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@loc.gov

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

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|---|--|--|---|---|---|------------------|--------|--|--|--|
| Accounting<br>Period  |  | 2023/1   |   |   |   |                  |        |  |  |  |
| B<br>Owner  | Instructions:         Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.         List any other name or names under which the owner conducts the business of the cable system.         If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit         a single statement of account and royalty fee payment covering the entire accounting period.         Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. |  |   |   |   |                  |        |  |  |  |
|   | LE   | GAL NAME OF OWNER/MAILING A  | ADDRESS OF CABLE SYSTEM   |   |   |                  |        |  |  |  |
|   |  |  |   |   |   | 62984            | 420231 |  |  |  |
|   |  |  |   |   |   | 62984            | 2023/1 |  |  |  |
|   |  | 2260 E Imperial Hwy Roo<br>El Segundo, CA 90245  | om 839  |   |   |                  |        |  |  |  |
| С   |  | TRUCTIONS: In line 1, give any nes already appear in space B. Ir   |   | •   | •   |                  |        |  |  |  |
| System  | 1  | IDENTIFICATION OF CABLE SYSTEM   | :   |   |   |                  |        |  |  |  |
|   | -  | MAILING ADDRESS OF CABLE SYSTEM:   |   |   |   |                  |        |  |  |  |
|   | 2  | (Number, street, rural route, apartment, or suit   | te number)  |   |   |                  |        |  |  |  |
|   |  | (City, town, state, zip code)  |   |   |   |                  |        |  |  |  |
| D   | Ins  | tructions: For complete space D  | ) instructions, see page 1b. Ide  | entify only the frst comr   | nunity served below and   | relist on pag    | ge 1b  |  |  |  |
| Area  | with   | n all communities.   |   |   |   |                  |        |  |  |  |
| Served  |  | CITY OR TOWN   |   | STATE   |   |                  |        |  |  |  |
| First   |  | Green Bay City   |   | WI  |   |                  |        |  |  |  |
| Community   | В  | elow is a sample for reporting co  | ommunities if you report multiple   | nultiple channel line-ups in Space G.   |   |                  |        |  |  |  |
|   |  | CITY OR TOWN (SAMPLE)  |   | STATE   | CH LINE UP  | SUB              | GRP#   |  |  |  |
| Sample  | Ald  |  |   | MD  | A   |                  | 1      |  |  |  |
|   |  | ance   |   | MD  | B<br>B  |                  | 2 3    |  |  |  |
|   | Ger  | ing  |   | MD  | D   |                  | 3      |  |  |  |
| form in order to pro<br>numbers. By provid<br>search reports prep | ocess y<br>ding Pl<br>pared t  | tion 111 of title 17 of the United States Cc<br>your statement of account. PII is any perso<br>I, you are agreeing to the routine use of it<br>for the public. The effect of not providing t<br>ments of account, and it may affect the le | onal information that can be used to id<br>t to establish and maintain a public rec<br>the PII requested is that it may delay p | entify or trace an individual,<br>ord, which includes appearin<br>rocessing of your statement | such as name, address and tel<br>g in the Offce's public indexes<br>of account and its placement in | ephone<br>and in |        |  |  |  |

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AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

08/25/2023

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| FORM SA3E. PAGE 1b.   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM: SYSTEM ID#   |  |  |  |  |  |  |  |
| DIRECTV, LLC 62984  |  |  |  |  |  |  |  |
| <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. |  |  |  |  |  |  |  |
| <b>Note:</b> 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#  |  |  |  |  |  |  |  |
| Green Bay City WI AA 1  | First                                    |  |  |  |  |  |  |
| Algoma Township WI AA 1   | Community                                |  |  |  |  |  |  |
| Allouez Village WI AA 1   |  |  |  |  |  |  |  |
| Appleton City WI AA 1   |  |  |  |  |  |  |  |
| Ashwaubenon Village WI AA 1   |  |  |  |  |  |  |  |
| Bellevue WI AA 1  | instructions for                         |  |  |  |  |  |  |
| Blackwolf Township WI AA 1  | instructions for<br>litional information |  |  |  |  |  |  |
| Buchanan Township WI AA 1 on a  | alphabetization.                         |  |  |  |  |  |  |
| Byron Township WI AA 1  |  |  |  |  |  |  |  |
| Center Township WI AA 1   |  |  |  |  |  |  |  |
| Clayton Township WI AA 1  |  |  |  |  |  |  |  |
| Combined Locks Village WI AA 1  |  |  |  |  |  |  |  |
| De Pere City WI AA 1  |  |  |  |  |  |  |  |
| Ellington Township WI AA 1  |  |  |  |  |  |  |  |
| Empire Township WI AA 1   |  |  |  |  |  |  |  |
| Fond Du Lac City WI AA 1  |  |  |  |  |  |  |  |
| Fond Du Lac Township WI AA 1  |  |  |  |  |  |  |  |
| Forest Township WI AA 1   |  |  |  |  |  |  |  |
| Freedom Township WI AA 1  |  |  |  |  |  |  |  |
| Friendship Township WI AA 1   |  |  |  |  |  |  |  |
| Glenmore Township WI AA 1   |  |  |  |  |  |  |  |
| Grand Chute Township WI AA 1  |  |  |  |  |  |  |  |
| Greenville Township WI AA 1   |  |  |  |  |  |  |  |
| Harrison WI AA 1  |  |  |  |  |  |  |  |
| Hobart WI AA 1  |  |  |  |  |  |  |  |
| Hortonia Township WI AA 1   |  |  |  |  |  |  |  |
| Howard Village WI AA 1  |  |  |  |  |  |  |  |
| Kaukauna City WI AA 1   |  |  |  |  |  |  |  |
| Kimberly Village WI AA 1  |  |  |  |  |  |  |  |
| Kossuth Township WI AA 1  |  |  |  |  |  |  |  |
| Lamartine Township WI AA 1  |  |  |  |  |  |  |  |
| Lawrence Township WI AA 1   |  |  |  |  |  |  |  |
| Ledgeview Township WI AA 1  |  |  |  |  |  |  |  |
| Little Chute Village WI AA 1  |  |  |  |  |  |  |  |
| Manitowoc City WI AA 1  |  |  |  |  |  |  |  |
| Manitowoc City<br>Manitowoc Rapids Township WI AA 1   |  |  |  |  |  |  |  |
| Manitowoc Rapids Township<br>Menasha City WI AA 1   |  |  |  |  |  |  |  |
| Menasha City<br>Menasha Township WI AA 1  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| Neenah Township WI AA 1   |  |  |  |  |  |  |  |

| lekimi Township                 | WI | AA       | 1   |
|---------------------------------|----|----------|-----|
| orth Fond Du Lac Village        | WI | AA       | 1   |
| )akfield Township               | WI | AA       | 2   |
| Omro Township                   | WI | AA       | 1   |
| Osborn Township                 | WI | AA       | 1   |
| Oshkosh City                    | WI | AA       | 1   |
| Oshkosh Township                | WI | AA       | 1   |
| Rockland Township               | WI | AA       | 1   |
| Scott Township                  | WI | AA       | - 1 |
| Suamico Village                 | WI | AA       | 1   |
| Faycheedah Township             | WI | AA       | 1   |
| raycheedan rownship             | WI | AA<br>AA |     |
| wo Rivers Township              |    |          | 1   |
| /andenbroek Township            | WI | AA       | 1   |
| /inland Township                | WI | AA       | 1   |
| Vinnebago Unincorporated County | WI | AA       | 1   |
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| Name                                     | LEGAL NAME OF OWNER OF CABL   | E SYSTEM:  |   |  |   |  |   | S  |  |  |  |
|--|---|--|---|--|---|--|---|--|--|--|--|
|  | DIRECTV, LLC  |  |   |  |   |  |   |  | 6298   |  |  |
| F  | SECONDARY TRANSMISSION  |  |   | -  | -   |  |   |  |  |  |  |
| E  | In General: The information in s  | •  |   | 0  |   |  |   |  |  |  |  |
| <u> </u>                                 | system, that is, the retransmission   |  |   |  |   |  |   |  |  |  |  |
| Secondary                                | about other services (including p   |  |   |  |   |  | those exis  | ting on the  |  |  |  |
| Transmission<br>Service: Sub-            | last day of the accounting period<br>Number of Subscribers: Both  |  |   |  |   |  | ahle syster   | n broken   |  |  |  |
| scribers and                             | down by categories of secondar  |  |   |  |   |  |   |  |  |  |  |
| Rates                                    | each category by counting the n   |  |   |  |   |  |   |  |  |  |  |
|  | separately for the particular serv  |  |   |  |   |  |   | Ū  |  |  |  |
|  | Rate: Give the standard rate of   |  |   |  |   |  |   |  |  |  |  |
|  | unit in which it is generally billed  |  |   |  |   | ard rate variatio  | ns within a   | particular rate  |  |  |  |
|  | category, but do not include disc<br>Block 1: In the left-hand block  |  |   |  |   | condary transm   | ission sorv   | ice that cable   |  |  |  |
|  | systems most commonly provide   | •  |   | 0  |   |  |   |  |  |  |  |
|  | that applies to your system. Not  |  |   |  |   |  |   |  |  |  |  |
|  | categories, that person or entity   |  |   | -  |   | -  |   |  |  |  |  |
|  | subscriber who pays extra for ca  | able service to  | additior  | al sets would b  | be include  | d in the count u   | inder "Serv   | ice to the   |  |  |  |
|  | first set" and would be counted of  |  |   |  |   |  |   | e  |  |  |  |
|  | Block 2: If your cable system   | -  |   | -  |   |  |   |  |  |  |  |
|  | printed in block 1 (for example, t<br>with the number of subscribers a  |  |   |  |   |  |   |  |  |  |  |
|  | sufficient.   | and rates, in th   | e right-r   | Iand DIOCK. A U  | wo- or thre   | ee-wora aescrip  | buon or the   | service is   |  |  |  |
|  |   | DCK 1  |   |  |   |  | BLOC  | K 2  |  |  |  |
|  | CATEGORY OF SERVICE   | NO. OF<br>SUBSCRIB   |   | RATE   | CAT   | EGORY OF SEI   |   | NO. OF<br>SUBSCRIBERS  | RATE   |  |  |
|  | Residential:  | SUBSCRIB   | ENG   | NATE   | CAT   |  | NICL  | SUBSCRIBERS  | NATE   |  |  |
|  | Service to first set  |  | 4.996   | \$ 26.00   | HD Tech   | Foo  |   | 4,031  | \$ 10.0  |  |  |
|  | Service to additional set(s)  |  | 7,330   | φ 20.00  | Set-Top   |  |   | 5,022  | \$0-\$1  |  |  |
|  | • FM radio (if separate rate)   |  |   |  |   | st TV Surcharg   | ne  | 4,996  | <del>پ</del> -پ<br>11.99-\$12.9  |  |  |
|  | Motel, hotel  |  |   |  | Dioduou   |  | <u>.</u>  | 4,000  |  |  |  |
|  | Commercial  |  | 26  | \$ 20.00   |   |  |   |  |  |  |  |
|  | Converter   |  |   | +  |   |  |   |  |  |  |  |
|  | Residential   |  |   |  |   |  |   |  |  |  |  |
|  | Non-residential   |  |   |  |   |  |   |  |  |  |  |
|  |   |  |   |  |   |  |   |  |  |  |  |
|  | SERVICES OTHER THAN SEC   | ONDARY TRA   | ANSMIS  | SIONS: RATE  | S   |  |   |  |  |  |  |
| F  | In General: Space F calls for ra  | te (not subscri  | ber) info   | ormation with re   | espect to a   | all your cable sy  | /stem's ser   | vices that were  |  |  |  |
| F  | not covered in space E, that is, t  |  |   |  |   |  |   |  |  |  |  |
|  | service for a single fee. There al furnished at cost or (2) services  |  |   |  |   |  |   |  |  |  |  |
|  | furnished at cost or (2) services   | or facilities fur  |   | o nonsubscribe   |   | nformation shou  | uld include   | both the   |  |  |  |
| Services<br>Other Than                   |   | amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, |   |  |   |  |   |  |  |  |  |
| Other Than                               | amount of the charge and the ur   |  | s usually   |  |   |  | riable per-p  | orogram basis,   |  |  |  |
|  |   | rate column.   | -   | billed. If any ra  | ates are c  | harged on a va   |   | -  |  |  |  |
| Other Than<br>Secondary                  | amount of the charge and the ur<br>enter only the letters "PP" in the<br><b>Block 1:</b> Give the standard ra<br><b>Block 2:</b> List any services that   | rate column.<br>te charged by<br>t your cable sy   | the cabl<br>stem fu   | v billed. If any ra<br>e system for ea<br>rnished or offer   | ates are c<br>ach of the<br>red during  | harged on a var<br>applicable serv<br>the accounting                             | rices listed.<br>period tha   | t were not   |  |  |  |
| Other Than<br>Secondary<br>ransmissions: | amount of the charge and the ur<br>enter only the letters "PP" in the<br><b>Block 1:</b> Give the standard ra<br><b>Block 2:</b> List any services that<br>listed in block 1 and for which a  | rate column.<br>te charged by<br>t your cable sy<br>separate charg   | the cabl<br>stem fu<br>ge was i   | v billed. If any ra<br>e system for ea<br>rnished or offer<br>made or establ   | ates are c<br>ach of the<br>red during  | harged on a var<br>applicable serv<br>the accounting                             | rices listed.<br>period tha   | t were not   |  |  |  |
| Other Than<br>Secondary<br>ransmissions: | amount of the charge and the ur<br>enter only the letters "PP" in the<br><b>Block 1:</b> Give the standard ra<br><b>Block 2:</b> List any services that   | rate column.<br>te charged by<br>t your cable sy<br>separate charg   | the cabl<br>stem fu<br>ge was i   | v billed. If any ra<br>e system for ea<br>rnished or offer<br>made or establ   | ates are c<br>ach of the<br>red during  | harged on a var<br>applicable serv<br>the accounting                             | rices listed.<br>period tha   | t were not   |  |  |  |
| Other Than<br>Secondary<br>ransmissions: | amount of the charge and the ur<br>enter only the letters "PP" in the<br><b>Block 1:</b> Give the standard ra<br><b>Block 2:</b> List any services that<br>listed in block 1 and for which a  | rate column.<br>te charged by<br>t your cable sy<br>separate charg   | the cabl<br>stem fu<br>ge was i<br>de the ra  | v billed. If any ra<br>e system for ea<br>rnished or offer<br>made or establ   | ates are c<br>ach of the<br>red during  | harged on a var<br>applicable serv<br>the accounting                             | rices listed.<br>period tha   | t were not   |  |  |  |
| Other Than<br>Secondary<br>ransmissions: | amount of the charge and the ur<br>enter only the letters "PP" in the<br><b>Block 1:</b> Give the standard ra<br><b>Block 2:</b> List any services that<br>listed in block 1 and for which a  | rate column.<br>te charged by<br>t your cable sy<br>separate charg<br>otion and inclu<br>BLOO                              | the cabl<br>stem fu<br>ge was i<br>de the ra  | v billed. If any ra<br>e system for ea<br>rnished or offer<br>made or establ   | ates are c<br>ach of the<br>red during<br>ished. Lis                            | harged on a var<br>applicable serv<br>the accounting                             | rices listed.<br>period tha<br>rvices in th   | t were not<br>e form of a  | RATE   |  |  |
| Other Than<br>Secondary<br>ransmissions: | amount of the charge and the un<br>enter only the letters "PP" in the<br><b>Block 1</b> : Give the standard ra<br><b>Block 2</b> : List any services that<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip  | rate column.<br>te charged by<br>t your cable sy<br>separate charg<br>otion and inclu<br>BLO0<br>RATE                      | the cabl<br>stem fun<br>ge was i<br>de the ra<br>CK 1<br>CATEG  | r billed. If any ra<br>e system for ea<br>rnished or offer<br>made or establ<br>ate for each.  | ates are c<br>ach of the<br>red during<br>ished. Lis<br>VICE                    | harged on a vai<br>applicable serv<br>the accounting<br>t these other se         | rices listed.<br>period tha<br>rvices in th   | t were not<br>e form of a<br>BLOCK 2   | RATE   |  |  |
| Other Than<br>Secondary<br>ransmissions: | amount of the charge and the ur<br>enter only the letters "PP" in the<br><b>Block 1</b> : Give the standard ra<br><b>Block 2</b> : List any services that<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE   | rate column.<br>te charged by<br>t your cable sy<br>separate charg<br>otion and inclu<br>BLO0<br>RATE                      | the cabl<br>stem fun<br>ge was i<br>de the ra<br>CK 1<br>CATEG<br>Installa  | r billed. If any ra<br>e system for ea<br>rnished or offer<br>made or establ<br>ate for each.<br>GORY OF SER   | ates are c<br>ach of the<br>red during<br>ished. Lis<br>VICE                    | harged on a vai<br>applicable serv<br>the accounting<br>t these other se         | rices listed.<br>period tha<br>rvices in th<br>CATEGC   | t were not<br>e form of a<br>BLOCK 2   | RATE<br>\$0-\$10   |  |  |
| Other Than<br>Secondary<br>ransmissions: | amount of the charge and the un<br>enter only the letters "PP" in the<br><b>Block 1</b> : Give the standard rat<br><b>Block 2</b> : List any services that<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br><b>Continuing Services</b> :  | rate column.<br>te charged by<br>t your cable sy<br>separate charg<br>otion and inclu<br>BLO0<br>RATE                      | the cabl<br>stem fun<br>ge was i<br>de the ra<br>CK 1<br>CATEG<br>Installa  | v billed. If any ra<br>e system for ea<br>rnished or offer<br>made or establ<br>ate for each.<br>GORY OF SER<br>ation: Non-res   | ates are c<br>ach of the<br>red during<br>ished. Lis<br>VICE                    | harged on a vai<br>applicable serv<br>the accounting<br>t these other se         | rices listed.<br>period tha<br>rvices in th<br>CATEGC<br>Video on   | t were not<br>le form of a<br>BLOCK 2<br>IRY OF SERVICE  |  |  |  |
| Other Than<br>Secondary<br>ransmissions: | amount of the charge and the ur<br>enter only the letters "PP" in the<br><b>Block 1</b> : Give the standard ra<br><b>Block 2</b> : List any services that<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br><b>Continuing Services</b> :<br>• Pay cable  | rate column.<br>te charged by<br>t your cable sy<br>separate charg<br>otion and inclu<br>BLO(<br>RATE                      | the cabl<br>stem fun<br>ge was i<br>de the ra<br>CK 1<br>CATEG<br>Installa<br>• Mot<br>• Cor  | v billed. If any rate system for earnished or offer<br>made or estable<br>ate for each.<br>GORY OF SER<br>ation: Non-rester, hotel   | ates are c<br>ach of the<br>red during<br>ished. Lis<br>VICE                    | harged on a vai<br>applicable serv<br>the accounting<br>t these other se         | rices listed.<br>period tha<br>rvices in th<br>CATEGC<br>Video on<br>Service  | t were not<br>le form of a<br>BLOCK 2<br>IRY OF SERVICE<br>Demand  | \$0-\$10   |  |  |
| Other Than<br>Secondary<br>ransmissions: | amount of the charge and the ur<br>enter only the letters "PP" in the<br><b>Block 1</b> : Give the standard ra<br><b>Block 2</b> : List any services that<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br><b>Continuing Services</b> :<br>• Pay cable<br>• Pay cable—add'I channel   | rate column.<br>te charged by<br>t your cable sy<br>separate charg<br>otion and inclu<br>BLO(<br>RATE                      | the cabl<br>stem fun<br>ge was i<br>de the ra<br>CK 1<br>CATEC<br>Installa<br>• Mot<br>• Cor<br>• Pay   | r billed. If any ra<br>e system for ea<br>rnished or offer<br>made or establ<br>ate for each.<br>GORY OF SER<br>ation: Non-res<br>tel, hotel<br>nmercial   | ates are c<br>ach of the<br>red during<br>ished. Lis<br><u>VICE</u><br>idential | harged on a vai<br>applicable serv<br>the accounting<br>t these other se         | rices listed.<br>period tha<br>rvices in th<br>CATEGC<br>Video on<br>Service /<br>Credit M  | t were not<br>le form of a<br>BLOCK 2<br>RY OF SERVICE<br>Demand<br>Activation Fee   | \$0-\$10<br>\$0-\$3  |  |  |
| Other Than<br>Secondary<br>ransmissions: | amount of the charge and the ur<br>enter only the letters "PP" in the<br><b>Block 1</b> : Give the standard ra<br><b>Block 2</b> : List any services that<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable—add'I channel<br>• Fire protection  | rate column.<br>te charged by<br>t your cable sy<br>separate charg<br>otion and inclu<br>BLO(<br>RATE                      | the cabl<br>stem fun<br>ge was i<br>de the ra<br>CK 1<br>CATEC<br>Installa<br>• Mot<br>• Cor<br>• Pay<br>• Pay<br>• Fire  | r billed. If any ra<br>e system for ea<br>rnished or offer<br>made or establ<br>ate for each.<br>GORY OF SER<br>ation: Non-res<br>tel, hotel<br>nmercial<br>r cable<br>r cable-add'l ch<br>e protection                                      | ates are c<br>ach of the<br>red during<br>ished. Lis<br><u>VICE</u><br>idential | harged on a vai<br>applicable serv<br>the accounting<br>t these other se         | rices listed.<br>period tha<br>rvices in th<br>CATEGC<br>Video on<br>Service of<br>Credit M<br>Dispatch   | t were not<br>e form of a<br>BLOCK 2<br>RY OF SERVICE<br>Demand<br>Activation Fee<br>anagement Fee   | \$0-\$1(<br>\$0-\$3<br>\$0-\$44<br>\$9   |  |  |
| Other Than<br>Secondary<br>ransmissions: | amount of the charge and the ur<br>enter only the letters "PP" in the<br><b>Block 1</b> : Give the standard ra<br><b>Block 2</b> : List any services that<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable<br>• Fire protection<br>• Burglar protection  | rate column.<br>te charged by<br>t your cable sy<br>separate charg<br>otion and inclu<br>BLO(<br>RATE                      | the cabl<br>stem fun<br>ge was i<br>de the ra<br>CK 1<br>CATEC<br>Installa<br>• Mot<br>• Cor<br>• Pay<br>• Pay<br>• Fire  | r billed. If any ra<br>e system for ea<br>rnished or offer<br>made or establ<br>ate for each.<br>GORY OF SER<br>ation: Non-res<br>tel, hotel<br>nmercial<br>r cable<br>r cable-add'l ch  | ates are c<br>ach of the<br>red during<br>ished. Lis<br><u>VICE</u><br>idential | harged on a vai<br>applicable serv<br>the accounting<br>t these other se         | rices listed.<br>period tha<br>rvices in th<br>CATEGC<br>Video on<br>Service /<br>Credit M<br>Dispatch<br>Wireless<br>HD Prem                                   | t were not<br>e form of a<br>BLOCK 2<br>ORY OF SERVICE<br>Demand<br>Activation Fee<br>anagement Fee<br>on Demand<br>Receiver<br>ium Tier                                       | \$0-\$1(<br>\$0-\$3<br>\$0-\$44  |  |  |
| Other Than<br>Secondary<br>ransmissions: | amount of the charge and the ur<br>enter only the letters "PP" in the<br>Block 1: Give the standard ra<br>Block 2: List any services that<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable<br>• Pay cable<br>• Fire protection<br>• Burglar protection<br>Installation: Residential<br>• First set<br>• Additional set(s)  | rate column.<br>te charged by<br>t your cable sy<br>separate charg<br>otion and inclu<br>BLO(<br>RATE<br>\$5-\$199         | the cabl<br>stem fun<br>ge was i<br>de the ra<br>CK 1<br>CATEC<br>Installa<br>• Mot<br>• Cor<br>• Pay<br>• Pay<br>• Fire<br>• Bur                               | r billed. If any ra<br>e system for ea<br>rnished or offer<br>made or establ<br>ate for each.<br>GORY OF SER<br>ation: Non-res<br>tel, hotel<br>nmercial<br>r cable<br>r cable-add'l ch<br>e protection                                      | ates are c<br>ach of the<br>red during<br>ished. Lis<br><u>VICE</u><br>idential | harged on a vai<br>applicable serv<br>the accounting<br>t these other se         | rices listed.<br>period tha<br>rvices in th<br>CATEGC<br>Video on<br>Service /<br>Credit M<br>Dispatch<br>Wireless<br>HD Prem                                   | t were not<br>e form of a<br>BLOCK 2<br>ORY OF SERVICE<br>Demand<br>Activation Fee<br>anagement Fee<br>on Demand<br>Receiver   | \$0-\$1(<br>\$0-\$3<br>\$0-\$44<br>\$9<br>\$0 - \$   |  |  |
| Other Than<br>Secondary<br>ransmissions: | amount of the charge and the ur<br>enter only the letters "PP" in the<br>Block 1: Give the standard ra<br>Block 2: List any services that<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable<br>• Pay cable<br>• Fire protection<br>• Burglar protection<br>Installation: Residential<br>• First set   | rate column.<br>te charged by<br>t your cable sy<br>separate charg<br>otion and inclu<br>BLO(<br>RATE<br>\$5-\$199         | the cabl<br>stem fun<br>ge was i<br>de the ra-<br>CK 1<br>CATEC<br>Installa<br>• Mol<br>• Cor<br>• Pay<br>• Pay<br>• Fire<br>• Bur<br>Other s                   | v billed. If any ra<br>e system for ea<br>rnished or offer<br>made or establ<br>ate for each.<br>CORY OF SER<br>ation: Non-res<br>tel, hotel<br>nmercial<br>v cable<br>v cable-add'l ch<br>e protection<br>glar protection                   | ates are c<br>ach of the<br>red during<br>ished. Lis<br><u>VICE</u><br>idential | harged on a vai<br>applicable serv<br>the accounting<br>t these other se         | vices listed.<br>period tha<br>rvices in th<br>CATEGC<br>Video on<br>Service A<br>Credit M<br>Dispatch<br>Wireless<br>HD Prem<br>DVR Upg<br>Vacation            | t were not<br>e form of a<br>BLOCK 2<br>PRY OF SERVICE<br>Demand<br>Activation Fee<br>anagement Fee<br>on Demand<br>Receiver<br>ium Tier<br>grade Fee<br>Hold                  | \$0-\$11<br>\$0-\$3<br>\$0-\$44<br>\$5<br>\$0 - \$<br>\$<br>\$10<br>\$10<br>\$                     |  |  |
| Other Than<br>Secondary<br>ransmissions: | amount of the charge and the ur<br>enter only the letters "PP" in the<br>Block 1: Give the standard ra<br>Block 2: List any services that<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable<br>• Pay cable<br>• Fire protection<br>• Burglar protection<br>Installation: Residential<br>• First set<br>• Additional set(s)  | rate column.<br>te charged by<br>t your cable sy<br>separate charg<br>otion and inclu<br>BLO(<br>RATE<br>\$5-\$199         | the cabl<br>stem fun<br>ge was i<br>de the ri-<br>CK 1<br>CATEC<br>Installa<br>• Mot<br>• Cor<br>• Pay<br>• Pay<br>• Fire<br>• Bur<br>Other s<br>• Rec<br>• Dis | v billed. If any rate system for earnished or offer<br>made or estable ate for each.<br>GORY OF SER<br>atton: Non-rested, hotel<br>mmercial<br>v cable add'l che<br>protection<br>glar protection<br>services:<br>connect<br>connect         | ates are c<br>ach of the<br>red during<br>ished. Lis<br><u>VICE</u><br>idential | harged on a var<br>applicable serv<br>the accounting<br>t these other se<br>RATE | vices listed.<br>period tha<br>rvices in th<br>CATEGC<br>Video on<br>Service A<br>Credit M<br>Dispatch<br>Wireless<br>HD Prem<br>DVR Upg<br>Vacation<br>Program | t were not<br>e form of a<br>BLOCK 2<br>PRY OF SERVICE<br>Demand<br>Activation Fee<br>anagement Fee<br>on Demand<br>Receiver<br>ium Tier<br>grade Fee<br>Hold<br>Downgrade Fee | \$0-\$11<br>\$0-\$3<br>\$0-\$4<br>\$0-\$4<br>\$0-\$4<br>\$0-\$<br>\$10<br>\$10<br>\$10<br>\$<br>\$ |  |  |
| Other Than<br>Secondary<br>ransmissions: | amount of the charge and the ur<br>enter only the letters "PP" in the<br><b>Block 1</b> : Give the standard ra<br><b>Block 2</b> : List any services that<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br><b>Continuing Services:</b><br>• Pay cable<br>• Pay cable<br>• Pay cable<br>• Fire protection<br><b>Installation: Residential</b><br>• First set<br>• Additional set(s)<br>• FM radio (if separate rate) | rate column.<br>te charged by<br>t your cable sy<br>separate charg<br>otion and inclu<br>BLO(<br>RATE<br>\$5-\$199         | the cabl<br>stem fun<br>ge was i<br>de the ri-<br>CK 1<br>CATEC<br>Installa<br>• Mot<br>• Cor<br>• Pay<br>• Pay<br>• Fire<br>• Bur<br>Other s<br>• Rec<br>• Dis | r billed. If any ra<br>e system for ea<br>rnished or offer<br>made or establ<br>ate for each.<br>GORY OF SER<br>ation: Non-res<br>tel, hotel<br>mmercial<br>cable<br>cable-add'l ch<br>protection<br>glar protection<br>services:<br>connect | ates are c<br>ach of the<br>red during<br>ished. Lis<br><u>VICE</u><br>idential | harged on a var<br>applicable serv<br>the accounting<br>t these other se<br>RATE | vices listed.<br>period tha<br>rvices in th<br>CATEGC<br>Video on<br>Service A<br>Credit M<br>Dispatch<br>Wireless<br>HD Prem<br>DVR Upg<br>Vacation<br>Program | t were not<br>e form of a<br>BLOCK 2<br>PRY OF SERVICE<br>Demand<br>Activation Fee<br>anagement Fee<br>on Demand<br>Receiver<br>ium Tier<br>grade Fee<br>Hold                  | \$0-\$11<br>\$0-\$3<br>\$0-\$44<br>\$5<br>\$0 - \$<br>\$<br>\$10<br>\$10<br>\$                     |  |  |

| FORM SA3E. PAGE 3.<br>LEGAL NAME OF OWN   | ER OF CABLE SY   | STEM:  |  | SYSTEM ID#   |   |  |  |
|---|--|--|--|--|---|--|--|
| DIRECTV, LLC  |  |  |  |  | 62984   | Namo                                       |  |
| PRIMARY TRANSMITTI  | ERS: TELEVISIO   | ON   |  |  |   |  |  |
| n General: In space (<br>carried by your cables<br>FCC rules and regulat<br>76.59(d)(2) and (4), 76<br>Substitute program bas<br>Substitute Basis S<br>Do not list the station<br>basis under specifc FC<br>Do not list the station<br>station was carried<br>List the station here,<br>basis. For further in<br>in the paper SA3 fo<br>Column 1: List eac<br>each multicast stream<br>cast stream as "WETA<br>WETA-simulcast).<br>Column 2: Give the | G, identify ever<br>system during t<br>ions in effect of<br>5.61(e)(2) and (<br>sis, as explaine<br><b>Stations:</b> With<br>CC rules, regula<br>here in space<br>only on a subs<br>and also in spa<br>formation conc<br>orm.<br>ch station's call<br>associated with<br>A-2". Simulcast<br>e channel numi | y television si<br>the accounting<br>n June 24, 19<br>(4), or 76.63 (<br>ed in the next<br>respect to any<br>ations, or auti<br>G—but do lis<br>stitute basis<br>stitute basis<br>ace I, if the st<br>cerning substi<br>sign. Do not<br>h a station ac<br>streams mus<br>ber the FCC I<br>e, WRC is Ch | g period except<br>181, permitting th<br>referring to 76.6<br>paragraph<br>y distant stations<br>norizations:<br>at it in space I (th<br>ation was carried<br>tute basis statio<br>report origination<br>cording to its ov<br>t be reported in<br>mas assigned to                        | (1) stations carrie<br>ne carriage of cer<br>(1(e)(2) and (4))];<br>is carried by your<br>ne Special Staten<br>d both on a subst<br>ns, see page (v)<br>n program servic<br>rer-the-air design<br>column 1 (list eac<br>the television sta | s and low power television stations)<br>ed only on a part-time basis under<br>tain network programs [section:<br>and (2) certain stations carried on a<br>cable system on a substitute program<br>nent and Program Log)—if the<br>titute basis and also on some othe<br>of the general instructions located<br>es such as HBO, ESPN, etc. Identifi-<br>ation. For example, report multi<br>ch stream separately; for example<br>tion for broadcasting over-the-air ir<br>s may be different from the channe | G<br>Primary<br>Transmitters<br>Television |  |
| for independent multi<br>For the meaning of the<br><b>Column 4:</b> If the st<br>blanation of local servi<br><b>Column 5:</b> If you h<br>cable system carried the<br>carried the distant stat  | cast), "E" (for n<br>ese terms, see<br>ation is outside<br>ice area, see p<br>ave entered "Y<br>he distant statie<br>ion on a part-tii   | oncommercia<br>page (v) of th<br>the local ser<br>age (v) of the<br>es" in columr<br>on during the<br>me basis bec   | al educational), o<br>e general instru<br>vice area, (i.e. "o<br>general instruct<br>a 4, you must con<br>accounting perio<br>ause of lack of a  | or "E-M" (for nonc<br>ctions located in<br>distant"), enter "Y<br>tions located in th<br>mplete column 5,<br>od. Indicate by er  | 'es". If not, enter "No". For an ex<br>le paper SA3 form<br>stating the basis on which you<br>ntering "LAC" if your cable syster  |  |  |
| of a written agreement<br>the cable system and<br>tion "E" (exempt). For<br>explanation of these th<br><b>Column 6:</b> Give the<br>FCC. For Mexican or 0   | t entered into o<br>a primary trans<br>simulcasts, als<br>nree categories<br>e location of ea<br>Canadian static   | n or before Ju<br>mitter or an a<br>o enter "E". If<br>s, see page (v<br>ach station. Fo<br>ons, if any, giv   | une 30, 2009, be<br>issociation repre-<br>you carried the<br>) of the general<br>or U.S. stations,<br>ve the name of the   | etween a cable sy<br>esenting the prim<br>channel on any c<br>instructions locat<br>list the communi<br>he community wit   | ty payment because it is the subjec<br>ystem or an association representin<br>ary transmitter, enter the designa<br>other basis, enter "O." For a furthe<br>ed in the paper SA3 form<br>ty to which the station is licensed by the<br>the which the station is identifec  |  |  |
| of a written agreement<br>the cable system and<br>tion "E" (exempt). For<br>explanation of these th<br><b>Column 6:</b> Give the<br>FCC. For Mexican or 0   | t entered into o<br>a primary trans<br>simulcasts, als<br>nree categories<br>e location of ea<br>Canadian static   | n or before Ju<br>smitter or an a<br>o enter "E". If<br>s, see page (v<br>ach station. Fo<br>ons, if any, giv<br>nnel line-ups,  | une 30, 2009, be<br>association repre-<br>you carried the<br>) of the general<br>or U.S. stations,<br>ve the name of the<br>use a separate   | etween a cable sy<br>esenting the prime<br>channel on any of<br>instructions locat<br>list the communi<br>he community with<br>space G for each  | stem or an association representin<br>ary transmitter, enter the designa<br>other basis, enter "O." For a furthe<br>ed in the paper SA3 form<br>ty to which the station is licensed by the<br>th which the station is identifec   |  |  |
| of a written agreement<br>he cable system and<br>ion "E" (exempt). For<br>explanation of these th<br><b>Column 6:</b> Give the<br>FCC. For Mexican or (<br><b>Note:</b> If you are utilizin   | t entered into o<br>a primary trans<br>simulcasts, als<br>nree categories<br>e location of ea<br>Canadian static<br>ng multiple char   | n or before Ju<br>smitter or an a<br>o enter "E". If<br>s, see page (v<br>ach station. Fo<br>ons, if any, giv<br>nnel line-ups,<br>CHANN   | une 30, 2009, be<br>association repre-<br>you carried the<br>) of the general<br>or U.S. stations,<br>ve the name of the<br>use a separate<br>EL LINE-UP   | etween a cable sy<br>esenting the prime<br>channel on any of<br>instructions locat<br>list the communit<br>he community with<br>space G for each<br>AA   | ystem or an association representin<br>ary transmitter, enter the designa<br>other basis, enter "O." For a furthe<br>ed in the paper SA3 form<br>ty to which the station is licensed by the<br>th which the station is identifec<br>in channel line-up.   |  |  |
| of a written agreement<br>the cable system and<br>tion "E" (exempt). For<br>explanation of these th<br><b>Column 6:</b> Give the<br>FCC. For Mexican or 0   | t entered into o<br>a primary trans<br>simulcasts, als<br>nree categories<br>e location of ea<br>Canadian static   | n or before Ju<br>smitter or an a<br>o enter "E". If<br>s, see page (v<br>ach station. Fo<br>ons, if any, giv<br>nnel line-ups,  | une 30, 2009, be<br>association repre-<br>you carried the<br>) of the general<br>or U.S. stations,<br>ve the name of the<br>use a separate   | etween a cable sy<br>esenting the prime<br>channel on any of<br>instructions locat<br>list the communi<br>he community with<br>space G for each  | stem or an association representin<br>ary transmitter, enter the designa<br>other basis, enter "O." For a furthe<br>ed in the paper SA3 form<br>ty to which the station is licensed by the<br>th which the station is identifec   |  |  |
| of a written agreement<br>the cable system and a<br>ion "E" (exempt). For<br>explanation of these th<br><b>Column 6:</b> Give the<br>FCC. For Mexican or (<br><b>Note:</b> If you are utilizin<br>1. CALL<br>SIGN   | t entered into o<br>a primary trans<br>simulcasts, als<br>nree categories<br>e location of ea<br>Canadian static<br>ng multiple char<br>2. B'CAST<br>CHANNEL   | n or before Ju<br>smitter or an a<br>o enter "E". If<br>s, see page (v<br>ach station. Fo<br>ons, if any, giv<br>nnel line-ups,<br><b>CHANN</b><br>3. TYPE<br>OF   | une 30, 2009, be<br>association repre-<br>you carried the<br>) of the general<br>or U.S. stations,<br>we the name of the<br>use a separate<br>EL LINE-UP<br>4. DISTANT?  | etween a cable sy<br>esenting the prime<br>channel on any of<br>instructions locat<br>list the communit<br>he community with<br>space G for each<br>AA<br>5. BASIS OF<br>CARRIAGE  | ystem or an association representin<br>ary transmitter, enter the designa<br>other basis, enter "O." For a furthe<br>ed in the paper SA3 form<br>ty to which the station is licensed by the<br>th which the station is identifec<br>in channel line-up.   |  |  |
| of a written agreemend<br>the cable system and a<br>ion "E" (exempt). For<br>explanation of these th<br><b>Column 6:</b> Give the<br>ECC. For Mexican or (<br><b>Note:</b> If you are utilizin<br>1. CALL<br>SIGN   | t entered into o<br>a primary trans<br>simulcasts, als<br>nee categories<br>e location of ea<br>Canadian static<br>ng multiple chai<br>2. B'CAST<br>CHANNEL<br>NUMBER  | n or before Ju<br>smitter or an a<br>o enter "E". If<br>s, see page (v<br>ach station. Fo<br>ons, if any, giv<br>nnel line-ups,<br><b>CHANN</b><br>3. TYPE<br>OF   | une 30, 2009, be<br>association repre-<br>you carried the<br>) of the general<br>or U.S. stations,<br>ve the name of th<br>use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)   | etween a cable sy<br>esenting the prime<br>channel on any of<br>instructions locat<br>list the communit<br>he community with<br>space G for each<br>AA<br>5. BASIS OF<br>CARRIAGE  | stem or an association representin<br>ary transmitter, enter the designa<br>other basis, enter "O." For a furthe<br>ed in the paper SA3 form<br>ty to which the station is licensed by the<br>th which the station is identifec<br>in channel line-up.  |  |  |
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| of a written agreemend<br>the cable system and a<br>tion "E" (exempt). For<br>explanation of these th<br><b>Column 6:</b> Give the<br>FCC. For Mexican or (<br><b>Note:</b> If you are utilizin<br>1. CALL<br>SIGN<br>WACY-DT/HD<br>WBAY-DT/HD<br>WCWF/WCWFHD<br>WFRV-DT/HD<br>WGBA-DT/HD   | t entered into o<br>a primary trans<br>simulcasts, als<br>nree categories<br>e location of ea<br>Canadian static<br>ng multiple char<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>32/1032<br>2/1002<br>14/1014<br>5/1005<br>26/1026<br>11/1011   | n or before Justimitter or an a<br>o enter "E". If<br>s, see page (v<br>ach station. Fo<br>ons, if any, giv<br>nnel line-ups,<br><b>CHANN</b><br>3. TYPE<br>OF<br>STATION<br>I<br>N<br>I<br>N<br>I   | une 30, 2009, be<br>association repre-<br>you carried the<br>) of the general<br>or U.S. stations,<br>we the name of the<br>use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br><b>NO</b><br><b>NO</b><br><b>NO</b><br><b>NO</b><br><b>NO</b><br><b>NO</b><br><b>NO</b> | etween a cable system of a cable system of a cable system of a channel on any constructions locat list the community will space G for each <b>AA</b><br>5. BASIS OF CARRIAGE (If Distant)  | Appleton, WI<br>Green Bay, WI<br>Green Bay, WI<br>Green Bay, WI<br>Green Bay, WI<br>Green Bay, WI<br>Green Bay, WI  | additional informati                       |  |

| LEGAL NAME OF OWN   | IER OF CABLE SY  | STEM:           |                    |                     | SYSTEM ID#  | Nam-          |
|---|------------------|-----------------|--------------------|---------------------|---|---------------|
| DIRECTV, LLC  |                  |                 |                    |                     | 62984   | Name          |
| PRIMARY TRANSMITT   | ERS: TELEVISI    | ON              |                    |                     |   |               |
| carried by your cable   | system during    | the accounting  | g period except    | (1) stations carrie | s and low power television stations)<br>d only on a part-time basis under     | G             |
| -   |                  |                 | •                  | -                   | tain network programs [section:<br>and (2) certain stations carried on a      | Primary       |
| substitute program ba   |                  |                 |                    | operiod by your     | achla avetam an a aubatituta program  | Transmitters: |
| basis under specifc F   |                  |                 | •                  | s carried by your o | cable system on a substitute progran  | Television    |
| Do not list the station   | here in space    | G-but do lis    |                    | ne Special Statem   | ent and Program Log)—if the   |               |
| <ul> <li>station was carried</li> <li>List the station here.</li> </ul> | -                |                 | ation was carrie   | d both on a subst   | itute basis and also on some othe   |               |
|   |                  |                 |                    |                     | of the general instructions located   |               |
| in the paper SA3 for<br>Column 1: List eac                              |                  | sian. Do not    | report origination | n program service   | es such as HBO, ESPN, etc. Identify   |               |
|   |                  | -               |                    |                     | ation. For example, report multi  |               |
| cast stream as "WETA<br>WETA-simulcast).                                | A-2". Simulcast  | streams mus     | t be reported in   | column 1 (list eac  | ch stream separately; for example   |               |
| ,   | e channel num    | ber the FCC I   | has assigned to    | the television stat | tion for broadcasting over-the-air ir   |               |
| its community of licens<br>on which your cable s                        |                  |                 | annel 4 in Wash    | nington, D.C. This  | may be different from the channe  |               |
|   | •                |                 | tation is a netwo  | ork station, an ind | ependent station, or a noncommercia   |               |
| -   | -                | •               |                    |                     | cast), "I" (for independent), "I-M  |               |
| For the meaning of the  | <i>,,</i> (      |                 | ,,                 | ``                  | ommercial educational multicast)<br>he paper SA3 form                         |               |
|   |                  |                 |                    |                     | es". If not, enter "No". For an ex  |               |
| planation of local serv<br>Column 5: If you h                           |                  |                 |                    |                     | e paper SA3 form<br>stating the basis on which you                            |               |
|   |                  |                 |                    |                     | tering "LAC" if your cable syster   |               |
| carried the distant stat  |                  |                 |                    |                     | capacity<br>y payment because it is the subjec                                |               |
| of a written agreemen   | t entered into c | on or before Ju | une 30, 2009, be   | etween a cable sy   | stem or an association representin  |               |
|   |                  |                 | -                  |                     | ary transmitter, enter the designa<br>other basis, enter "O." For a furthe    |               |
| · · · /   |                  |                 |                    |                     | ed in the paper SA3 form  |               |
|   |                  |                 |                    |                     | y to which the station is licensed by the<br>h which the station is identifec |               |
| Note: If you are utilizin   |                  |                 |                    | ,                   |   |               |
|   |                  | CHANN           | EL LINE-UP         | AB                  |   |               |
| 1. CALL   | 2. B'CAST        | 3. TYPE         | 4. DISTANT?        | 5. BASIS OF         | 6. LOCATION OF STATION  |               |
| SIGN  | CHANNEL          | OF              | (Yes or No)        | CARRIAGE            |   |               |
|   | NUMBER           | STATION         |                    | (If Distant)        |   |               |
|   |                  |                 |                    |                     |   |               |
|   |                  |                 |                    |                     |   |               |
|   |                  |                 |                    |                     |   |               |
|   |                  |                 |                    |                     |   |               |
|   |                  |                 |                    |                     |   |               |
|   |                  |                 |                    |                     |   |               |
|   |                  |                 |                    |                     |   |               |
|   |                  |                 |                    |                     |   |               |
|   |                  |                 |                    |                     |   |               |
|   |                  |                 |                    |                     |   |               |
|   |                  |                 |                    |                     |   |               |
|   |                  |                 |                    |                     |   |               |
|   |                  |                 |                    |                     |   |               |
|   |                  |                 |                    |                     |   |               |
|   |                  |                 |                    |                     |   |               |
|   |                  |                 |                    |                     |   |               |
|   |                  |                 |                    |                     |   |               |
|   |                  |                 |                    |                     |   |               |
|   |                  |                 |                    |                     |   |               |

FORM SA3E. PAGE 3.

| FORM   | SA3E. PAGE 7.   |                         |                   |  |  |  |  |  |
|--|---|-------------------------|-------------------|--|--|--|--|--|
| LEGA   | AL NAME OF OWNER OF CABLE SYSTEM:   |                         | SYSTEM ID#        | Nama   |  |  |  |  |
| DIR  | ECTV, LLC   |                         | 62984             | Name   |  |  |  |  |
| Inst<br>all a<br>(as<br>pag  | 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.       Gross receipts from subscribers for secondary transmission service(s) (Amount of gross receipts)       Gross receipts |                         |                   |  |  |  |  |  |
|  |   |                         |                   |  |  |  |  |  |
| <ul> <li>Instru</li> <li>Con</li> <li>Con</li> <li>If you fee to the second sec</li></ul> | <b>(RIGHT ROYALTY FEE</b><br><b>ctions</b> : Use the blocks in this space L to determine the royalty fee you owe:<br>nplete block 1, showing your minimum fee.<br>nplete block 2, showing whether your system carried any distant television stations.<br>ur system did not carry any distant television stations, leave block 3 blank. Enter the ar<br>from block 1 on line 1 of block 4, and calculate the total royalty fee.<br>ur system did carry any distant television stations, you must complete the applicable pa<br>pompanying this form and attach the schedule to your statement of account.   |                         |                   | L<br>Copyright<br>Royalty Fee  |  |  |  |  |
|  | rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b k 3 below.   | e entered on line       | e 1 of            |  |  |  |  |  |
|  | rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be elow.   | entered on line 2       | in block          |  |  |  |  |  |
| ▶ If pa  | rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho<br>block 4 below.  | uld be entered o        | n line            |  |  |  |  |  |
| Block<br>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<br>Line 2. Multiply the amount in line 1 by 0.01064<br>Enter the result here.   | \$                      | 1,926,241.30      |  |  |  |  |  |
|  | This is your minimum fee.   | \$                      | 20,495.21         |  |  |  |  |  |
| Block<br>2   | DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colum "Yes" in this block.<br>• Did your cable system carry any distant television stations during the accounting peri<br>X Yes—Complete the DSE schedule.<br>Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or  | nn 4, you must c<br>od? | heck              |  |  |  |  |  |
| Block<br>3   | 4, or part 9, block A of the DSE schedule. If none, enter zero  | Ψ                       |                   |  |  |  |  |  |
|  | 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  | \$                      | 3.44              |  |  |  |  |  |
| Block<br>4   | <ul> <li>Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger</li> <li>Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter</li> </ul>   | \$                      | 20,495.21<br>0.00 | Cable systems<br>submitting<br>additional                              |  |  |  |  |
|  | zero.<br>Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9<br>(Interest Worksheet)   |                         | 0.00              | deposits under<br>Section 111(d)(7)<br>should contact<br>the Licensing |  |  |  |  |
|  | Line 4. FILING FEE  | \$                      | 725.00            | additional fees.<br>Division for the                                   |  |  |  |  |
|  | TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.<br>Add Lines 1, 2 and 3 of block 4 and enter total here  | \$                      | 21,220.21         | appropriate<br>form for<br>submitting the<br>additional fees.          |  |  |  |  |
|  | Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (<br>general instructions located in the paper SA3 form for more information.)   | See page (i) of tl      | ne                |  |  |  |  |  |

| ACCOUNTING PERI            | OD: 2023/1  |             |   |                          |                                  | FORM SA3E. PAGE 8        |  |  |  |
|----------------------------|---|-------------|---|--------------------------|----------------------------------|--------------------------|--|--|--|
| Name                       |   | F CABLE S   | YSTEM:  |                          |                                  | SYSTEM ID#<br>62984      |  |  |  |
|                            | DIRECTV, LLC  |             |   |                          |                                  | 02304                    |  |  |  |
| М                          | CHANNELS  | ust aive    | (1) the number of channels on wh  | hich the cable system    | carried television broadcast     | stations                 |  |  |  |
| IVI                        |   | -           |   | -                        |                                  | 314110113                |  |  |  |
| Channels                   | to its subscribers and (2) the cable system's total number of activated channels, during the accounting period. |             |   |                          |                                  |                          |  |  |  |
|                            |   |             | hannels on which the cable oadcast stations                                   |                          |                                  | 14                       |  |  |  |
|                            | -,  |             |   |                          |                                  | II                       |  |  |  |
|                            | 2. Enter the total num  |             |   |                          |                                  |                          |  |  |  |
|                            |   | -           | carried television broadcast statio   |                          |                                  | 586                      |  |  |  |
|                            |   |             |   |                          |                                  |                          |  |  |  |
| Ν                          | INDIVIDUAL TO BE<br>we can contact about  |             | CTED IF FURTHER INFORMATI   | ON IS NEEDED: (Ide       | entify an individual             |                          |  |  |  |
| Individual to              | we can contact about  |             | tement of account.)   |                          |                                  |                          |  |  |  |
| Be Contacted               |   | NI          |   |                          |                                  | 040 004 4000             |  |  |  |
| for Further<br>Information | Name <b>Myriam</b>  | Nass        | 1   |                          | I elephone                       | 310-964-1930             |  |  |  |
|                            | Address 2260 E  | Imper       | al Hwy Room 839   |                          |                                  |                          |  |  |  |
|                            | (Number, str  | eet, rural  | route, apartment, or suite number)  |                          |                                  |                          |  |  |  |
|                            | El Segu<br>(City, town, s   |             | CA 90245  |                          |                                  |                          |  |  |  |
|                            | (Oity, town, a  | state, 2ip) |   |                          |                                  |                          |  |  |  |
|                            | Email   | mn11        | 2s@att.com  |                          | Fax (optional)                   |                          |  |  |  |
|                            |   |             |   |                          |                                  |                          |  |  |  |
| 0                          | CERTIFICATION (This   | s statem    | ent of account must be certifed ar  | id signed in accordar    | nce with Copyright Office regu   | ulations.)               |  |  |  |
| Certifcation               | • I, the undersigned, he  | ereby ce    | rtify that (Check one, <i>but only one</i> , o                                | of the boxes.)           |                                  |                          |  |  |  |
|                            |   |             |   |                          |                                  | _                        |  |  |  |
|                            | (Owner other than   | corpor      | ation or partnership) I am the own  | er of the cable system   | as identifed in line 1 of space  | B; or                    |  |  |  |
|                            | (Agent of owner o   | ther tha    | n corporation or partnership) I an  | n the duly authorized a  | agent of the owner of the cable  | system as identified     |  |  |  |
|                            | in line 1 of space  | ce B and    | that the owner is not a corporation   | or partnership; or       |                                  |                          |  |  |  |
|                            | (Officer or partne<br>in line 1 of space  | ,           | n officer (if a corporation) or a partn                                       | er (if a partnership) of | the legal entity identifed as ow | rner of the cable system |  |  |  |
|                            |   |             |   |                          |                                  | d barrin                 |  |  |  |
|                            | are true, complete, and   | d correc    | nt of account and hereby declare un<br>t to the best of my knowledge, inforr  |                          |                                  | a nerein                 |  |  |  |
|                            | [18 U.S.C., Section 10  | 01(1986     | )]  |                          |                                  |                          |  |  |  |
|                            |   |             |   |                          |                                  |                          |  |  |  |
|                            |   |             |   |                          |                                  |                          |  |  |  |
|                            |   | Х           | /s/ Nicholas Sinovich   |                          |                                  |                          |  |  |  |
|                            |   | Enter a     | n electronic signature on the line abo  | ve using an "/s/" signat | ure to certify this statement.   |                          |  |  |  |
|                            |   | (e.g., /s   | / John Smith). Before entering the fin<br>then type /s/ and your name. Pressi | st forward slash of the  | /s/ signature, place your cursor |                          |  |  |  |
|                            |   | ,           |   | 5                        | 5                                | , , , ,                  |  |  |  |
|                            |   | Typed       | or printed name: Nicholas S   | inovich                  |                                  |                          |  |  |  |
|                            |   |             |   |                          |                                  |                          |  |  |  |
|                            |   | Title:      | VP, Financial Ops   |                          |                                  |                          |  |  |  |
|                            |   | nue.        | (Title of official position held in corpora                                   | ation or partnership)    |                                  |                          |  |  |  |
|                            |   |             |   |                          |                                  |                          |  |  |  |
|                            |   | Date:       | August 24, 2023   |                          |                                  |                          |  |  |  |
| Dubunan Arrista            |   | 46 11 11    |   |                          |                                  |                          |  |  |  |
|                            |   |             | ed States Code authorizes the Copyr<br>I is any personal information that car |                          |                                  |                          |  |  |  |

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 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 t completed record of statements of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of law

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM 62  | / ID#<br>2984 <sup>Name</sup>  |
|---|--|
| <ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS         The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:             "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."     </li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.</li> <li>During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?</li> </ul> | P<br>Special<br>Statement<br>Concerning<br>Gross Receipts<br>Exclusion |
| YES. Enter the total here and list the satellite carrier(s) below.       \$         Name       Mailing Address  |  |
| <b>INTEREST ASSESSMENTS</b><br>You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.<br>For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.  | Q  |
| Line 1 Enter the amount of late payment or underpayment   | Interest<br>Assessment   |
| x       x         Line 2 Multiply line 1 by the interest rate* and enter the sum here   | <br>/s<br>_  |
| x 0.00274           Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,           space L, (page 7)           (interest charge)  | <u>-</u>   |
| * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.  |  |
| ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.  |  |
| NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce,<br>please list below the owner, address, first community served, accounting period, and ID number as given in the original<br>filing.  |  |
| Owner<br>Address  |  |
| First community served         Accounting period         ID number  |  |
| Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) reque  | sted on th   |

form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

#### INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

The term "distant signal equivalent" (DSE) generally refers to the numerica value given by the Copyright Act to each distant television station carriec 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 accoun (page 3), a distant station is:

| Independent: its type-value is                                     | 1.00 |
|--|------|
| • Network: its type-value is                                       |      |
| • 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 station slisted 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 anc "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 particula 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 anc 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 nor 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, ir whole or in part, over the cable system that would have been subject to the FCC's syndicated exclusivity rules in effect on June 24, 1981

The Minimum Fee/Base Rate Fee/3.75 Percent Fee. All cable systems fling SA3E (Long Form) must pay at least the minimum fee, which is 1.064 percent of gross receipts. The cable system pays either the minimum fee or the sum of the base rate fee and the 3.75 percent fee, whichever is larger, and a Syndicated Exclusivity Surcharge, as applicable

What is a "Permitted" Station? A permitted station refers to a distant station whose carriage is not subject to the 3.75 percent rate but is subject to the base rate and, where applicable, the Syndicated Exclusivity Surcharge. A permitted station would include the following: 1) A station actually carried within any portion of a cable system prior

to June 25, 1981, pursuant to the former FCC rules. 2) A station first carried after June 24, 1981, which could have been partied under FCC rules in effect on June 24, 1981, if such carrieds

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-tim∉ 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 statior 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 Syndicatec 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 pursuan to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 198I, on a substitute and/o 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 ir 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 distant that is, whether you retransmitted the signal of one or more stations to subscribers located within the station's local service area and, at the same time, to other subscribers located outside that area.

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

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

 The fifth and each additional DSE
 0.330% of gross receipts

# PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

If any of the stations were partially distant:

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

2. Identify the communities/areas represented by each subscriber group.3. For each subscriber group, calculate the total number of DSEs of

that group's complement of stations. If your system is located wholly outside all major and smaller television

markets, give each station's DSEs as you gave them in parts 2, 3, and 4 of the schedule; or

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

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

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.

#### COMPUTATION OF COPYRIGHT ROYALTY FEE FOR CABLE SYSTEM CARRYING PARTIALLY DISTANT STATIONS Distant Stations Carried Identification of Subscriber Groups STATION OUTSIDE LOCAL In most cases under current FCC DSE CITY GROSS RECEIPTS rules, all of Fairvale would be within A (independent) 1.0 SERVICE AREA OF FROM SUBSCRIBERS the local service area of both stations B (independent) 1.0 Santa Rosa Stations A, B, C, D ,E \$310,000.00 0.083 Rapid City 100,000.00 A and C and all of Rapid City and Bo-C (part-time) Stations A and C 0.139 Bodega Bay 70,000.00 dega Bay would be within the local D (part-time) Stations A and C Fairvale 120,000.00 service areas of stations B, D, and E. E (network) 0.25 Stations B, D, and E TOTAL DSEs 2.472 TOTAL GROSS RECEIPTS \$600,000.00 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 Subscriber Group Third Subscriber Group (Santa Rosa) (Rapid City and Bodega Bay) (Fairvale) Fairvale Gross receipts \$310,000.00 Gross receipts \$170,000.00 Gross receipts \$120,000.00 DSEs 2.472 DSEs 1.083 DSEs Rapid City 1.389 Base rate fee \$6,497.20 Base rate fee \$1,907.71 Base rate fee \$1,604.03 \$310,000 x .01064 x 1.0 = 3,298.40 \$170,000 x .01064 x 1.0 = 1,808.80 \$120,000 x .01064 x 1.0 = 1.276.80 Bodega 3,198.80 98.91 327.23 \$310,000 x .00701 x 1.472 = \$170,000 x .00701 x .083 = \$120,000 x .00701 x .389 = Bav \$6,497.20 \$1,907.71 \$1,604.03 Base rate fee Base rate fee Base rate fee ۱ Stations B. D.

EXAMPLE:

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)

| 1                              | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#   |       |                      |          |           |       |  |  |  |  |  |
|--------------------------------|---|-------|----------------------|----------|-----------|-------|--|--|--|--|--|
|                                | DIRECTV, LLC  |       |                      |          |           | 62984 |  |  |  |  |  |
|                                | 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.         0.25   |       |                      |          |           |       |  |  |  |  |  |
| 2<br>Computation               | Instructions:<br>In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5<br>of space G (page 3).<br>In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom- |       |                      |          |           |       |  |  |  |  |  |
| of DSEs for                    | mercial educational station, give   |       | 25."                 |          |           |       |  |  |  |  |  |
| Category "O"                   |   |       | CATEGORY "O" STATION | 1        |           |       |  |  |  |  |  |
| Stations                       |   | DSE   | CALL SIGN            | DSE      | CALL SIGN | DSE   |  |  |  |  |  |
|                                | WPNE-DT/HD  | 0.250 |                      |          |           |       |  |  |  |  |  |
| Add rows as                    |   |       |                      |          |           |       |  |  |  |  |  |
| necessary.<br>Remember to copy |   |       |                      |          |           |       |  |  |  |  |  |
| all formula into new           |   |       |                      |          |           |       |  |  |  |  |  |
| rows.                          |   |       |                      |          |           |       |  |  |  |  |  |
|                                |   |       |                      |          |           |       |  |  |  |  |  |
|                                |   |       |                      |          |           |       |  |  |  |  |  |
|                                |   |       |                      |          |           |       |  |  |  |  |  |
|                                |   |       |                      |          |           |       |  |  |  |  |  |
|                                |   |       |                      |          |           |       |  |  |  |  |  |
|                                |   |       |                      |          |           |       |  |  |  |  |  |
|                                |   |       |                      |          |           |       |  |  |  |  |  |
|                                |   |       |                      |          |           |       |  |  |  |  |  |
|                                |   |       |                      |          |           |       |  |  |  |  |  |
|                                |   |       |                      |          |           |       |  |  |  |  |  |
|                                |   |       |                      |          |           |       |  |  |  |  |  |
|                                |   |       |                      |          |           |       |  |  |  |  |  |
|                                |   |       |                      |          |           |       |  |  |  |  |  |
|                                |   |       |                      |          |           |       |  |  |  |  |  |
|                                |   |       |                      |          |           |       |  |  |  |  |  |
|                                |   |       |                      |          |           |       |  |  |  |  |  |
|                                |   |       |                      |          |           |       |  |  |  |  |  |
|                                |   |       |                      |          |           |       |  |  |  |  |  |
|                                |   |       |                      |          |           |       |  |  |  |  |  |
|                                |   |       |                      |          |           |       |  |  |  |  |  |
|                                |   |       |                      |          |           |       |  |  |  |  |  |
|                                |   |       |                      |          |           |       |  |  |  |  |  |
|                                |   |       |                      |          |           |       |  |  |  |  |  |
|                                |   |       |                      |          |           |       |  |  |  |  |  |
|                                |   |       |                      |          |           |       |  |  |  |  |  |
|                                |   |       |                      |          |           |       |  |  |  |  |  |
|                                |   |       |                      | <b>[</b> |           |       |  |  |  |  |  |

|  |   |  |  |  |   |   |  | JLE. PAGE 12.       |
|--|---|--|--|--|---|---|--|---------------------|
| Name   | DIRECTV, L  | OWNER OF CABLE SYSTEM:   |  |  |   |   | S  | 8YSTEM ID#<br>62984 |
| <b>3</b><br>Computation<br>of DSEs for<br>Stations<br>Carried Part<br>Time Due to<br>Lack of<br>Activated<br>Channel<br>Capacity | Column 2<br>figure should<br>Column 2<br>be carried ou<br>Column 9<br>give the type-<br>Column 9                    | st the call sign of all dista<br>2: For each station, give t<br>correspond with the infor<br>3: For each station, give t<br>4: Divide the figure in colu<br>t at least to the third deci<br>5: For each independent<br>value as ".25."<br>5: Multiply the figure in colu | the number of hour<br>rmation given in s<br>the total number of<br>umn 2 by the figur<br>mal point. This is<br>station, give the "<br>olumn 4 by the figur | urs your cable system<br>pace J. Calculate or<br>of hours that the stat<br>re in column 3, and g<br>the "basis of carriag<br>type-value" as "1.0."<br>ure in column 5, and | m carried the stat<br>hly one DSE for e<br>ion broadcast ov<br>give the result in<br>le value" for the s<br>' For each networ<br>d give the result in | tion during the accounting<br>each station.<br>er the air during the acco<br>decimals in column 4. Th | unting period.<br>is figure must<br>cational station,<br>less than the |                     |
| oupdoily   |   | (  | CATEGORY L   | AC STATIONS:   | COMPUTATI   | ON OF DSEs  |  |                     |
|  | 1. CALL<br>SIGN   | 2. NUMBE<br>OF HOU<br>CARRIE<br>SYSTEI   | JRS<br>ED BY   | NUMBER<br>OF HOURS<br>STATION<br>ON AIR  | 4. BASIS OF<br>CARRIAG<br>VALUE   |   |  | SE                  |
|  |   |  | ÷  |  | =   | ×   | =  |                     |
|  |   |  | ÷  |  |   | ×   |  |                     |
|  |   |  | ÷<br>÷   |  | =   | x<br>x  |  |                     |
|  |   |  | ÷  |  | =   | x   | =  |                     |
|  |   |  | ÷  |  | =   | ×   | =  |                     |
|  |   |  | ÷  |  | =   | x   | =  |                     |
|  |   |  | ÷  |  | =   | x   | =  |                     |
| <b>4</b><br>Computation<br>of DSEs for<br>Substitute-<br>Basis Stations  | Was carried<br>tions in effe<br>Broadcast of<br>space I).<br>Column 2:<br>at your option.<br>Column 3:<br>Column 4: | ect on October 19, 1976 of<br>one or more live, nonnetw<br>For each station give the<br>This figure should corre<br>Enter the number of days<br>Divide the figure in colun   | titution for a progr<br>(as shown by the<br>ork programs duri<br>number of live, r<br>spond with the ini<br>s in the calendar<br>nn 2 by the figure        | am that your system<br>letter "P" in column<br>ng that optional carr<br>nonnetwork program<br>formation in space I.<br>year: 365, except in<br>in column 3, and giv        | was permitted t<br>7 of space I); and<br>iage (as shown by<br>s carried in subst<br>a leap year.<br>we the result in co                               | o delete under FCC rules  | 2 of<br>were deleted<br>s than the third                               | m).                 |
|  |   | SL   | JBSTITUTE-B  | ASIS STATION   | S: COMPUTA  | TION OF DSEs  | -  |                     |
|  | 1. CALL<br>SIGN   | 2. NUMBER<br>OF<br>PROGRAMS  | 3. NUMBER<br>OF DAYS<br>IN YEAR  |  | 1. CALL<br>SIGN   | 2. NUMBER<br>OF<br>PROGRAMS   | 3. NUMBER<br>OF DAYS<br>IN YEAR  | 4. DSE              |
|  |   |  |  |  |   |   |  |                     |
|  |   |  | •  | =  | · · · · · · · · · · · · · · · · · · ·   |   |  |                     |
|  |   |  | •  |  |   |   |  |                     |
|  | Add the DSEs  | S OF SUBSTITUTE-BAS<br>of each station.<br>Jum here and in line 3 of p   |  | =<br>dule,   | ·   | 0.00  |  | =                   |
| 5  |   | ER OF DSEs: Give the arr<br>s applicable to your syster  |  | xes in parts 2, 3, and   | 4 of this schedule  | e and add them to provide   | the total  |                     |
| Total Number   | 1. Number o   | of DSEs from part 2 ●  |  |  |   | ▶   | 0.25   |                     |
| of DSEs  | 2. Number o   | of DSEs from part 3 ●  |  |  |   |   | 0.00   |                     |
|  | 3. Number c   | of DSEs from part 4 ●  |  |  |   | ▶ <u> </u>  | 0.00   |                     |
|  | TOTAL NUMBE   | ER OF DSEs   |  |  |   | <b>&gt;</b>   |  | 0.25                |

| LEGAL NAME OF C  |  | SYSTEM:  |   |  |   |   | S  | YSTEM ID#<br>62984 | Name   |
|--|--|--|---|--|---|---|--|--------------------|--|
| Instructions: Bloc<br>In block A:<br>• If your answer if<br>schedule.<br>• If your answer if | "Yes," leave the re  | emainder of p  |   | 7 of the DSE sche  | edule blank ar  | nd complete pa  | art 8, (page 16) of                                  | the                | 6  |
|  |  |  | BLOCK A: 1  | ELEVISION M  | ARKETS  |   |  |                    | Computation of   |
|  | 1981?  | schedule—[   |   | iller markets as de  |   |   |  | gulations in       | 3.75 Fee   |
|  |  | BLOC   | CK B: CARR  | IAGE OF PER  | MITTED DS   | SEs   |  |                    |  |
| Column 1:<br>CALL SIGN   | under FCC rules  | and regulations of the second se | ons prior to Ju<br>dule. (Note: T   | part 2, 3, and 4 o<br>ne 25, 1981. For f<br>he letter M below i<br>Act of 2010.) | urther explana  | ation of permit   | ed stations, see t                                   | he                 |  |
| Column 2:<br>BASIS OF<br>PERMITTED<br>CARRIAGE   | (Note the FCC ru<br>A Stations carrie<br>76.61(b)(c)]<br>B Specialty stati<br>C Noncommeric<br>D Grandfathered<br>instructions for<br>E Carried pursua<br>*F A station pre | ules and regu<br>ed pursuant to<br>cal educationa<br>d station (76.)<br>or DSE sched<br>ant to individu<br>viously carrie<br>JHF station w   | lations cited b<br>to the FCC ma<br>d in 76.5(kk) (7<br>al station [76.5<br>65) (see parag<br>lule).<br>ual waiver of F<br>ed on a part-tir<br><i>v</i> ithin grade-B | ne or substitute ba<br>contour, [76.59(d)  | ose in effect o<br>76.57, 76.59(b<br>(e)(1), 76.63(a<br>.63(a) referrin<br>ubstitution of g<br>asis prior to Ju | n June 24, 198<br>n), 76.61(b)(c),<br>n) referring to 7<br>g to 76.61(d)]<br>randfathered s<br>nne 25, 1981 | 76.63(a) referring<br>76.61(e)(1)<br>stations in the |                    |  |
| Column 3:  |  | e stations ide   | ntified by the l  | n parts 2, 3, and 4<br>etter "F" in columr                                       |   |   | vorksheet on pag                                     | e 14 of            |  |
| 1. CALL<br>SIGN  | 2. PERMITTED<br>BASIS  | 3. DSE   | 1. CALL<br>SIGN   | 2. PERMITTED<br>BASIS  | 3. DSE  | 1. CALL<br>SIGN   | 2. PERMITTED<br>BASIS                                | 3. DSE             |  |
| WPNE-DT/   | С  | 0.25   |   |  |   |   |  |                    |  |
|  |  |  |   |  |   |   |  |                    |  |
|  |  |  |   |  |   |   |  |                    |  |
|  |  |  |   |  |   |   |  |                    |  |
|  |  |  |   |  |   |   |  |                    |  |
|  |  |  |   |  |   |   |  |                    |  |
|  |  |  |   |  |   |   |  | 0.25               |  |
|  |  | В  | LOCK C: CC  | MPUTATION O  | F 3.75 FEE  |   |  |                    |  |
| Line 1: Enter the  | total number of  | DSEs from  | part 5 of this  | schedule   |   |   |  |                    |  |
| Line 2: Enter the  | sum of permitte  | ed DSEs from   | m block B ab  | ove  |   |   |  |                    |  |
| Line 3: Subtract<br>(If zero, I  |  |  |   | r of DSEs subject<br>7 of this schedu  |   | i rate.   | 1  |                    |  |
| Line 4: Enter gro  | ss receipts from   | space K (p   | age 7)  |  |   |   | x 0.03   | 375                | Do any of the<br>DSEs represent                                  |
| Line 5: Multiply li  | ne 4 by 0.0375 a   | and enter su   | um here   |  |   |   | x  |                    | partially<br>permited/<br>partially<br>nonpermitted<br>carriage? |
| Line 6: Enter tota   | al number of DS  | Es from line   | 3   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |   |   |  |                    | If yes, see part<br>9 instructions.                              |
| Line 7: Multiply li  | ne 6 by line 5 ar  | nd enter her   | e and on line   | 2, block 3, spac   | ce L (page 7)   | )   |  | 0.00               |  |

| DIRECTV, LLC       |                      | DI COM | · · · · · · · · · · · · · · · · · · · |                       | 0.000  |                 |                       | 62984  |                      |
|--------------------|----------------------|--------|---------------------------------------|-----------------------|--------|-----------------|-----------------------|--------|----------------------|
|                    |                      |        |                                       | SION MARKET           |        |                 | T                     |        | C                    |
| 1. CALL 2.<br>SIGN | . PERMITTED<br>BASIS | 3. DSE | 1. CALL<br>SIGN                       | 2. PERMITTED<br>BASIS | 3. DSE | 1. CALL<br>SIGN | 2. PERMITTED<br>BASIS | 3. DSE | 6                    |
|                    |                      |        |                                       |                       |        |                 |                       |        | Computati<br>3.75 Fe |
|                    |                      |        |                                       |                       |        |                 |                       |        | 3./3 F               |
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|                    |                      |        | <b>†</b>                              |                       |        | 1               | 1                     |        | 1                    |

|   |   |                      |                         |                   |                                  |              | DSE S                | CHEDULE. PAGE 14.   |  |  |  |
|---|---|----------------------|-------------------------|-------------------|----------------------------------|--------------|----------------------|---------------------|--|--|--|
| Name  | LEGAL NAME OF OWN   | IER OF CABLE SYSTE   | M:                      |                   |                                  |              |                      | SYSTEM ID#<br>62984 |  |  |  |
| Worksheet for<br>Computating<br>the DSE<br>Schedule for<br>Permitted<br>Part-Time and<br>Substitute<br>Carriage | <ul> <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:</li> <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</li> </ul> |                      |                         |                   |                                  |              |                      |                     |  |  |  |
| 1   |   |                      | E FOR STATIONS CA       |                   | PART-TIME AN                     |              | ITE BASIS            |                     |  |  |  |
|   | 1. CALL<br>SIGN   | 2. PRIOR<br>DSE      | 3. ACCOUNTING<br>PERIOD | 4. B              | ART-TIME AN<br>ASIS OF<br>RRIAGE | 5. PRE       | -                    | 6. PERMITTED<br>DSE |  |  |  |
|   |   |                      |                         |                   |                                  |              |                      |                     |  |  |  |
|   |   |                      |                         |                   |                                  |              |                      |                     |  |  |  |
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|   |   |                      |                         |                   |                                  |              |                      |                     |  |  |  |
|   |   |                      |                         |                   |                                  |              |                      |                     |  |  |  |
| 7<br>Computation<br>of the  | -   | "Yes," complete bloc |                         | lete part 8 of tl | he DSE schedu                    | ıle.         |                      |                     |  |  |  |
| Syndicated  |   |                      | BLOCK A: MAJ            | OR TELEVIS        | SION MARK                        | ET           |                      |                     |  |  |  |
| Exclusivity<br>Surcharge  | <ul> <li>Is any portion of the c</li> <li>X Yes—Complete</li> </ul>   |                      | op 100 major television | _                 | ed by section 76                 |              | es in effect June 24 | I, 1981?            |  |  |  |
|   | BLOCK B: Ca   | arriage of VHF/Grade | B Contour Stations      |                   | BLOC                             | K C: Computa | ation of Exempt DS   | SEs                 |  |  |  |
|   | Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole or in part, over the cable system?<br>Yes—List each station below with its appropriate permitted DSE<br>X No—Enter zero and proceed to part 8.<br>Was any station listed in block B of part 7 carried in any on ity served by the cable system prior to March 31, 1972?<br>Yes—List each station below with its appropriate permitted DSE<br>X No—Enter zero and proceed to part 8.   |                      |                         |                   |                                  |              |                      |                     |  |  |  |
|   | CALL SIGN   | DSE C/               | ALL SIGN DSE            |                   | CALL SIGN                        | DSE          | CALL SIGN            | DSE                 |  |  |  |
|   |   |                      |                         |                   |                                  |              |                      |                     |  |  |  |
|   |   |                      |                         |                   |                                  |              |                      |                     |  |  |  |
|   |   | то                   | TAL DSEs 0              | 00                |                                  |              | TOTAL DSEs           | 0.00                |  |  |  |

DSE SCHEDULE. PAGE15.

| LEGAL NA          | ME OF OWNER OF CABLE SYSTEM: SYSTEM ID# DIRECTV, LLC 62984  | Name                     |
|-------------------|---|--------------------------|
|                   | BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE  |                          |
| Section           | Enter the amount of gross receipts from space K (page 7)  | 7                        |
| 1<br>Section<br>2 | A. Enter the total DSEs from block B of part 7  | •<br>Computation         |
|                   | B. Enter the total number of exempt DSEs from block C of part 7   | of the<br>Syndicated     |
|                   | 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  | Exclusivity<br>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<br>3a     | Did your cable system retransmit the signals of any partially distant television stations during the accounting period?     X Yes—Complete part 9 of this schedule.     No—Complete the applicable section below.   |                          |
|                   | If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.   |                          |
|                   | A. Enter 0.00599 of gross receipts (the amount in section1)   |                          |
|                   | B. Enter 0.00377 of gross receipts (the amount in section .1)   |                          |
|                   | C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here  |                          |
|                   | D. Multiply line B by line C and enter here   |                          |
|                   | E. Add lines A and D. This is your surcharge.<br>Enter here and on line 2 of block 4 in space L (page 7)<br>Syndicated Exclusivity Surcharge  |                          |
| Section<br>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.<br>Enter here and on line 2 of block 4 in space L (page 7)<br>Syndicated Exclusivity Surcharge  |                          |
| <u> </u>          | SECTION 4: SECOND 50 TELEVISION MARKET  |                          |
| Section           | Did your cable system retransmit the signals of any partially distant television stations during the accounting period?   |                          |
| 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)<br>and enter here   |                          |
|                   | D. Multiply line B by line C and enter here   |                          |
|                   | E. Add lines A and D. This is your surcharge.<br>Enter here and on line 2 of block 4 in space L (page 7)<br>Syndicated Exclusivity Surcharge  |                          |

|  | -  | DSE SCHEDULE. PAGE 16   |  |  |  |  |  |  |  |  |
|--|--|---|--|--|--|--|--|--|--|--|
| Name   |  | IE OF OWNER OF CABLE SYSTEM: SYSTEM ID# 62984   |  |  |  |  |  |  |  |  |
|  |  | DIRECTV, LLC 62984  |  |  |  |  |  |  |  |  |
| 7  | Section<br>4b  | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.  |  |  |  |  |  |  |  |  |
| Computation<br>of the                          |  | A. Enter 0.00300 of gross receipts (the amount in section 1)  |  |  |  |  |  |  |  |  |
| Syndicated<br>Exclusivity                      |  | B. Enter 0.00189 of gross receipts (the amount in section 1)  |  |  |  |  |  |  |  |  |
| Surcharge                                      |  | C. Multiply line B by 3.000 and enter here  |  |  |  |  |  |  |  |  |
|  |  | D. Enter 0.00089 of gross receipts (the amount in section 1)  |  |  |  |  |  |  |  |  |
|  |  | E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here  |  |  |  |  |  |  |  |  |
|  |  | F. Multiply line D by line E and enter here   |  |  |  |  |  |  |  |  |
|  |  | G. Add lines A, C, and F. This is your surcharge.<br>Enter here and on line 2, block 4, space L (page 7)  |  |  |  |  |  |  |  |  |
|  |  | Syndicated Exclusivity Surcharge.   |  |  |  |  |  |  |  |  |
| <b>8</b><br>Computation<br>of<br>Base Rate Fee | You m<br>6 was<br>• In blo<br>• If you<br>• If you<br>blank<br>What i<br>were lo | ctions:<br>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.<br>ick A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.<br>ir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.<br>ir answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below<br>s a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers<br>bccated within that station's local service area and others were located outside that area. For the definition of a station's "local<br>e area," see page (v) of the general instructions. |  |  |  |  |  |  |  |  |
|  | BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS                                  |   |  |  |  |  |  |  |  |  |
|  | • Did y  | our cable system retransmit the signals of any partially distant television stations during the accounting period?  |  |  |  |  |  |  |  |  |
|  |  | X       Yes—Complete part 9 of this schedule.         No—Complete the following sections.   |  |  |  |  |  |  |  |  |
|  |  | BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE   |  |  |  |  |  |  |  |  |
|  | Section<br>1   | Enter the amount of gross receipts from space K (page 7)  |  |  |  |  |  |  |  |  |
|  | Section<br>2   | Enter the total number of permitted DSEs from block B, part 6 of this schedule.<br>(If block A of part 6 was checked "Yes,"<br>use the total number of DSEs from part 5.)   |  |  |  |  |  |  |  |  |
|  | Section<br>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.<br>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.<br>A. Enter 0.01064 of gross receipts<br>(the amount in section 1)   |  |  |  |  |  |  |  |  |
|  |  | B. Enter 0.00701 of gross receipts<br>(the amount in section 1)   |  |  |  |  |  |  |  |  |
|  |  | C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here  |  |  |  |  |  |  |  |  |
|  |  | D. Multiply line B by line C and enter here ▶ \$<br>E. Add lines A, and D. This is your base rate fee. Enter here<br>and in block 3, line 1, space L (page 7)   |  |  |  |  |  |  |  |  |
|  |  | Base Rate Fee   |  |  |  |  |  |  |  |  |

### DSE SCHEDULE. PAGE 17.

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTE  |                                |
|---|--------------------------------|
| DIRECTV, LLC  | 62984 <sup>Name</sup>          |
| 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<br>(the amount in section 1)►  | Ū                              |
|   |                                |
| B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ \$   | Computation<br>of              |
|   | Base Rate Fee                  |
| C. Multiply line B by 3.000 and enter here <b>\$</b>  |                                |
| D. Enter 0.00330 of gross receipts  |                                |
| (the amount in section 1) <b>\$</b>   |                                |
| 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 <b>\$</b>   |                                |
| 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  | 0.00                           |
| IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals on a system-wide basis.  | mals                           |
| shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel   |                                |
| ups in Space G.   | -                              |
| In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to e receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take advant   | tage of                        |
| this exclusion, you must:   | Base Rate Fee                  |
| First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the next subscriber group as if it were a separate cable system.  | number and                     |
| of DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for ea   | ach Syndicated Exclusivity     |
| group.<br>Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.   | Surcharge                      |
| NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7   | for<br>7, you Partially        |
| must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B be  | elow. Distant                  |
| However, if your cable system is wholly located outside all major television markets, complete block A only.  | Stations, and<br>for Partially |
| How to Identify a Subscriber Group for Partially Distant Stations<br>Step 1: For each community served, determine the local service area of each wholly distant and each partially distant station y  | Permitted<br>Stations          |
| carried to that community.  | Ou Stations                    |
| Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station of the same token, the station is distant to the subscriber.)  |                                |
| Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a c system will have only one subscriber group when the distant stations it carried have local service areas that coincide.  |                                |
| <b>Computing the base rate fee for each subscriber group:</b> Block A contains separate sections, one for each of your system's subscriber groups.  |                                |
| In each section:  |                                |
| <ul> <li>Identify the communities/areas represented by each subscriber group.</li> <li>Cive the cell size for each of the stations in the subscriber group's complement, that is, each station that is distant to all of the</li> </ul>   |                                |
| <ul> <li>Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of th<br/>subscribers in the group.</li> </ul>   |                                |
| • If:   |                                |
| 1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in par and 4 of this schedule; or,  | ts 2, 3,                       |
| 2) any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block part 6 of this schedule.   | В,                             |
| • Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.   |                                |
| • Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instru<br>in the paper SA3 form.   | ctions                         |
| • Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the prece<br>page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is,<br>DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to<br>your actual calculations on the form. | the total                      |

|      | LEGAL NAME OF OWNER OF CABLE SYSTEM: SY   | STEM ID# |
|------|---|----------|
| Name | DIRECTV, LLC  | 62984    |
|      | Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals   |          |
|      | Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and   |          |
|      | partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant.   |          |
|      | Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant  |          |
|      | signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by  |          |
|      | .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported   |          |
|      | for each part 9 used in steps 1 and 2 must equal the amount reported in space K. <b>Step 3:</b> 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.                  | 1        |
|      | 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.   |          |
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FORM SA3E. PAGE 19.

|                          | LE SYSTEM:      |          |                         |                   | S              | 62984    |  |  |
|--------------------------|-----------------|----------|-------------------------|-------------------|----------------|----------|--|--|
|                          | COMPUTATION OF  |          | TE FEES FOR EAC         |                   |                |          |  |  |
|                          | SUBSCRIBER GROU |          | SECOND SUBSCRIBER GROUP |                   |                |          |  |  |
| MMUNITY/ AREA            |                 | 0        |                         |                   |                |          |  |  |
| ALL SIGN DSE             | CALL SIGN       | DSE      | CALL SIGN               | DSE               | CALL SIGN      | DSE      |  |  |
|                          |                 |          | WPNE-DT/HD              | 0.25              |                |          |  |  |
|                          |                 |          |                         |                   | -              |          |  |  |
|                          |                 |          |                         |                   | -              |          |  |  |
|                          |                 |          |                         |                   |                |          |  |  |
|                          | -               |          |                         |                   |                |          |  |  |
|                          |                 |          |                         |                   | -              |          |  |  |
|                          |                 |          |                         |                   |                |          |  |  |
|                          |                 |          |                         |                   | -              |          |  |  |
|                          |                 |          |                         |                   |                |          |  |  |
|                          |                 |          |                         |                   |                |          |  |  |
|                          |                 |          |                         |                   | -              |          |  |  |
|                          |                 |          |                         |                   |                |          |  |  |
|                          |                 |          |                         |                   |                |          |  |  |
| al DSEs                  |                 | 0.00     | Total DSEs              |                   |                | 0.25     |  |  |
| oss Receipts First Group | \$ 1,924,948.48 |          | Gross Receipts Sec      | and Group         | \$             | 1,292.82 |  |  |
|                          | ÷ 1,024         | ,0-10.10 |                         |                   | *              | 1,202.02 |  |  |
| se Rate Fee First Group  | \$              | 0.00     | Base Rate Fee Sec       | ond Group         | \$             | 3.44     |  |  |
| THIRD                    | SUBSCRIBER GROU | Р        |                         | FOURTH            | SUBSCRIBER GRC | UP       |  |  |
| MMUNITY/ AREA            |                 | 0        | COMMUNITY/ ARE          | COMMUNITY/ AREA 0 |                |          |  |  |
| ALL SIGN DSE             | CALL SIGN       | DSE      | CALL SIGN               | DSE               | CALL SIGN      | DSE      |  |  |
|                          |                 |          |                         |                   |                |          |  |  |
|                          |                 |          |                         |                   |                |          |  |  |
|                          |                 |          |                         |                   |                |          |  |  |
|                          |                 |          |                         |                   | -              |          |  |  |
|                          |                 |          |                         |                   |                |          |  |  |
|                          |                 |          |                         |                   | -              |          |  |  |
|                          |                 |          |                         |                   |                |          |  |  |
|                          |                 |          |                         |                   |                |          |  |  |
|                          | H               |          |                         |                   |                |          |  |  |
|                          |                 |          |                         |                   |                |          |  |  |
|                          |                 |          |                         |                   |                |          |  |  |
|                          |                 |          |                         |                   |                |          |  |  |
|                          |                 |          |                         |                   |                |          |  |  |
| al DSEs                  |                 | 0.00     | Total DSEs              |                   |                | 0.00     |  |  |
|                          | •               |          | Cross Dessints Four     | rth Group         | \$             | 0.00     |  |  |
| oss Receipts Third Group | \$              | 0.00     | Gross Receipts Fou      |                   | ·              | 0.00     |  |  |

FORM SA3E. PAGE 19.

| Name                 | YSTEM ID#<br>62984   |  |         |                              |          |                          | ER OF CABL | DIRECTV, LLC           |  |  |
|----------------------|--|--|---------|------------------------------|----------|--------------------------|------------|------------------------|--|--|
|                      | BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP<br>FIFTH SUBSCRIBER GROUP |  |         |                              |          |                          |            |                        |  |  |
| <b>9</b><br>Computat | 0  | SUBSCRIBER GROU                                    | 51711   | COMMUNITY/ AREA              | 0        | SUBSCRIDER GROU          |            | COMMUNITY/ AREA        |  |  |
| of                   | DSE  | SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE |         |                              |          |                          |            | CALL SIGN              |  |  |
| Base Rate            |  | -  |         |                              |          |                          |            |                        |  |  |
| and<br>Syndicate     |  |  |         |                              |          |                          |            |                        |  |  |
| Exclusivi            |  |  |         |                              |          |                          |            |                        |  |  |
| Surcharg             |  |  |         |                              |          |                          |            |                        |  |  |
| for<br>Partially     |  |  |         |                              |          |                          |            |                        |  |  |
| Distant              |  |  |         |                              |          |                          |            |                        |  |  |
| Stations             |  |  |         |                              |          |                          |            |                        |  |  |
|                      |  |  |         |                              |          |                          |            |                        |  |  |
|                      |  |  |         |                              |          |                          |            |                        |  |  |
|                      |  |  |         |                              |          |                          |            |                        |  |  |
|                      |  |  |         |                              |          |                          |            |                        |  |  |
|                      | 0.00   |  |         | Total DSEs                   | 0.00     |                          |            | otal DSEs              |  |  |
|                      | 0.00   | \$   | d Group | Gross Receipts Secon         | 0.00     | \$                       | iroup      | Gross Receipts First G |  |  |
|                      | 0.00   | \$   | d Group | Base Rate Fee Secon          | 0.00     | \$                       | iroup      | Base Rate Fee First G  |  |  |
|                      | JP   | SUBSCRIBER GROU                                    | EIGHTH  |                              | JP       | SEVENTH SUBSCRIBER GROUP |            |                        |  |  |
|                      |  | COMMUNITY/ AREA 0                                  |         |                              |          |                          |            |                        |  |  |
|                      | 0  |  |         | COMMUNITY/ AREA              | 0        |                          |            | OMMUNITY/ AREA         |  |  |
|                      | 0<br>DSE   | CALL SIGN  | DSE     | COMMUNITY/ AREA<br>CALL SIGN | 0<br>DSE | CALL SIGN                | DSE        | COMMUNITY/ AREA        |  |  |
|                      |  | CALL SIGN  | DSE     |                              | ······   | CALL SIGN                | DSE        |                        |  |  |
|                      |  | CALL SIGN  | DSE     |                              | ······   | CALL SIGN                | DSE        |                        |  |  |
|                      |  | CALL SIGN  | DSE     |                              | ······   | CALL SIGN                | DSE        |                        |  |  |
|                      |  | CALL SIGN  | DSE     |                              | ······   | CALL SIGN                | DSE        |                        |  |  |
|                      |  | CALL SIGN  | DSE     |                              | ······   | CALL SIGN                | DSE        |                        |  |  |
|                      |  | CALL SIGN  | DSE     |                              | ······   | CALL SIGN                | DSE        |                        |  |  |
|                      |  | CALL SIGN  | DSE     |                              | ······   | CALL SIGN                | DSE        |                        |  |  |
|                      |  | CALL SIGN  | DSE     |                              | ······   | CALL SIGN                | DSE        |                        |  |  |
|                      |  | CALL SIGN  | DSE     |                              | ······   | CALL SIGN                | DSE        | COMMUNITY/ AREA        |  |  |
|                      |  | CALL SIGN  | DSE     |                              | ······   | CALL SIGN                | DSE        |                        |  |  |
|                      |  | CALL SIGN  | DSE     |                              | ······   | CALL SIGN                | DSE        |                        |  |  |
|                      |  | CALL SIGN  | DSE     |                              | ······   |                          |            | CALL SIGN              |  |  |
|                      |  | CALL SIGN  |         | CALL SIGN                    | DSE      | CALL SIGN                |            |                        |  |  |

| LEGAL NAME OF OWN<br>DIRECTV, LLC           | IER OF CABL                    | E SYSTEM:                         |             |                       |           | S              | WSTEM ID#<br>62984 | Name                    |
|---|--------------------------------|-----------------------------------|-------------|-----------------------|-----------|----------------|--------------------|-------------------------|
|   |                                | COMPUTATION OF<br>SUBSCRIBER GROU |             | ATE FEES FOR EAC      |           | BER GROUP      |                    |                         |
| COMMUNITY/ AREA                             | IUNITY/ AREAO COMMUNITY/ AREAO |                                   |             |                       |           |                | 0                  | <b>9</b><br>Computation |
| CALL SIGN                                   | DSE                            | CALL SIGN                         | DSE         | CALL SIGN             | DSE       | CALL SIGN      | DSE                | of                      |
|   |                                |                                   |             |                       |           |                |                    | Base Rate Fee<br>and    |
|   |                                |                                   |             |                       |           |                |                    | Syndicated              |
|   |                                |                                   |             |                       |           |                |                    | Exclusivity             |
|   |                                |                                   |             |                       |           |                |                    | Surcharge<br>for        |
|   |                                |                                   |             |                       |           |                |                    | Partially               |
|   |                                |                                   |             |                       |           |                |                    | Distant                 |
|   |                                |                                   |             |                       |           |                |                    | Stations                |
|   |                                |                                   |             |                       |           |                |                    |                         |
|   |                                |                                   |             |                       |           |                |                    |                         |
|   |                                |                                   |             |                       |           |                |                    |                         |
|   |                                |                                   |             |                       |           |                |                    |                         |
| Total DSEs                                  |                                |                                   | 0.00        | Total DSEs            |           | 11             | 0.00               |                         |
| Gross Receipts First                        | Group                          | \$ 1,924                          | ,948.48     | Gross Receipts Sec    | ond Group | \$             | 1,292.82           |                         |
|   |                                |                                   |             |                       |           |                |                    |                         |
| Base Rate Fee First                         | Group                          | \$                                | 0.00        | Base Rate Fee Sec     | ond Group | \$             | 0.00               |                         |
|   | THIRD                          | SUBSCRIBER GROU                   |             |                       |           | SUBSCRIBER GRO |                    |                         |
| COMMUNITY/ AREA                             |                                |                                   | 0           | COMMUNITY/ ARE/       | 0         |                |                    |                         |
| CALL SIGN                                   | DSE                            | CALL SIGN                         | DSE         | CALL SIGN             | DSE       | CALL SIGN      | DSE                |                         |
|   |                                |                                   |             |                       |           |                |                    |                         |
|   |                                |                                   |             |                       |           |                |                    |                         |
|   |                                |                                   |             |                       |           |                |                    |                         |
|   |                                |                                   |             |                       |           |                |                    |                         |
|   |                                | -                                 |             |                       |           |                |                    |                         |
|   |                                |                                   |             |                       |           |                |                    |                         |
|   |                                |                                   |             |                       |           |                |                    |                         |
|   |                                |                                   |             |                       |           |                |                    |                         |
|   |                                |                                   |             |                       |           |                |                    |                         |
|   |                                |                                   |             |                       |           |                |                    |                         |
|   |                                |                                   |             |                       |           |                |                    |                         |
| Total DSEs                                  |                                |                                   | 0.00        | Total DSEs            |           |                | 0.00               |                         |
| Gross Receipts Third                        | Group                          | \$                                | 0.00        | Gross Receipts Fou    | rth Group | \$             | 0.00               |                         |
| Base Rate Fee Third                         | Group                          | \$                                | 0.00        | Base Rate Fee Four    | rth Group | \$             | 0.00               |                         |
| Base Rate Fee: Add<br>Enter here and in blo |                                |                                   | riber group | as shown in the boxes | s above.  | \$             | 0.00               |                         |

|      | IBER GROUP       | H SUBSCRI | TE FEES FOR EA     | BASE RA                | COMPUTATION OF    | OCK A: C | BI                 |  |
|------|------------------|-----------|--------------------|------------------------|-------------------|----------|--------------------|--|
|      | SUBSCRIBER GROU  |           |                    | FIFTH SUBSCRIBER GROUP |                   |          |                    |  |
| 0    |                  | ۹         | COMMUNITY/ ARE     | 0                      | COMMUNITY/ AREA 0 |          |                    |  |
| DSE  | CALL SIGN        | DSE       | CALL SIGN          | DSE                    | CALL SIGN         | DSE      | CALL SIGN          |  |
|      |                  |           |                    |                        |                   |          |                    |  |
|      |                  |           |                    |                        |                   |          |                    |  |
|      | -                |           |                    |                        |                   |          |                    |  |
|      | -                |           |                    |                        |                   |          |                    |  |
|      | -                |           |                    |                        | -                 |          |                    |  |
|      |                  |           |                    |                        | -                 |          |                    |  |
|      |                  |           |                    |                        |                   |          |                    |  |
|      |                  |           |                    |                        |                   |          |                    |  |
|      |                  |           |                    |                        | -                 |          |                    |  |
|      |                  |           |                    |                        |                   |          |                    |  |
|      | <u> </u>         |           |                    |                        |                   |          |                    |  |
|      |                  |           |                    |                        |                   |          |                    |  |
|      |                  |           |                    |                        |                   |          |                    |  |
|      |                  |           |                    |                        |                   |          |                    |  |
| 0.00 |                  |           | Total DSEs         | 0.00                   |                   |          | I DSEs             |  |
| 0.00 | \$               | ond Group | Gross Receipts See | 0.00                   | \$                | roup     | s Receipts First G |  |
|      |                  |           |                    |                        |                   |          |                    |  |
| 0.00 | \$               | ond Group | Base Rate Fee Sec  | 0.00                   | \$                | roup     | Rate Fee First G   |  |
|      | SUBSCRIBER GROUI | FIGHTH    |                    | JP                     | SUBSCRIBER GROU   | SEVENTH  |                    |  |
| 0    |                  |           | COMMUNITY/ ARE     | 0                      |                   |          | MUNITY/ AREA       |  |
| •    |                  |           |                    | •                      |                   |          |                    |  |
|      | 11               |           |                    |                        |                   |          |                    |  |
| DSE  | CALL SIGN        | DSE       | CALL SIGN          | DSE                    | CALL SIGN         | DSE      | L SIGN             |  |
| DSE  | CALL SIGN        | DSE       | CALL SIGN          | DSE                    | CALL SIGN         | DSE      | LL SIGN            |  |
| DSE  | CALL SIGN        | DSE       | CALL SIGN          | DSE                    | CALL SIGN         | DSE      | LL SIGN            |  |
| DSE  | CALL SIGN        | DSE       | CALL SIGN          | DSE                    | CALL SIGN         | DSE      |                    |  |
| DSE  | CALL SIGN        | DSE       | CALL SIGN          | DSE                    | CALL SIGN         | DSE      |                    |  |
| DSE  | CALL SIGN        | DSE       | CALL SIGN          | DSE                    | CALL SIGN         | DSE      | ALL SIGN           |  |
| DSE  | CALL SIGN        | DSE       | CALL SIGN          | DSE                    | CALL SIGN         | DSE      | ALL SIGN           |  |
| DSE  | CALL SIGN        | DSE       | CALL SIGN          | DSE                    | CALL SIGN         | DSE      | ALL SIGN           |  |
| DSE  | CALL SIGN        | DSE       | CALL SIGN          | DSE                    | CALL SIGN         | DSE      | ALL SIGN           |  |
| DSE  | CALL SIGN        | DSE       | CALL SIGN          | DSE                    | CALL SIGN         | DSE      | LL SIGN            |  |
| DSE  | CALL SIGN        | DSE       | CALL SIGN          | DSE                    | CALL SIGN         | DSE      | ALL SIGN           |  |
| DSE  | CALL SIGN        | DSE       | CALL SIGN          | DSE                    | CALL SIGN         | DSE      | ALL SIGN           |  |
| DSE  | CALL SIGN        | DSE       | CALL SIGN          | DSE                    | CALL SIGN         | DSE      | LL SIGN            |  |
| DSE  |                  | DSE       | CALL SIGN          | DSE                    | CALL SIGN         | DSE      | ALL SIGN           |  |
| 0.00 |                  | DSE       | CALL SIGN          | 0.00                   | CALL SIGN         | DSE      |                    |  |
|      | S CALL SIGN      |           | Total DSEs         | 0.00                   | CALL SIGN         |          | al DSEs            |  |
| 0.00 |                  |           |                    |                        |                   |          | al DSEs            |  |
| 0.00 |                  | rth Group | Total DSEs         | 0.00                   |                   | Sroup    | CALL SIGN          |  |

| 9 If your cable system is located within a top 100 television market<br>Syndicated Exclusivity Surcharge. Indicate which major television  | SYSTEM ID#<br>62984<br>LUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
|--|--|
| 9 BLOCK B: COMPUTATION OF SYNDICATED EXCL<br>If your cable system is located within a top 100 television market<br>Syndicated Exclusivity Surcharge. Indicate which major television |  |
| 9 If your cable system is located within a top 100 television market<br>Syndicated Exclusivity Surcharge. Indicate which major television  | LUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |
| Syndicated Exclusivity Surcharge. Indicate which major television  |  |
| by section 76.5 of FCC rules in effect on June 24, 1981:   | and the station is not exempt in Part 7, you mus also compute a<br>n market any portion of your cable system is located in as defined          |
| Computation  |  |
| of First 50 major television market<br>Base Rate Fee INSTRUCTIONS:<br>and Step 1: In line 1, give the total DSEs by subscriber group for co  | Second 50 major television market  |
| Syndicated this schedule.  | roup for the VHF Grade B contour stations that were classified as enter zero.  |
| Partially Step 4: Compute the surcharge for each subscriber group using  | g the formula outlined in block D, section 3 or 4 of part 7 of this<br>its figures applicable to the particular group. You do not need to show |
| 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<br>total number of DSEs for  |
| this subscriber group  | this subscriber group  |
| subject to the surcharge   | subject to the surcharge   |
|  | computation  |
|  |  |
| SURCHARGE<br>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<br>and enter here. This is the   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the   |
| total number of DSEs for   | total number of DSEs for   |
| this subscriber group  | this subscriber group  |
| subject to the surcharge   | subject to the surcharge   |
|  |  |
| SYNDICATED EXCLUSIVITY SURCHARGE   | SYNDICATED EXCLUSIVITY SURCHARGE   |
| Third Group  | Fourth Group   |
| SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge<br>in the boxes above. Enter here and in block 4, line 2 of space L (  |  |
|  |  |

|   |   | FORM SA3E. PAGE 20.   |  |  |  |
|---|---|---|--|--|--|
| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#  |  |  |  |
| Name  | DIRECTV, LLC  | 62984   |  |  |  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS   | SIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |  |  |  |
| 9   | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television m<br>by section 76.5 of FCC rules in effect on June 24, 1981:   |   |  |  |  |
| Computation   | First 50 major tolovision market  | Caccard 50 major tolovision market  |  |  |  |
| of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>First 50 major television market</li> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul> |   |  |  |  |
|   | FIFTH SUBSCRIBER GROUP  | SIXTH 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<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation                                  |  |  |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE First Group  | SYNDICATED EXCLUSIVITY SURCHARGE Second Group   |  |  |  |
|   | SEVENTH SUBSCRIBER GROUP  | EIGHTH SUBSCRIBER GROUP   |  |  |  |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs  |  |  |  |
|   | Line 2: Enter the Exempt DSEs<br>Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 2. Enter the Exempt DSES<br>Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |  |  |  |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group   |  |  |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (page   |   |  |  |  |
|   |   |   |  |  |  |