,932.67	
			[					
Base Rate Fee First G	iroup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	IP		FOURTH	SUBSCRIBER GRC	OUP	
COMMUNITY/ AREA SUBSCRIBER GROUP 3				COMMUNITY/ AREA SUBSCRIBER GROUP 4				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WTSF-1 A	1.00			WTSF-1 A	1.00			
							·····	
						-		
Total DSEs			1.00	Total DSEs			1.00	
Gross Receipts Third Group \$ 407,834.53		Gross Receipts Fourth Group		14,581.65				
Base Rate Fee Third Group \$ 4,339		l,339.36	Base Rate Fee Fourth Group \$		155.15			
				<u>H</u>				
Base Rate Fee: Add the Enter here and in block			ber group a	s shown in the boxes abo	ve.	\$	4,494.51	

FORM SA3E. PAGE 19
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# Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#CEQUEL COMMUNICATIONS LLC062799						Name		
	BLOCK A:	COMPUTATION O	F BASE R	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
FIRST SUBSCRIBER GROUP					SECOND	SUBSCRIBER GRO	UP	-
COMMUNITY/ AREA SUBSCRIBER GROUP 1		COMMUNITY/ AREA	SUBSCRIBER GROUP 2			<b>9</b> Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	<u>\$</u> 10,422	2,448.30	Gross Receipts Secon	Gross Receipts Second Group \$ 249,932.67		249,932.67	
<b>Base Rate Fee</b> First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
THIRD SUBSCRIBER GROUP				FOURTH		IIP		
COMMUNITY/ AREA SUBSCRIBER GROUP 3			FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA SUBSCRIBER GROUP 4			01		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$ 407	7,834.53	Gross Receipts Fourth	Group	\$	14,581.65	
Daga Data Eas Thind (	2 roup	¢	0.00	Page Poto Fee Fermilie	Crown	¢	0.00	
Base Rate Fee Third C	ыопр	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
<b>Base Rate Fee:</b> Add th Enter here and in block			riber group a	as shown in the boxes ab	ove.	\$	0.00	

Name		FORM SA3E. PAGE 20. SYSTEM ID#						
		062799						
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a							
9	If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television mark by section 76.5 of FCC rules in effect on June 24, 1981:							
Computation of	First 50 major television market	Second 50 major television market						
Base Rate Fee								
and	Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of							
Syndicated Exclusivity Surcharge	Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as							
for	Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.							
Partially Distant								
Stations	your actual calculations on this form.							
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP						
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs						
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs						
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1						
	and enter here. This is the total number of DSEs for	and enter here. This is the total number of DSEs for						
	this subscriber group	this subscriber group						
	subject to the surcharge	subject to the surcharge						
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY						
	SURCHARGE	SURCHARGE						
	First Group	Second Group						
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP						
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs						
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs						
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1						
	and enter here. This is the total number of DSEs for	and enter here. This is the total number of DSEs for						
	this subscriber group	this subscriber group						
	subject to the surcharge	subject to the surcharge						
		· · · · · · · · · · · · · · · · · · ·						
	SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE						
	Third Group	Fourth Group						
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e							
	in the boxes above. Enter here and in block 4, line 2 of space L (page	<b>3</b>						

C	Cable Worksheet		Total amount of remittance	Number of SAs re	c'd Initials		
			Date of remittance	Check EFT	FILING FEES		
Cable ID #					Amount Initials		
Examined by		Reviewed by	Date examination completed	Allocation number			
Space A Accounting							
Period	Lette	er sent	[	Information received			
		epted	[	Phone call/Date/Contact			
Space B Owner							
	Letter sent						
	Accepted Phone call/Date/Contact						
Space D Area Served							
	Letter sent Information received						
		epted	[	Phone call/Date/Contact			
Space E Secondary Transission							
Service Letter sent Information received							
and Rates		epted	[	Phone call/Date/Contact			
Space G Primary Transmitters:							
Television	Lette	er sent	[	Information received			
		epted	[	Phone call/Date/Contact			
Space H Primary Transmitters:							
Radio		epted	[	Phone call/Date/Contact			

Space I Substitute Carriage

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