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

# SA3E Long Form

coplicsoa@loc.gov

For additional information,

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

Return completed workbook by email to:

# STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

| FOR COPYRIGHT | OFFICE USE ONLY         |
|---------------|-------------------------|
| DATE RECEIVED | AMOUNT                  |
| 08/25/2023    | \$<br>ALLOCATION NUMBER |

| Α                    | ACCOUNTING PERIOD COVERED BY  | Y THIS STATEMENT:   |                                  |               |        |
|----------------------|---|---|----------------------------------|---------------|--------|
| Accounting<br>Period | 2023/1  |   |                                  |               |        |
| <b>B</b><br>Owner    | rate title of the subsidiary, not that of the parent co<br>List any other name or names under which the<br>If there were different owners during the acco<br>a single statement of account and royalty fee pays | he owner conducts the business of the cable system<br>ounting period, only the owner on the last day of the | n.<br>accounting period should a | ·             | 63028  |
|                      | LEGAL NAME OF OWNER/MAILING ADDRES  | S OF CABLE SYSTEM   |                                  |               |        |
|                      | DIRECTV, LLC  |   |                                  |               |        |
|                      |   |   |                                  | 63028         | 820231 |
|                      |   |   |                                  | 63028         | 2023/1 |
|                      |   |   |                                  |               |        |
|                      | 2260 E Imperial Hwy Room 839  |   |                                  |               |        |
|                      | El Segundo, CA 90245  |   |                                  |               |        |
| С                    |   | ss or trade names used to identify the busines give the mailing address of the system, if diffe             |                                  | ,             |        |
| -                    | IDENTIFICATION OF CABLE SYSTEM:   | give the maining address of the system, if diffe  | erent from the address g         | iven in space | ÷ В.   |
| System               |   |   |                                  |               |        |
|                      | MAILING ADDRESS OF CABLE SYSTEM:  |   |                                  |               |        |
|                      | 2 (Number, street, rural route, apartment, or suite number)   |   |                                  |               |        |
|                      |   |   |                                  |               |        |
|                      | (City, town, state, zip code)   |   |                                  |               |        |
| D                    | Instructions: For complete space D instruct   | tions, see page 1b. Identify only the frst comm   | nunity served below and          | relist on pag | je 1b  |
| Area                 | with all communities.   |   |                                  |               |        |
| Served               |   | STATE   |                                  |               |        |
| First<br>Community   | Madison City  | WI  |                                  |               |        |
| Community            |   | es if you report multiple channel line-ups in S   |                                  |               |        |
|                      | CITY OR TOWN (SAMPLE)   | STATE MD  | CH LINE UP                       |               | GRP#   |
| Sample               | Alda<br>Alliance  | MD  | A<br>B                           |               | 1 2    |
|                      | Gering  | MD  | B                                |               | 3      |
|                      |   |   |                                  |               | -      |
| Privacy Act Notic    | e: Section 111 of title 17 of the United States Code author   | rizes the Copyright Offce to collect the personally identify  | ng information (PII) requested   | on this       |        |
| -                    | ocess your statement of account. PII is any personal inforr   |   | • • • •                          |               |        |
|                      | ding PII, you are agreeing to the routine use of it to establi<br>pared for the public. The effect of not providing the PII req   |   |                                  |               |        |
| scaron reports pre   | parea for the public. The enect of hot providing the PILTeq   | ucated is that it may uciay processing of your statement (  | account and its placement in     | 1 1110        |        |

| FORM | SA3F  | PAGE | 1h  |  |
|------|-------|------|-----|--|
|      | UAUL. | IAOL | ID. |  |

| ORM SA3E. PAGE 1b.  |  |                                      |                     |                        |  |  |
|---|--|--------------------------------------|---------------------|------------------------|--|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>DIRECTV, LLC  |  |                                      | SYSTEM ID#<br>63028 |                        |  |  |
|   |  |                                      |                     |                        |  |  |
| <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 hom below the identified city or town.   | e parks should be                      | e reported in pare                   | ntheses             |                        |  |  |
| If all communities receive the same complement of television broadcast stations (i.e., on all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each red designated by a number (based on your reporting from Part 9).   | e column blank. If<br>levant community | you report any s<br>with a subscribe | ations<br>group,    |                        |  |  |
| When reporting the carriage of television broadcast stations on a community-by-community channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns be   | a subscriber grou                      |                                      |                     |                        |  |  |
| CITY OR TOWN  | STATE                                  | CH LINE UP                           | SUB GRP#            | -                      |  |  |
| Madison City  | WI                                     |                                      |                     | First                  |  |  |
| Beloit City   | WI                                     |                                      |                     | Community              |  |  |
| Beloit Township   | WI                                     |                                      |                     |                        |  |  |
| Blooming Grove Township   | WI                                     |                                      |                     |                        |  |  |
| Burke Township  | WI                                     |                                      |                     |                        |  |  |
| De Forest Village   | WI                                     |                                      |                     |                        |  |  |
| Dunkirk Township  | WI                                     |                                      |                     | See instructions for   |  |  |
| Dunn Township   | WI                                     |                                      |                     | additional information |  |  |
| Fitchburg   | WI                                     |                                      |                     | on alphabetization.    |  |  |
|   |  |                                      |                     |                        |  |  |
| Harmony Township  | WI                                     |                                      |                     |                        |  |  |
| Janesville City   | WI                                     |                                      |                     |                        |  |  |
| Janesville Township   | WI                                     |                                      |                     |                        |  |  |
| Madison Township  | WI                                     |                                      |                     |                        |  |  |
| Maple Bluff Village   | WI                                     |                                      |                     |                        |  |  |
| Middleton City  | WI                                     |                                      |                     |                        |  |  |
| Middleton Township  | WI                                     |                                      |                     |                        |  |  |
| Monona City   | WI                                     |                                      |                     |                        |  |  |
| Rock Township   | WI                                     |                                      |                     |                        |  |  |
|   | WI                                     |                                      |                     |                        |  |  |
| Shorewood Hills Village   |  |                                      |                     |                        |  |  |
| Stoughton City  | WI                                     |                                      |                     |                        |  |  |
| Turtle Township   | WI                                     |                                      |                     |                        |  |  |
| Westport Township   | WI                                     |                                      |                     |                        |  |  |
| Windsor Township  | WI                                     |                                      |                     |                        |  |  |
|   |  |                                      |                     |                        |  |  |
|   |  |                                      |                     |                        |  |  |
|   |  |                                      |                     |                        |  |  |
|   |  |                                      |                     |                        |  |  |
|   |  |                                      |                     |                        |  |  |
|   |  |                                      |                     |                        |  |  |
|   |  |                                      |                     |                        |  |  |
|   |  |                                      |                     |                        |  |  |
|   |  |                                      |                     |                        |  |  |
|   |  |                                      |                     |                        |  |  |
|   |  |                                      |                     |                        |  |  |
|   |  |                                      |                     |                        |  |  |
|   |  |                                      |                     |                        |  |  |
|   |  |                                      |                     |                        |  |  |
|   |  |                                      |                     |                        |  |  |
|   |  |                                      |                     |                        |  |  |
|   |  |                                      |                     |                        |  |  |
|   | <b>4</b>                               |                                      |                     | 1                      |  |  |

| Name                          | LEGAL NAME OF OWNER OF CABL   | E SYSTEM:        |           |   |              |                   |               | S                               | YSTEM ID         |
|-------------------------------|---|------------------|-----------|---|--------------|-------------------|---------------|---------------------------------|------------------|
| Name                          | DIRECTV, LLC  |                  |           |   |              |                   |               |                                 | 6302             |
| -                             | SECONDARY TRANSMISSION  | I SERVICE: SL    | JBSCRI    | BERS AND R                                  | ATES         |                   |               |                                 |                  |
| Е                             | In General: The information in s  | pace E should    | cover a   | III categories of                           | fsecondary   | y transmission s  | service of th | ne cable                        |                  |
|                               | system, that is, the retransmission   |                  |           |   |              |                   |               |                                 |                  |
| Secondary                     | about other services (including p   |                  |           |   |              |                   | hose existi   | ng on the                       |                  |
| Transmission                  | last day of the accounting period   | `                |           |   |              | ,                 | ala avatam    | brokon                          |                  |
| Service: Sub-<br>scribers and | Number of Subscribers: Both<br>down by categories of secondar                                       |                  |           |   |              |                   |               |                                 |                  |
| Rates                         | each category by counting the n   |                  |           |   |              |                   |               |                                 |                  |
| nutoo                         | separately for the particular serv  |                  | ,         | 0 , (                                       |              |                   |               | onargoa                         |                  |
|                               | Rate: Give the standard rate of   |                  |           |   |              |                   |               | e and the                       |                  |
|                               | unit in which it is generally billed  | · · ·            | ,         |   |              | rd rate variation | s within a p  | articular rate                  |                  |
|                               | category, but do not include disc   |                  |           |   |              |                   |               |                                 |                  |
|                               | Block 1: In the left-hand block   |                  |           | -   |              |                   |               |                                 |                  |
|                               | systems most commonly provide<br>that applies to your system. <b>Not</b>                            |                  |           |   |              |                   |               |                                 |                  |
|                               | categories, that person or entity   |                  |           | -   |              | -                 |               |                                 |                  |
|                               | subscriber who pays extra for ca  |                  |           |   |              | 0,                |               |                                 |                  |
|                               | first set" and would be counted of  |                  |           |   |              |                   |               |                                 |                  |
|                               | Block 2: If your cable system   | -                |           |   |              |                   |               |                                 |                  |
|                               | printed in block 1 (for example, t  |                  |           |   |              | •                 | ,             | -                               |                  |
|                               | with the number of subscribers and rates, in the right-hand block. A two- or three-word description |                  |           |   |              |                   | ion of the s  | ervice is                       |                  |
|                               | Sufficient. BLOCK 1   |                  |           |   |              |                   | BLOC          | К 2                             |                  |
|                               | BLOCK 1<br>NO. OF   |                  |           |   |              |                   | BLOO          | NO. OF                          |                  |
|                               | CATEGORY OF SERVICE   | SUBSCRIB         | ERS       | RATE  | CATI         | EGORY OF SE       | RVICE         | SUBSCRIBERS                     | RATE             |
|                               | Residential:  |                  | 2 5 4 0   | <b>*</b> • • • • •                          |              | <b>F</b>          |               | 0.040                           |                  |
|                               | Service to first set  |                  | 3,540     | \$ 26.00                                    | HD Tech      |                   |               | 2,918                           | \$ 10.0          |
|                               | Service to additional set(s)  |                  |           |   | Set-Top      |                   |               | 3,718                           | \$0-\$1          |
|                               | • FM radio (if separate rate)   |                  |           |   | Broadca      | st TV Surcharg    | je            | 3,340                           | 11.99-\$12.9     |
|                               | Motel, hotel<br>Commercial  |                  | 178       | \$ 20.00                                    |              |                   |               |                                 |                  |
|                               | Converter   |                  | 170       | \$ 20.00                                    |              |                   |               |                                 |                  |
|                               | Residential   |                  |           |   |              |                   |               |                                 |                  |
|                               | Non-residential   |                  |           |   |              |                   |               |                                 |                  |
|                               |   |                  |           |   |              |                   |               |                                 |                  |
|                               | SERVICES OTHER THAN SEC   | ONDARY TRA       | NSMIS     | SIONS: RATE                                 | S            |                   |               |                                 |                  |
| -                             | In General: Space F calls for rat   |                  |           |   | -            | l your cable sys  | tem's servi   | ces that were                   |                  |
| F                             | not covered in space E, that is, t  | those services   | that are  | not offered in                              | combinatio   | on with any seco  | ondary trans  | smission                        |                  |
|                               | service for a single fee. There ar  |                  | ,         |   | 0            |                   | 0()           |                                 |                  |
| Services                      | furnished at cost or (2) services   |                  |           |   |              |                   |               |                                 |                  |
| Other Than<br>Secondary       | amount of the charge and the ur<br>enter only the letters "PP" in the                               |                  | usually   | billed. If any ra                           | ates are ch  | arged on a varia  | able per-pr   | ogram basis,                    |                  |
| Fransmissions:                | Block 1: Give the standard rat  |                  | he cable  | e svstem for ea                             | ach of the a | applicable servio | ces listed.   |                                 |                  |
| Rates                         | Block 2: List any services that   |                  |           | •   |              | • •               |               | were not                        |                  |
|                               | listed in block 1 and for which a   | separate charg   | je was r  | nade or establ                              | ished. List  | these other serv  | vices in the  | form of a                       |                  |
|                               | brief (two- or three-word) descrip  | ption and includ | de the ra | ate for each.                               |              |                   |               |                                 |                  |
|                               |   | BLO              | CK 1      |   |              |                   |               | BLOCK 2                         |                  |
|                               | CATEGORY OF SERVICE   | RATE             |           | GORY OF SER                                 |              | RATE              | CATEGO        | DRY OF SERVICE                  | RATE             |
|                               | Continuing Services:  |                  |           | ation: Non-res                              | sidential    |                   |               |                                 |                  |
|                               | • Pay cable   | A= A400          |           | tel, hotel                                  |              |                   |               | Demand                          | \$0-\$10         |
|                               | • Pay cable—add'l channel   | \$5-\$199        |           | mmercial                                    |              |                   |               | Activation Fee                  | \$0-\$3          |
|                               | Fire protection   |                  |           | y cable                                     | <b>.</b> I   |                   |               | anagement Fee                   | \$0-\$44         |
|                               | •Burglar protection   |                  |           | y cable-add'l cl                            | nannei       |                   | ••••••        | n on Demand                     | \$9<br>¢0 ¢      |
|                               | Installation: Residential   | ¢0 ¢100          |           | e protection                                |              |                   |               | Receiver                        | \$0 - \$<br>¢    |
|                               | First set     Additional set(s)   | \$0-\$199        |           | rglar protection<br><b>services:</b>        | I            |                   |               | nium Tier<br>Arado Eco          | \$1<br>\$10      |
|                               | Additional set(s)     EM radio (if separate rate)   |                  |           | services:<br>connect                        |              | ¢0 ¢25            | Vacation      | grade Fee                       | \$10             |
|                               | <ul> <li>FM radio (if separate rate)</li> </ul>   | I                | • Re      | connect                                     |              | \$0-\$35          |               |                                 | 9                |
|                               | , , ,   |                  | • Dia     | connect                                     |              | 1                 | Program       | Downgrado Eco                   | \$ 50            |
|                               | • Converter   |                  |           | connect                                     |              | ¢0, ¢55           |               | Downgrade Fee                   |                  |
|                               | , , ,   |                  | • Ou      | connect<br>tlet relocation<br>we to new add | race         | \$0-\$55          |               | I Downgrade Fee<br>urn Eqpt Fee | \$5.0<br>\$0-\$1 |

| LEGAL NAME OF OWN  | ER OF CABLE SY   | /STEM:  |   |  | SYSTEM ID#<br>63028  | Namo                          |
|--|--|---|---|--|--|-------------------------------|
| PRIMARY TRANSMITTE   | ERS: TELEVISIO   | ON  |   |  |  |                               |
| carried by your cable s<br>FCC rules and regulati<br>76.59(d)(2) and (4), 76<br>substitute program bas   | system during the system during the system during the system of the syst | he accounting<br>n June 24, 19<br>(4), or 76.63 (<br>d in the next  | g period, except<br>181, permitting th<br>referring to 76.6<br>paragraph.   | (1) stations carrie<br>ne carriage of cerri<br>(1(e)(2) and (4))];   | s and low power television stations)<br>ed only on a part-time basis under<br>tain network programs [sections<br>and (2) certain stations carried on a | G<br>Primary<br>Transmitters: |
| Substitute Basis S<br>pasis under specific 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 eace<br>each multicast stream<br>cast stream as "WETA<br>WETA-simulcast).<br>Column 2: Give the<br>ts community of licens<br>on which your cable sy<br>Column 3: Indicate<br>educational station, by<br>for independent multic<br>For the meaning of the<br>Column 4: If the st<br>clanation of local servi<br>Column 5: If you h-<br>cable system carried th<br>carried the distant stat<br>For the retransmiss<br>of a written agreement<br>the cable system and a<br>ion "E" (exempt). For<br>explanation of these th | Stations: With n<br>CC rules, regula<br>here in space<br>only on a subs<br>and also in spa<br>formation conc<br>rm.<br>h station's call<br>associated with<br>-2". Simulcast<br>e channel numb<br>e. For example<br>stem carried th<br>in each case<br>to the entering the le<br>cast), "E" (for m<br>set terms, see<br>pation is outside<br>ce area, see p<br>ave entered "Yo<br>ne distant static<br>ion of a distant<br>e entered into o<br>a primary trans<br>simulcasts, also   | respect to any<br>ations, or auth<br>G—but do lis<br>titute basis.<br>ace I, if the sta<br>cerning substi<br>sign. Do not the<br>h a station acc<br>streams must<br>ber the FCC h<br>e, WRC is Ch<br>he station.<br>whether the s<br>etter "N" (for n<br>oncommercial<br>page (v) of the<br>the local sen<br>age (v) of the<br>es" in column<br>on during the<br>me basis beca<br>t multicast stre<br>n or before Ju<br>mitter or an a<br>o enter "E". If<br>, see page (v) | y distant stations<br>norizations:<br>it it in space I (th<br>ation was carrie-<br>tute basis statio<br>report originatio<br>cording to its ov<br>t be reported in<br>has assigned to<br>annel 4 in Wash<br>tation is a networ<br>etwork), "N-M" (<br>al educational), or<br>e general instru-<br>vice area, (i.e. ",<br>general instru-<br>vice area, (i.e. ",<br>general instruct<br>4, you must co<br>accounting peri-<br>ause of lack of a<br>sune 30, 2009, bu<br>ssociation repre-<br>you carried the<br>) of the general | he Special Statem<br>d both on a subst<br>ns, see page (v) of<br>n program service<br>rer-the-air designa<br>column 1 (list eac<br>the television star<br>nington, D.C. This<br>prk station, an ind<br>(for network multio<br>or "E-M" (for nonc<br>ctions located in th<br>mplete column 5,<br>od. Indicate by er<br>activated channel<br>subject to a royalt<br>etween a cable sy<br>asenting the prima<br>channel on any co | es". If not, enter "No". For an ex-<br>e paper SA3 form.<br>stating the basis on which your<br>ttering "LAC" if your cable system                      | Television                    |
| FCC. For Mexican or 0<br>Note: If you are utilizin   |  | nnel line-ups,  | use a separate  | space G for each   | h which the station is identifed.<br>a channel line-up.  | -                             |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION  | 4. DISTANT?<br>(Yes or No)  | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION   | -                             |
| WHA/WHAHD  | 21/1021  | E   | No  |  | Madison, WI  |                               |
| WIFS/WIFSHD  | 57/1057  | I   | No  | -  | Janesville, WI   | See instructions for          |
| WISC/WISCHD  | 3/1003   | N   | No  | -  | Madison, WI  | additional informatio         |
| WISCD2   | 3  | I   | No  |  | Madison, WI  | on alphabetization.           |
| WKOW/WKOWHE  | 27/1027  | N   | No  |  | Madison, WI  |                               |
| WMSN/WMSNHD  | 47/1047  | I   | No  |  | Madison, WI  |                               |
| WMTV/WMTVHD  | 15/1015  | N   | No  |  | Madison, WI  | "                             |
| WMTVD2/WMTVH   | 15/1015  | I   | No  |  |  |                               |
|  |  |   |   |  | Madison, WI  | n<br>10                       |
|  |  |   |   |  | Madison, WI  |                               |

FORM SA3E. PAGE 3.

| LEGAL NAME OF OWN   | IER OF CABLE SY                      | /STEM:                         |                                      |  | SYSTEM ID#  |                     |
|---|--------------------------------------|--------------------------------|--------------------------------------|--|---|---------------------|
| DIRECTV, LLC  |                                      |                                |                                      |  | 63028   | Name                |
| PRIMARY TRANSMITT   | ERS: TELEVISIO                       | N                              |                                      |  |   |                     |
| carried by your cable s<br>FCC rules and regulat                            | system during t<br>ions in effect of | he accounting<br>n June 24, 19 | g period, except<br>81, permitting t | t (1) stations carrie<br>he carriage of cert | s and low power television stations)<br>ed only on a part-time basis under<br>ain network programs [sections<br>and (2) certain stations carried on a | <b>G</b><br>Primary |
| substitute program bas  |                                      | ., .                           | -                                    | (()(2) and (+))],                            |   | Transmitters:       |
|   |                                      | -                              |                                      | s carried by your o                          | cable system on a substitute program  | Television          |
| <ul> <li>basis under specifc F0</li> <li>Do not list the station</li> </ul> | -                                    |                                |                                      | ne Special Statem                            | ent and Program Log)—if the   |                     |
| station was carried   | only on a subs                       | titute basis.                  |                                      |  |   |                     |
|   | nformation conc                      |                                |                                      |  | tute basis and also on some other<br>of the general instructions located  |                     |
| Column 1: List eac  | ch station's call                    |                                |                                      |  | es such as HBO, ESPN, etc. Identify   |                     |
|   |                                      |                                | •                                    | •  | ition. For example, report multi-<br>h stream separately; for example   |                     |
| WETA-simulcast).  |                                      | Sucario muo                    | t be reported in                     | column r (list cac                           | in stream separately, for example   |                     |
|   |                                      |                                | -                                    |  | ion for broadcasting over-the-air in  |                     |
| on which your cable sy  | •                                    |                                |                                      | ington, D.C. This                            | may be different from the channel   |                     |
|   |                                      |                                |                                      |  | ependent station, or a noncommercial  |                     |
|   | -                                    | •                              | ,                                    | •  | cast), "I" (for independent), "I-M"<br>ommercial educational multicast).  |                     |
| For the meaning of the  | ese terms, see                       | page (v) of th                 | e general instru                     | ctions located in t                          | he paper SA3 form.  |                     |
| planation of local servi  |                                      |                                |                                      | •  | es". If not, enter "No". For an ex-<br>e paper SA3 form.  |                     |
|   |                                      |                                |                                      |  | stating the basis on which your   |                     |
| cable system carried t<br>carried the distant stat                          |                                      | -                              | • •                                  | -  | tering "LAC" if your cable system   |                     |
|   |                                      |                                |                                      |  | y payment because it is the subject   |                     |
| -   |                                      |                                |                                      | -  | stem or an association representing   |                     |
|   |                                      |                                |                                      |  | ry transmitter, enter the designa-<br>ther basis, enter "O." For a further  |                     |
| explanation of these the  | nree categories                      | , see page (v                  | ) of the general                     | instructions locate                          | ed in the paper SA3 form.   |                     |
|   |                                      |                                |                                      |  | y to which the station is licensed by the<br>h which the station is identifed.  |                     |
| Note: If you are utilizir   |                                      |                                |                                      | •  |   |                     |
|   |                                      | CHANN                          | EL LINE-UP                           | AB   |   |                     |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER       | 3. TYPE<br>OF<br>STATION       | 4. DISTANT?<br>(Yes or No)           | 5. BASIS OF<br>CARRIAGE<br>(If Distant)      | 6. LOCATION OF STATION  |                     |
|   | NUMBER                               | STATION                        |                                      |  |   |                     |
|   |                                      |                                |                                      |  |   |                     |
|   |                                      |                                |                                      |  |   |                     |
|   |                                      |                                |                                      |  |   |                     |
|   |                                      |                                |                                      |  |   |                     |
|   |                                      |                                |                                      |  |   |                     |
|   |                                      |                                |                                      |  |   |                     |
|   |                                      |                                |                                      |  |   |                     |
|   |                                      |                                |                                      |  |   |                     |
|   |                                      |                                |                                      |  |   |                     |
|   |                                      |                                |                                      |  |   |                     |
|   |                                      |                                |                                      |  |   |                     |
|   |                                      |                                |                                      |  |   |                     |
|   |                                      |                                |                                      |  |   |                     |
|   |                                      |                                |                                      |  |   | Ì                   |
|   |                                      |                                |                                      |  |   | 1                   |
|   |                                      |                                |                                      |  |   |                     |
|   |                                      |                                |                                      |  |   |                     |
|   |                                      |                                |                                      |  |   |                     |
|   |                                      | 1                              |                                      |  |   |                     |

FORM SA3E. PAGE 3.

| FORM   | SA3E. PAGE 7.  |  |  |
|--|--|--|--|
| LEGA   | AL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#   | Name   |
| DIF  | RECTV, LLC   | 63028  | Name   |
| Inst<br>all a<br>(as<br>pag  | OSS RECEIPTS         ructions: The figure you give in this space determines the form you fle and the amoun mounts (gross receipts) paid to your cable system by subscribers for the system's secondentifed in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions.         Gross receipts from subscribers for secondary transmission service(s)         during the accounting period.         ORTANT: You must complete a statement in space P concerning gross receipts.   | ondary transmission service                        | K<br>Gross Receipts                                  |
|  |  |  |  |
| <ul> <li>Instru</li> <li>Con</li> <li>Con</li> <li>If yc</li> <li>fee</li> <li>If yc</li> <li>acco</li> <li>If pa<br/>bloc</li> <li>If pa</li> </ul> | <b>/RIGHT ROYALTY FEE</b><br>ctions: 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>ompanying this form and attach the schedule to your statement of account.<br>art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b<br>k 3 below. art 6 of the DSE schedule was completed, the amount from line 7 of block C should be of  | arts of the DSE Schedule<br>e entered on line 1 of | L<br>Copyright<br>Royalty Fee                        |
| ▶ If pa  | elow.<br>Irt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho<br>block 4 below.   | uld be entered on 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.<br>Line 1. Enter the amount of gross receipts from space K   |  |  |
|  | Line 2. Multiply the amount in line 1 by 0.01064   | , ,  |  |
|  | Enter the result here.   | ¢ 4440EE   |  |
|  | This is your minimum fee.  | \$ 14,142.55                                       |  |
| Block<br>2<br>Block<br>3   | <ul> <li>DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colun "Yes" in this block.</li> <li>Did your cable system carry any distant television stations during the accounting peri Yes—Complete the DSE schedule.</li> <li>Image: No-Leave block 3 below blank and control to the DSE schedule.</li> <li>Image: No-Leave block 3 below blank and control to the DSE schedule.</li> <li>Image: No-Leave block 3 below blank and control to the DSE schedule.</li> <li>Image: No-Leave block 3 below blank and control to the DSE schedule.</li> <li>Image: No-Leave block 3 below blank and control to the DSE schedule.</li> <li>Image: No-Leave block 3 below blank and control to the DSE schedule.</li> <li>Image: No-Leave block 3 below blank and control to the DSE schedule.</li> <li>Image: No-Leave block 3 below blank and control to the DSE schedule.</li> <li>Image: No-Leave block 3 below blank and control to the DSE schedule.</li> <li>Image: No-Leave block 3 below blank and control to the DSE schedule.</li> <li>Image: No-Leave block 4 of the DSE schedule.</li> <li>Image: No-Leave block 4 of the DSE schedule.</li> <li>Image: No-Leave block 5 below blank and control to the DSE schedule.</li> <li>Image: No-Leave block 6 of the DSE schedule.</li> <li>Image: No-Leave block 7 below blank and control to the DSE schedule.</li> <li>Image: No-Leave block 7 below blank and control to the DSE schedule.</li> <li>Image: No-Leave block 7 below blank and control to the DSE schedule.</li> <li>Image: No-Leave block 7 below blank and control to the DSE schedule.</li> <li>Image: No-Leave block 7 below blank and control to the DSE schedule.</li> <li>Image: No-Leave block 7 below blank and control to the DSE schedule.</li> <li>Image: No-Leave block 7 below blank and control to the DSE schedule.</li> <li>Image: No-Leave block 7 below blank and control to the DSE schedule.</li> </ul> | nn 4, you must check<br>od?                        |  |
|  | Line 3. Add lines 1 and 2 and enter here   | \$ -   |  |
| Block<br>4   | Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger  | \$ 14,142.55                                       | Cable systems  |
|  | Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7<br>(block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter<br>zero.   | r <b>0.00</b>                                      | submitting<br>additional<br>deposits under           |
|  | Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)  | 0.00   | Section 111(d)(7)<br>should contact<br>the Licensing |
|  | Line 4. FILING FEE   | \$ 725.00  | additional fees.<br>Division for the<br>appropriate  |
|  | TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.<br>Add Lines 1, 2 and 3 of block 4 and enter total here   | \$ 14,867.55                                       | 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 the                                |  |

### 

| ACCOUNTING PERIO   |   | FORM SA3E. PAGE 8.           |
|--|---|------------------------------|
| Name   | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>DIRECTV, LLC  | SYSTEM ID#<br>63028          |
| M<br>Channels  | CHANNELS         Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.         1. Enter the total number of channels on which the cable system carried television broadcast stations         system carried television broadcast stations  | 15                           |
|  | 2. Enter the total number of activated channels<br>on which the cable system carried television broadcast stations<br>and nonbroadcast services   | 588                          |
| N<br>Individual to<br>Be Contacted<br>for Further<br>Information   | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)         Name       Myriam Nassif         Telephone       310-96   | <u>}4-1930</u>               |
|  | Address       2260 E Imperial Hwy Room 839<br>(Number, street, rural route, apartment, or suite number)         El Segundo, CA 90245<br>(City, town, state, zip)         Email       mn112s@att.com         Fax (optional)  |                              |
| O<br>Certifcation  | <ul> <li>CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of the in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]</li> </ul>  |                              |
|  | Image: Note of the image is a state of the imag | -                            |
| form in order to proc<br>numbers. By provid<br>search reports prep | e: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) rec<br>occess your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address<br>ding 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 i<br>pared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its place<br>of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of lay   | s and telepho<br>indexes anc |

| FORM | SA3F  | PAGE9  |
|------|-------|--------|
|      | JAJL. | I AGES |

| DIRECTV, LLC   | SYSTEM ID#<br>63028              | Name                                      |
|--|----------------------------------|---|
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS<br>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by a<br>lowing sentence:<br>"In determining the total number of subscribers and the gross amounts paid to the cable system for<br>service of providing secondary transmissions of primary broadcast transmitters, the system shall<br>scribers and amounts collected from subscribers receiving secondary transmissions pursuant to s | or the basic<br>not include sub- | P<br>Special<br>Statement                 |
| For more information on when to exclude these amounts, see the note on page (vii) of the general instruction paper SA3 form.   |                                  | Concerning<br>Gross Receipts<br>Exclusion |
| During the accounting period did the cable system exclude any amounts of gross receipts for secondary made by satellite carriers to satellite dish owners?           X         NO  | transmissions                    |   |
| YES. Enter the total here and list the satellite carrier(s) below  |                                  |   |
| Name     Mailing Address   |                                  |   |
| INTEREST ASSESSMENTS   |                                  |   |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or<br>For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 for  |                                  | Q   |
| For an explanation of interest assessment, see page (viii) of the general instructions in the paper SAS for  |                                  |   |
| Line 1 Enter the amount of late payment or underpayment  |                                  | Interest<br>Assessment                    |
| Line 1 Enter the amount of late payment or underpayment  |                                  |   |
| Line 1 Enter the amount of late payment or underpayment  | days<br>t0.00274                 |   |
| Line 1 Enter the amount of late payment or underpayment  | ·                                |   |
| Line 1 Enter the amount of late payment or underpayment  | x 0.00274                        |   |
| Line 1 Enter the amount of late payment or underpayment  | x 0.00274                        |   |
| Line 1 Enter the amount of late payment or underpayment  | x 0.00274<br>                    |   |
| Line 1 Enter the amount of late payment or underpayment  | x 0.00274<br>                    |   |
| Line 1 Enter the amount of late payment or underpayment  | x 0.00274<br>                    |   |

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

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

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

Each of the second, third, and fourth DSEs 0.701% of gross receipts 0.330% of gross receipts

PARTIALLY DISTANT STATIONS-PART 9 OF THE DSE SCHEDULE

· If any of the stations were partially distant:

The fifth and each additional DSE

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

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

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

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

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

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

Distant Stations Carried

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 guestion (identifying it as a continuation sheet), enter the additional information on that copy, and attach it to the DSE schedule.

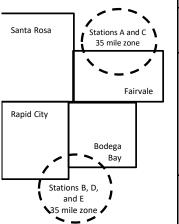
Rounding Off DSEs. In computing DSEs on the DSE schedule, you may round off to no less than the third decimal point. If you round off a DSE in any case, you must round off DSEs throughout the schedule as follows:

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

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

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

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



| STATION                      | DSE          | CITY                              | OUTSIDE LC    | CAL                         | GROS                       | SS RECEIPTS  |
|------------------------------|--------------|-----------------------------------|---------------|-----------------------------|----------------------------|--------------|
| A (independent)              | 1.0          |                                   | SERVICE AR    | EA OF                       | FROM S                     | UBSCRIBERS   |
| B (independent)              | 1.0          | Santa Rosa                        | Stations A, B | , C, D ,E                   |                            | \$310,000.00 |
| C (part-time)                | 0.083        | Rapid City                        | Stations A an | d C                         |                            | 100,000.00   |
| D (part-time)                | 0.139        | Bodega Bay                        | Stations A an | d C                         |                            | 70,000.00    |
| E (network)                  | 0.25         | Fairvale                          | Stations B, D | , and E                     |                            | 120,000.00   |
| TOTAL DSEs                   | 2.472        |                                   | TOTAL GRO     | SS RECEIPTS                 |                            | \$600,000.00 |
| Minimum Fee Total Gross F    | Receipts     |                                   | \$600,000.00  |                             |                            |              |
|                              |              |                                   | x .01064      |                             |                            |              |
|                              |              |                                   | \$6,384.00    |                             |                            |              |
| First Subscriber Group       |              | Second Subso                      | riber Group   |                             | Third Subscriber Group     |              |
| (Santa Rosa)                 |              | (Rapid City and                   | l Bodega Bay) |                             | (Fairvale)                 |              |
| Gross receipts               | \$310,000.00 | Gross receipts                    |               | \$170,000.00                | Gross receipts             | \$120,000.00 |
| DSEs                         | 2.472        | DSEs                              |               | 1.083                       | DSEs                       | 1.389        |
| Base rate fee                | \$6,497.20   | Base rate fee                     |               | \$1,907.71                  | Base rate fee              | \$1,604.03   |
| \$310,000 x .01064 x 1.0 =   | 3,298.40     | \$170,000 x .010                  | 64 x 1.0 =    | 1,808.80                    | \$120,000 x .01064 x 1.0 = | 1,276.80     |
| \$310,000 x .00701 x 1.472 = | 3,198.80     | \$170,000 x .00701 x .083 = 98.91 |               | \$120,000 x .00701 x .389 = | 327.23                     |              |
| Base rate fee                | \$6,497.20   | Base rate fee                     | -             | \$1,907.71                  | Base rate fee              | \$1,604.03   |

Identification of Subscriber Groups

In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

## DSE SCHEDULE. PAGE 11. (CONTINUED)

| 1                              | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID:  |   |                      |     |                         |       |  |  |  |  |  |
|--------------------------------|--|---|----------------------|-----|-------------------------|-------|--|--|--|--|--|
|                                | DIRECTV, LLC   |   |                      |     |                         | 63028 |  |  |  |  |  |
|                                | SUM OF DSEs OF CATEGOR<br>• Add the DSEs of each statior<br>Enter the sum here and in line |   | 0.00                 |     |                         |       |  |  |  |  |  |
| 2                              | of space G (page 3).   | n the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5<br>If space G (page 3). |                      |     |                         |       |  |  |  |  |  |
| Computation<br>of DSEs for     | In the column headed "DSE"<br>mercial educational station, give                            |   | 25."                 |     | each network or noncom- |       |  |  |  |  |  |
| Category "O"                   |  |   | CATEGORY "O" STATION | -   |                         |       |  |  |  |  |  |
| Stations                       | CALL SIGN  | DSE   | CALL SIGN            | DSE | CALL SIGN               | DSE   |  |  |  |  |  |
|                                |  |   |                      |     |                         |       |  |  |  |  |  |
| Add rows as                    |  |   |                      |     |                         |       |  |  |  |  |  |
| necessary.<br>Remember to copy |  |   |                      |     |                         |       |  |  |  |  |  |
| all formula into new           |  |   |                      |     |                         |       |  |  |  |  |  |
| rows.                          |  |   |                      |     |                         |       |  |  |  |  |  |
|                                |  |   |                      |     |                         |       |  |  |  |  |  |
|                                |  |   |                      |     |                         |       |  |  |  |  |  |
|                                |  |   |                      |     |                         |       |  |  |  |  |  |
|                                |  |   |                      |     |                         |       |  |  |  |  |  |
|                                |  |   |                      |     |                         |       |  |  |  |  |  |
|                                |  |   |                      |     |                         |       |  |  |  |  |  |
|                                |  |   |                      |     |                         |       |  |  |  |  |  |
|                                |  |   |                      |     |                         |       |  |  |  |  |  |
|                                |  |   |                      |     |                         |       |  |  |  |  |  |
|                                |  |   |                      |     |                         |       |  |  |  |  |  |
|                                |  |   |                      |     |                         |       |  |  |  |  |  |
|                                |  |   |                      |     |                         |       |  |  |  |  |  |
|                                |  |   |                      |     |                         |       |  |  |  |  |  |
|                                |  |   |                      |     |                         |       |  |  |  |  |  |
|                                |  |   |                      |     |                         |       |  |  |  |  |  |
|                                |  |   |                      |     |                         |       |  |  |  |  |  |
|                                |  |   |                      |     |                         |       |  |  |  |  |  |
|                                |  |   |                      |     |                         |       |  |  |  |  |  |
|                                |  |   |                      |     |                         |       |  |  |  |  |  |
|                                |  |   |                      |     |                         |       |  |  |  |  |  |
|                                |  |   |                      |     |                         |       |  |  |  |  |  |
|                                |  |   |                      |     |                         |       |  |  |  |  |  |
|                                |  |   |                      |     |                         |       |  |  |  |  |  |
|                                |  |   |                      |     |                         |       |  |  |  |  |  |
|                                |  |   |                      |     |                         |       |  |  |  |  |  |
|                                |  |   |                      |     |                         |       |  |  |  |  |  |
|                                |  |   |                      |     |                         |       |  |  |  |  |  |
|                                |  |   |                      | I   |                         |       |  |  |  |  |  |

|  |   |   |  |   |  |   | DSE SCHEDU  | JLE. PAGE 12. |
|--|---|---|--|---|--|---|---|---------------|
| Name   |   | OWNER OF CABLE SYSTEM:  |  |   |  |   | S   | YSTEM ID#     |
| Nume   | DIRECTV, L  | LC  |  |   |  |   |   | 63028         |
| <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 4<br>be carried ou<br>Column 4<br>give the type-<br>Column 6  | ist the call sign of all dista<br>2: For each station, give to<br>correspond with the infor<br>3: For each station, give to<br>4: Divide the figure in coll<br>to at least to the third deci<br>5: For each independent<br>tovalue as ".25."<br>6: Multiply the figure in coll<br>point. This is the station' | the number of hours<br>rmation given in space<br>the total number of h<br>umn 2 by the figure in<br>mal point. This is the<br>station, give the "type<br>plumn 4 by the figure                           | your cable syster<br>be J. Calculate or<br>bours that the stati<br>in column 3, and <u>c</u><br>"basis of carriag<br>e-value" as "1.0."<br>in column 5, and<br>prmation on roun | n carried the sta<br>ly one DSE for e<br>on broadcast ov<br>jive the result in<br>e value" for the s<br>For each netwo<br>give the result in<br>ding, see page ( | rer the air during the accounting<br>each station.<br>decimals in column 4. The<br>station.<br>rk or noncommercial edu<br>n column 6. Round to no<br>viii) of the general instru- | ounting period.<br>his figure must<br>loational station,<br>less than the |               |
|  | 1. CALL   | 2. NUMBE  | R 3. N   | JMBER   | 4. BASIS OF  |   | 6. DS   | 3E            |
|  | SIGN  | OF HOU<br>CARRIE<br>SYSTE   | ED BY ST   | F HOURS<br>TATION<br>N AIR  | CARRIAG<br>VALUE   | SE VALUE  | Ē   |               |
|  |   |   | ÷  | =   |  | x   | =   |               |
|  |   |   | ••••••••••••••••••••••••••••••••••••••   | =   |  | ×   | =   |               |
|  |   |   | ÷<br>÷   |   |  | x<br>x  | =   |               |
|  |   |   | ·····  |   |  | ×   |   |               |
|  |   |   | ÷  | =   |  | x   | =   |               |
|  |   |   | ÷  | =   |  | x   | =   |               |
|  |   |   | ÷  | -   |  | x   | =   |               |
| <b>4</b><br>Computation<br>of DSEs for<br>Substitute-<br>Basis Stations  | Instructions:<br>Column 1: Giv<br>• 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: | um here and in line 2 of p<br>ve the call sign of each st<br>d by your system in subs<br>ect on October 19, 1976<br>one or more live, nonnetw<br>For each station give the<br>This figure should corre<br>Enter the number of day<br>Divide the figure in colur<br>This is the station's DSE                  | tation listed in space<br>titution for a program<br>(as shown by the lett<br>york programs during<br>a number of live, noni<br>spond with the inform<br>s in the calendar yea<br>nn 2 by the figure in o | I (page 5, the Log<br>that your system<br>er "P" in column 7<br>that optional carri<br>network programs<br>nation in space I.<br>r: 365, except in<br>column 3, and giv         | g of Substitute P<br>was permitted t<br>7 of space I); and<br>age (as shown by<br>s carried in subs<br>a leap year.<br>re the result in co                       | to delete under FCC rule<br>d<br>the word "Yes" in column<br>titution for programs that<br>olumn 4. Round to no les   | s and regular-<br>2 of<br>were deleted                                    | prm).         |
|  |   | SU  | BSTITUTE-BAS   | S STATIONS  | S: COMPUTA   | TION OF DSEs  | -   |               |
|  | 1. CALL   | 2. NUMBER   | 3. NUMBER  | 4. DSE  | 1. CALL  | 2. NUMBER   | 3. NUMBER   | 4. DSE        |
|  | SIGN  | OF<br>PROGRAMS  | OF DAYS<br>IN YEAR   |   | SIGN   | OF<br>PROGRAMS  | OF DAYS<br>IN YEAR  |               |
|  |   |   |  | -   |  | +   |   | =             |
|  |   | -   | •  | -   |  | ÷   |   | =             |
|  |   |   | •  | =   |  | ÷   |   | =             |
|  |   |   | -  |   |  | ÷   |   | -             |
|  |   |   | -  |   |  | -   |   | Ē             |
|  | SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS:         Add the DSEs of each station.         Enter the sum here and in line 3 of part 5 of this schedule,      |   |  |   |  |   |   |               |
| 5  |   | ER OF DSEs: Give the an s applicable to your system   |  | 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 ●   |  |   |  | •   | 0.00  |               |
| of DSEs  | 2. Number o   | of DSEs from part 3 ●   |  |   | !  | •   | 0.00  |               |
|  | 3. Number o   | of DSEs from part 4 ●   |  |   | <b>)</b>   | •   | 0.00  |               |
|  |   |   |  |   |  |   |   |               |
|  | TOTAL NUMBE   | ER OF DSEs  |  |   |  | <b>&gt;</b>   |   | 0.00          |

|--|

| LEGAL NAME OF C   |   | SYSTEM:  |                                     |  |                |                   | S                     | YSTEM ID#<br>63028 | Name  |
|---|---|--|-------------------------------------|--|----------------|-------------------|-----------------------|--------------------|---|
| Instructions: Block A must be completed.<br>In block A:<br>• If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the<br>schedule.<br>• If your answer if "No," complete blocks B and C below. |   |  |                                     |  |                |                   |                       |                    |   |
|   |   |  | BLOCK A: 1                          | ELEVISION M  | ARKETS         |                   |                       |                    | Computation of<br>3.75 Fee                          |
| effect on June 24,  | 1981?   | schedule—[   |                                     | ller markets as de<br>PLETE THE REMA   |                |                   |                       | gulations in       |   |
|   |   | BLOO   | CK B: CARR                          |  | MITTED DS      | SEs               |                       |                    |   |
| Column 1:<br>CALL SIGN  | under FCC rules   | and regulations of the second se | ons prior to Jur<br>dule. (Note: Th | part 2, 3, and 4 of<br>ne 25, 1981. For fu<br>ne letter M below n<br>Act of 2010.) | urther explana | ation of permitte | ed stations, see th   | ne                 |   |
| Column 2:<br>BASIS OF<br>PERMITTED<br>CARRIAGE  | Column 2: Enter the appropriate letter indicating the basis on which you carried a permitted station.<br>BASIS OF (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.)<br>PERMITTED A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to |  |                                     |  |                |                   |                       |                    |   |
| Column 3:   |   | e stations ide   | ntified by the l                    | parts 2, 3, and 4<br>etter "F" in column   |                |                   | vorksheet on page     | 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             |   |
|   |   |  |                                     |  |                |                   |                       |                    |   |
|   |   |  |                                     |  |                |                   |                       |                    |   |
|   |   |  |                                     |  |                |                   |                       |                    |   |
|   |   |  |                                     |  |                |                   |                       |                    |   |
|   |   |  | 1                                   |  |                |                   |                       | 0.00               |   |
|   |   | B  |                                     | MPUTATION OF   | E 3 75 FEE     |                   |                       |                    |   |
| Line 1: Enter the   | e total number of   |  |                                     |  |                |                   |                       | -                  |   |
| Line 2: Enter the   | e sum of permitte   | ed DSEs fro  | n block B ab                        | ove  |                |                   |                       | -                  |   |
|   |   |  |                                     | r of DSEs subjec<br>7 of this schedu   |                | o rate.           |                       | 0.00               |   |
| Line 4: Enter gro   | oss receipts from   | i space K (p   | age 7)                              |  |                |                   | x 0.03                | 375                | Do any of the<br>DSEs represent                     |
| Line 5: Multiply I  | ine 4 by 0.0375   | and enter s  | um here                             |  |                |                   | X                     |                    | partially<br>permited/<br>partially<br>nonpermitted |
| Line 6: Enter tota  | al number of DS   | Es from line   | 3                                   |  |                |                   |                       | -                  | carriage?<br>If yes, see part<br>9 instructions.    |
| Line 7: Multiply I  | ine 6 by line 5 aı  | nd enter her   | e and on line                       | 2, block 3, space  | e L (page 7)   | )                 |                       | 0.00               |   |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# DIRECTV, LLC 63028 |                       |       |                 |                       | ¥STEM ID#<br>63028 | Name            |                       |        |                       |
|--|-----------------------|-------|-----------------|-----------------------|--------------------|-----------------|-----------------------|--------|-----------------------|
|  | -                     | BLOCK |                 | SION MARKETS          | S (CONTIN          |                 |                       | 03020  |                       |
| 1. CALL<br>SIGN  | 2. PERMITTED<br>BASIS |       | 1. CALL<br>SIGN | 2. PERMITTED<br>BASIS |                    | 1. CALL<br>SIGN | 2. PERMITTED<br>BASIS | 3. DSE | 6                     |
| _  |                       |       |                 |                       |                    |                 |                       |        | Computatio<br>3.75 Fe |
|  |                       |       |                 |                       |                    |                 |                       |        | 3.75 ге               |
|  |                       |       |                 |                       |                    |                 |                       |        |                       |
|  |                       |       |                 |                       |                    |                 |                       |        |                       |
|  |                       |       |                 |                       |                    | 1               |                       |        |                       |
|  |                       |       |                 |                       |                    |                 |                       |        |                       |
|  |                       |       |                 |                       |                    |                 |                       |        |                       |
|  |                       |       |                 |                       |                    |                 |                       |        |                       |
|  |                       |       |                 |                       |                    |                 |                       |        |                       |
|  |                       |       |                 |                       |                    | •••••••         |                       |        |                       |
|  |                       |       |                 |                       |                    | 1               |                       |        |                       |
|  |                       |       |                 |                       |                    |                 |                       |        |                       |
|  |                       |       |                 |                       |                    |                 |                       |        |                       |
|  |                       |       |                 |                       |                    |                 |                       |        |                       |
|  |                       |       |                 |                       |                    |                 |                       |        |                       |
|  |                       |       |                 |                       |                    |                 |                       |        |                       |
|  |                       |       |                 |                       |                    |                 |                       |        |                       |
|  |                       |       |                 |                       |                    |                 |                       |        |                       |
|  |                       |       |                 |                       |                    |                 |                       |        |                       |
|  |                       |       |                 |                       |                    |                 |                       |        |                       |
|  |                       |       |                 |                       |                    |                 |                       |        |                       |
|  |                       |       |                 |                       |                    |                 |                       |        |                       |
|  |                       |       |                 |                       |                    |                 |                       |        |                       |
|  |                       |       |                 |                       |                    |                 |                       |        |                       |
|  |                       |       |                 |                       |                    |                 |                       |        |                       |
|  |                       |       |                 |                       |                    | •               |                       |        |                       |
|  |                       |       |                 |                       |                    |                 |                       |        |                       |
|  |                       |       |                 |                       |                    |                 |                       |        |                       |
|  |                       |       |                 |                       |                    |                 |                       |        |                       |
|  |                       |       |                 |                       |                    |                 |                       |        |                       |
|  |                       |       |                 |                       |                    |                 |                       |        |                       |
|  |                       |       |                 |                       |                    |                 |                       |        |                       |
|  |                       |       |                 |                       |                    | •••••••         |                       |        |                       |
|  |                       |       |                 |                       |                    |                 |                       |        |                       |
|  |                       |       |                 |                       |                    |                 |                       |        |                       |
|  |                       |       |                 |                       |                    |                 |                       |        |                       |
|  |                       |       |                 |                       |                    |                 |                       |        |                       |
|  |                       |       |                 |                       |                    |                 |                       |        |                       |
|  |                       |       |                 |                       |                    | •••••••         |                       |        |                       |
|  |                       |       |                 |                       |                    | <b> </b>        |                       |        |                       |
|  |                       |       |                 |                       |                    |                 |                       |        |                       |
|  |                       |       |                 |                       |                    |                 |                       |        |                       |
|  |                       |       |                 |                       |                    |                 |                       |        |                       |
|  |                       |       |                 |                       |                    |                 |                       |        |                       |
|  |                       |       |                 |                       |                    |                 |                       |        |                       |
|  |                       |       |                 |                       |                    |                 |                       |        |                       |
|  |                       |       |                 |                       |                    |                 |                       |        |                       |
|  |                       |       |                 |                       |                    |                 |                       |        |                       |
|  |                       |       |                 |                       |                    |                 |                       |        |                       |
|  |                       |       |                 |                       |                    |                 |                       |        |                       |

|   | 1  |   |   |            |  |                   |         | DS                | E SCHEDULE. PAGE 14. |  |
|---|--|---|---|------------|--|-------------------|---------|-------------------|----------------------|--|
| Nomo  | LEGAL NAME OF OWN  | IER OF CABLE                                      | SYSTEM:                                   |            |  |                   |         |                   | SYSTEM ID#           |  |
| Name  | DIRECTV, LLC   |   |   |            |  |                   |         |                   | 63028                |  |
| Worksheet for<br>Computating<br>the DSE<br>Schedule for<br>Permitted<br>Part-Time and<br>Substitute<br>Carriage | <ul> <li>Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.)</li> <li>Column 1: List the call sign for each distant station identified 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 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 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)).</li> <li>B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)).</li> <li>S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form.</li> <li>Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station.</li> <li>IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division.</li> </ul> |   |   |            |  |                   |         |                   |                      |  |
|   |  | DEDMITT   |   |            |  |                   |         |                   |                      |  |
|   | 1.0111   |   |   | 1          | =D C   | ON A PART-TIME AN |         |                   |                      |  |
|   | 1. CALL  | 2. PRIO   |   | COUNTING   |  | 4. BASIS OF       |         | RESENT            | 6. PERMITTED         |  |
|   | SIGN   | DSE   | Pi  | ERIOD      |  | CARRIAGE          |         | DSE               | DSE                  |  |
|   |  |   |   |            |  |                   |         |                   |                      |  |
|   |  |   |   |            |  |                   |         |                   |                      |  |
|   |  |   |   |            |  |                   |         |                   |                      |  |
|   |  |   |   |            |  |                   |         |                   |                      |  |
|   |  |   |   |            |  |                   |         |                   |                      |  |
|   |  |   |   |            |  |                   |         |                   |                      |  |
|   |  |   |   |            |  |                   |         |                   |                      |  |
|   |  |   |   |            |  |                   |         |                   |                      |  |
|   |  |   |   |            |  |                   |         |                   |                      |  |
|   |  |   |   |            |  |                   |         |                   |                      |  |
|   |  |   |   |            |  |                   |         |                   |                      |  |
|   |  |   |   |            |  |                   |         |                   |                      |  |
|   |  |   |   |            |  |                   |         |                   |                      |  |
|   |  |   |   |            |  |                   |         |                   |                      |  |
| 7<br>Computation<br>of the<br>Syndicated  | Instructions: Block A must be completed.<br>In block A:<br>If your answer is "Yes," complete blocks B and C, below.<br>If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.<br>BLOCK A: MAJOR TELEVISION MARKET   |   |   |            |  |                   |         |                   |                      |  |
| Exclusivity   |  |   | BLUU                                      |            | ιCL  |                   |         |                   |                      |  |
| Surcharge   | • Is any portion of the c  | ules in effect June                               | 24, 1981?                                 |            |  |                   |         |                   |                      |  |
|   | BLOCK B. C   | arriage of VHE                                    | /Grade B Contour                          | Stations   |  | BLOCK             | C: Comp | utation of Exempt | DSEs                 |  |
|   |  | -   |   |            | ╢  |                   |         | · · · · ·         |                      |  |
|   | Is any station listed in<br>commercial VHF stati<br>or in part, over the ca<br>Yes—List each st<br>X No—Enter zero a   | on that places<br>ble system?<br>ation below with | a grade B contour<br>its appropriate perm | , in whole | Was any station listed in block B of part 7 carried in any commu-<br>nity served by the cable system prior to March 31, 1972? (refer<br>to former FCC rule 76.159)<br>Yes—List each station below with its appropriate permitted DSE<br>X No—Enter zero and proceed to part 8. |                   |         |                   | 1972? (refer         |  |
|   | CALL SIGN  | DSE   | CALL SIGN                                 | DSE        | г  | CALL SIGN         | DSE     | CALL SIGN         | DSE                  |  |
|   | OALL SIGN  | DOL   | CALL GIGIN                                | DOL        |  | CALL DIGIT        | DOL     | CALL SIGN         | DOL                  |  |
|   |  |   |   |            |  |                   |         |                   |                      |  |
|   |  |   |   |            |  |                   |         |                   |                      |  |
|   |  |   |   |            |  |                   |         |                   |                      |  |
|   |  |   |   |            |  |                   |         |                   |                      |  |
|   |  |   |   |            |  |                   |         |                   |                      |  |
|   |  |   |   |            |  |                   |         |                   |                      |  |
|   |  |   |   |            |  |                   |         |                   |                      |  |
|   |  | -   |   |            |  |                   |         |                   |                      |  |
|   |  | L H   |   | 0.00       |  |                   |         |                   | 0.00                 |  |
|   |  |   | TOTAL DSEs                                | 0.00       |  |                   |         | TOTAL DSEs        | 0.00                 |  |

DSE SCHEDULE. PAGE15.

| LEGAL NA          | ME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 63028  | 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   | Computation                         |
|                   | B. Enter the total number of exempt DSEs from block C of part 7  | of the<br>Syndicated<br>Exclusivity |
|                   | C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8   | Surcharge                           |
| • Is any          | y portion of the cable system within a top 50 television market as defined by the FCC?<br>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?     Yes—Complete part 9 of this schedule.     X No—Complete the applicable section below.  If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE |                                     |
|                   | is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.  |                                     |
|                   | A. Enter 0.00599 of gross receipts (the amount in section1)  |                                     |
|                   | B. Enter 0.00377 of gross receipts (the amount in section.1)   |                                     |
|                   | line C in section 2) and enter here  |                                     |
|                   | D. Multiply line B by line C and enter here  |                                     |
|                   | E. Add lines A and D. This is your surcharge.<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   |                                     |
|                   | SECTION 4: SECOND 50 TELEVISION MARKET   |                                     |
| Section<br>4a     | Did your cable system retransmit the signals of any partially distant television stations during the accounting period?<br>Yes—Complete part 9 of this schedule. X 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.<br>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   |                                     |

| ACCOUNTING PERIOD                              | -  | DSE SCHEDULE.  |            |
|--|--|--|------------|
| Name   |  | IME OF OWNER OF CABLE SYSTEM: SYST<br>DIRECTV, LLC   | 63028      |
|  | -  |  | 00020      |
| 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 | Intions:<br>Intust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part<br>Inchecked "Yes," use the total number of DSEs from part 5.<br>Into a system carried any partially distant stations.<br>Into a system's base rate fee in block B. Leave part 9 blank.<br>Into a system's that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below<br>into a system's that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below<br>is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers<br>located within that station's local service area and others were located outside that area. For the definition of a station's "local<br>is a rea," see page (v) of the general instructions. |            |
|  |  | BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS  |            |
|  | • Did y  | your cable system retransmit the signals of any partially distant television stations during the accounting period?  |            |
|  |  | Yes—Complete part 9 of this schedule. No—Complete the 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   |  |            |
|  |  | (the amount in section 1)  |            |
|  |  | B. Enter 0.00701 of gross receipts (the amount in section 1)   |            |
|  |  | C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here   |            |
|  |  | D. Multiply line B by line C and enter here  |            |
|  |  | E. Add lines A, and D. This is your base rate fee. Enter here<br>and in block 3, line 1, space L (page 7)  |            |
|  |  | Base Rate Fee  | . <b>-</b> |

#### DSE SCHEDULE. PAGE 17.

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#   |                                |
|---|--------------------------------|
| DIRECTV, LLC 63028  | Name                           |
| Section If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.   |                                |
| 4   | 8                              |
| <ul> <li>A. Enter 0.01064 of gross receipts (the amount in section 1)</li> </ul>  | Ŭ                              |
|   |                                |
| B. Enter 0.00701 of gross receipts  | Computation                    |
| (the amount in section 1) <b>5</b>  | of<br>Base Rate Fee            |
| C. Multiply line B by 3.000 and enter here <b>\$</b>  |                                |
| D. Enter 0.00330 of gross receipts<br>(the amount in section 1)► \$   |                                |
|   |                                |
| E. Subtract 4.000 from total DSEs<br>(the figure in section 2) and enter here►  |                                |
|   |                                |
| F. Multiply line D by line E and enter here \$  |                                |
| G. Add lines A, C, and F. This is your base rate fee  |                                |
| Enter here and in block 3, line 1, space L (page 7)   |                                |
| Base Rate Fee 5 0.00  |                                |
| IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals  |                                |
| shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-   | 9                              |
| ups in Space G.   | 3                              |
| In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of   | Computation                    |
| this exclusion, you must:   | of<br>Base Rate Fee            |
| First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same  | and                            |
| station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of   | Syndicated<br>Exclusivity      |
| DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group. <b>Finally:</b> 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, you  | for<br>Partially               |
| must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below.  | 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   | Permitted                      |
| Step 1: For each community served, determine the local service area of each wholly distant and each partially distant station you carried to that community.  | 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 (and, by 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 cable system will have only one subscriber group when the distant stations it carried have local service areas that coincide.  |                                |
| Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's  |                                |
| subscriber groups.  |                                |
| In each section:<br>• Identify the communities/areas represented by each subscriber group.  |                                |
| <ul> <li>Identity the communities/areas represented by each subscriber group.</li> <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 the</li> </ul>  |                                |
| subscribers in the group.   |                                |
| <ul> <li>If:</li> <li>1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3,</li> </ul>   |                                |
| and 4 of this schedule; or,   |                                |
| <ol> <li>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 B,<br/>part 6 of this schedule.</li> </ol>   |                                |
| 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 instructions in the paper SA3 form.  |                                |
| • Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form. |                                |

| N    | LEGAL NAME OF OWNER OF CABLE SYSTEM: S'  | STEM ID# |
|------|--|----------|
| Name | DIRECTV, LLC   | 63028    |
|      | 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.<br><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<br>Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from   |          |
|      | a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rat   | e        |
|      | and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream.   |          |
|      | You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.  |          |
|      |  |          |
|      |  |          |
|      |  |          |
|      |  |          |
|      |  |          |
|      |  |          |
|      |  |          |
|      |  |          |
|      |  |          |
|      |  |          |
|      |  |          |
|      |  |          |
|      |  |          |
|      |  |          |
|      |  |          |
|      |  |          |
|      |  |          |
|      |  |          |
|      |  |          |
|      |  |          |
|      |  |          |
|      |  |          |
|      |  |          |
|      |  |          |
|      |  |          |

| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP           FIRST SUBSCRIBER GROUP         SECOND SUBSCRIBER GROUP           COMMUNITY/ AREA         0         COMMUNITY/ AREA         0           CALL SIGN         DSE         CALL SIGN         DSE         CALL SIGN         DSE           CALL SIGN         DSE         CALL SIGN         DSE         CALL SIGN         DSE         CALL SIGN         DSE           CALL SIGN         DSE         CALL SIGN         DSE         CALL SIGN         DSE         CALL SIGN         DSE           CALL SIGN         DSE         CALL SIGN         DSE         CALL SIGN         DSE         CALL SIGN         DSE           Call SIGN         DSE         CALL SIGN         DSE         CALL SIGN         DSE         CALL SIGN         DSE           Cold DSEs         O.00         Total DSEs         O.00         Social DSEs         O.00         Social DSEs         O.00           Gross Receipts First Group         \$ 1,329,187.32         Base Rate Fee Second Group         \$ 0.00         Social DSE         O.00           THIRD SUBSCRIBER GROUP         COMMUNITY/ AREA         O         COMMUNITY/ AREA         O         O           CALL SIGN         DSE         CALL SIGN   | BLOCK A:                           |          |                    |            |                | 63028 | Nam            |
|---|------------------------------------|----------|--------------------|------------|----------------|-------|----------------|
| COMMUNITY/ AREA       O       COMMUNITY/ AREA       O         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       Lange   |                                    |          | TE FEES FOR EA     |            |                |       |                |
| Image: Second Group   |                                    |          |                    |            | SUBSCRIBER GRO |       | 9              |
| Image: Second Group   |                                    |          |                    |            |                |       | Computa        |
| Gross Receipts First Group       \$       1,329,187.32       Gross Receipts Second Group       \$       0.00         Base Rate Fee First Group       \$       0.00       Base Rate Fee Second Group       \$       0.00         THIRD SUBSCRIBER GROUP       FOURTH SUBSCRIBER GROUP       FOURTH SUBSCRIBER GROUP       0         COMMUNITY/ AREA       0       COMMUNITY/ AREA       0  | . SIGN DSE                         | SIGN DSE | CALL SIGN          | DSE        | CALL SIGN      | DSE   | of<br>Base Rat |
| Gross Receipts First Group       \$       1,329,187.32       Gross Receipts Second Group       \$       0.00         Base Rate Fee First Group       \$       0.00       Base Rate Fee Second Group       \$       0.00         THIRD SUBSCRIBER GROUP       FOURTH SUBSCRIBER GROUP       FOURTH SUBSCRIBER GROUP       0         COMMUNITY/ AREA       0       COMMUNITY/ AREA       0  |                                    |          |                    |            |                |       | and            |
| Gross Receipts First Group       \$       1,329,187.32       Gross Receipts Second Group       \$       0.00         Base Rate Fee First Group       \$       0.00       Base Rate Fee Second Group       \$       0.00         THIRD SUBSCRIBER GROUP       FOURTH SUBSCRIBER GROUP       FOURTH SUBSCRIBER GROUP       COMMUNITY/ AREA       0  |                                    |          |                    |            |                |       | Syndica        |
| Gross Receipts First Group       \$       1,329,187.32       Gross Receipts Second Group       \$       0.00         Base Rate Fee First Group       \$       0.00       Base Rate Fee Second Group       \$       0.00         THIRD SUBSCRIBER GROUP       FOURTH SUBSCRIBER GROUP       FOURTH SUBSCRIBER GROUP       COMMUNITY/ AREA       0  |                                    |          |                    |            | -              |       | Exclusi        |
| Gross Receipts First Group       \$       1,329,187.32       Gross Receipts Second Group       \$       0.00         Base Rate Fee First Group       \$       0.00       Base Rate Fee Second Group       \$       0.00         THIRD SUBSCRIBER GROUP       FOURTH SUBSCRIBER GROUP       FOURTH SUBSCRIBER GROUP       0         COMMUNITY/ AREA       0       COMMUNITY/ AREA       0  |                                    |          |                    |            |                |       | Surcha<br>for  |
| Gross Receipts First Group       \$       1,329,187.32       Gross Receipts Second Group       \$       0.00         Base Rate Fee First Group       \$       0.00       Base Rate Fee Second Group       \$       0.00         THIRD SUBSCRIBER GROUP       FOURTH SUBSCRIBER GROUP       FOURTH SUBSCRIBER GROUP       COMMUNITY/ AREA       0  |                                    |          |                    |            |                |       | Partial        |
| Gross Receipts First Group       \$       1,329,187.32       Gross Receipts Second Group       \$       0.00         Hase Rate Fee First Group       \$       0.00       Base Rate Fee Second Group       \$       0.00         THIRD SUBSCRIBER GROUP       FOURTH SUBSCRIBER GROUP       FOURTH SUBSCRIBER GROUP         COMMUNITY/ AREA       0       COMMUNITY/ AREA       0  |                                    |          |                    |            |                |       | Distar         |
| Gross Receipts First Group       \$       1,329,187.32       Gross Receipts Second Group       \$       0.00         Base Rate Fee First Group       \$       0.00       Base Rate Fee Second Group       \$       0.00         THIRD SUBSCRIBER GROUP       FOURTH SUBSCRIBER GROUP       FOURTH SUBSCRIBER GROUP       COMMUNITY/ AREA       0  |                                    |          |                    |            |                |       | Statio         |
| Gross Receipts First Group       \$       1,329,187.32       Gross Receipts Second Group       \$       0.00         Base Rate Fee First Group       \$       0.00       Base Rate Fee Second Group       \$       0.00         THIRD SUBSCRIBER GROUP       FOURTH SUBSCRIBER GROUP       FOURTH SUBSCRIBER GROUP       COMMUNITY/ AREA       0  |                                    |          |                    |            |                |       |                |
| Gross Receipts First Group       \$       1,329,187.32       Gross Receipts Second Group       \$       0.00         Base Rate Fee First Group       \$       0.00       Base Rate Fee Second Group       \$       0.00         THIRD SUBSCRIBER GROUP       FOURTH SUBSCRIBER GROUP       FOURTH SUBSCRIBER GROUP       COMMUNITY/ AREA       0  |                                    |          |                    |            |                |       |                |
| Gross Receipts First Group       \$       1,329,187.32       Gross Receipts Second Group       \$       0.00         Base Rate Fee First Group       \$       0.00       Base Rate Fee Second Group       \$       0.00         THIRD SUBSCRIBER GROUP       FOURTH SUBSCRIBER GROUP       FOURTH SUBSCRIBER GROUP       COMMUNITY/ AREA       0  |                                    |          |                    |            |                |       |                |
| Gross Receipts First Group       \$       1,329,187.32       Gross Receipts Second Group       \$       0.00         Base Rate Fee First Group       \$       0.00       Base Rate Fee Second Group       \$       0.00         THIRD SUBSCRIBER GROUP       FOURTH SUBSCRIBER GROUP       FOURTH SUBSCRIBER GROUP       COMMUNITY/ AREA       0  |                                    |          |                    |            |                |       |                |
| Gross Receipts First Group       \$       1,329,187.32       Gross Receipts Second Group       \$       0.00         Base Rate Fee First Group       \$       0.00       Base Rate Fee Second Group       \$       0.00         THIRD SUBSCRIBER GROUP       FOURTH SUBSCRIBER GROUP       FOURTH SUBSCRIBER GROUP       0         COMMUNITY/ AREA       0       COMMUNITY/ AREA       0  | JSEs                               | 0.00     | Total DSEs         |            |                | 0.00  |                |
| Base Rate Fee First Group     \$     0.00       THIRD SUBSCRIBER GROUP     FOURTH SUBSCRIBER GROUP       COMMUNITY/ AREA     0  |                                    |          |                    |            |                |       |                |
| THIRD SUBSCRIBER GROUP     FOURTH SUBSCRIBER GROUP       COMMUNITY/ AREA     0  |                                    |          |                    | ond oroup  | ÷              |       |                |
| COMMUNITY/ AREA 0 COMMUNITY/ AREA 0   | tate Fee First Group               | 0.00     | Base Rate Fee Sec  | cond Group | \$             | 0.00  |                |
|   |                                    |          |                    |            | SUBSCRIBER GRO |       |                |
| CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Image: | COMMUNITY/ AREA 0                  |          |                    | A          |                | 0     |                |
|   | SIGN DSE                           | SIGN DSE | CALL SIGN          | DSE        | CALL SIGN      | DSE   |                |
|   |                                    |          |                    |            |                |       |                |
|   |                                    |          |                    |            |                |       |                |
|   |                                    |          |                    |            |                |       |                |
|   |                                    |          |                    |            |                |       |                |
|   |                                    |          |                    |            |                |       |                |
|   |                                    |          |                    |            |                |       |                |
|   |                                    |          |                    |            |                |       |                |
|   |                                    |          |                    |            |                |       |                |
|   |                                    |          |                    |            |                |       |                |
|   |                                    |          |                    |            |                |       |                |
|   |                                    |          |                    |            |                |       |                |
|   |                                    |          |                    |            |                |       |                |
| Total DSEs         0.00         Total DSEs         0.00   | otal DSEs 0.00                     |          | Total DSEs         |            |                | 0.00  |                |
| Gross Receipts Third Group         \$         0.00         Gross Receipts Fourth Group         \$         0.00         \$   | Gross Receipts Third Group \$ 0.00 |          | Gross Receipts Fou | urth Group | \$             | 0.00  |                |
| Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00  | Rate Fee Third Group               | 0.00     | Base Rate Fee Fou  | urth Group | \$             | 0.00  |                |

| FORM SA3E. PA | AGE 19. |
|---------------|---------|
|---------------|---------|

| 0 9<br>Computat<br>DSE of<br>Base Rate<br>and<br>Syndicate | IBER GROUP<br>SUBSCRIBER GROUI |         | TE FEES FOR EACH      |  |                   |        |                         |
|--|--------------------------------|---------|-----------------------|--|-------------------|--------|-------------------------|
| Computat DSE of Base Rate and                              | SUBSCRIBER GROUI               |         |                       |  |                   |        | BL                      |
| DSE of<br>Base Rate<br>and                                 |                                | SIXTH   | COMMUNITY/ AREA       | FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 |                   |        |                         |
| Base Rate and  |                                |         |                       |  |                   |        |                         |
| and  | CALL SIGN                      | DSE     | CALL SIGN             | DSE                                      | CALL SIGN         | DSE    | CALL SIGN               |
| Syndicate  |                                |         |                       |  |                   |        |                         |
|  |                                |         |                       |  |                   |        |                         |
| Exclusivi  |                                |         |                       |  |                   |        |                         |
| Surcharg   |                                |         |                       |  | -                 |        |                         |
| Partially  | -                              |         |                       |  | -                 |        |                         |
| Distant  |                                |         |                       |  |                   |        |                         |
| Stations   |                                |         |                       |  |                   |        |                         |
|  |                                |         |                       |  |                   |        |                         |
|  |                                |         |                       |  |                   |        |                         |
|  |                                |         |                       |  |                   |        |                         |
|  |                                |         |                       |  |                   |        |                         |
| 0.00   |                                |         | Total DSEs            | 0.00                                     | 1                 |        | otal DSEs               |
| 0.00   |                                |         |                       | 0.00                                     | ¢                 | 0110   | Gross Receipts First Gr |
|  | \$                             | u Group | Gross Receipts Secon  | 0.00                                     | \$                | oup    |                         |
| 0.00   | \$                             | d Group | Base Rate Fee Secon   | 0.00                                     | \$                | oup    | ase Rate Fee First Gr   |
|  | SUBSCRIBER GROUI               | EIGHTH  |                       |  | SUBSCRIBER GROU   | EVENTH |                         |
| 0  | COMMUNITY/ AREA 0              |         |                       |  | COMMUNITY/ AREA 0 |        |                         |
| DSE  | CALL SIGN                      | DSE     | CALL SIGN             | DSE                                      | CALL SIGN         | DSE    | CALL SIGN               |
|  |                                |         |                       |  |                   |        |                         |
|  |                                |         |                       |  |                   |        |                         |
|  |                                |         |                       |  |                   |        |                         |
|  |                                |         |                       |  |                   |        |                         |
|  |                                |         |                       |  |                   |        |                         |
|  |                                |         |                       |  |                   |        |                         |
|  | -                              |         |                       |  |                   |        |                         |
|  |                                |         |                       |  | -                 |        |                         |
|  |                                |         |                       |  |                   |        |                         |
|  |                                |         |                       |  |                   |        |                         |
|  |                                |         |                       |  |                   |        |                         |
| 0.00   |                                |         | Total DSEs            | 0.00                                     |                   |        | otal DSEs               |
| 0.00   | \$                             | Group   | Gross Receipts Fourth | 0.00                                     |                   |        |                         |
|  |                                |         |                       |  |                   |        |                         |
| 0.00   | \$                             | Group   | Base Rate Fee Fourth  | 0.00                                     | \$                | roup   | Base Rate Fee Third G   |

| LEGAL NAME OF OWNE                                  | R OF CABL | E SYSTEM:      |              |                       |                 | SI              | STEM ID# | Name                |
|---|-----------|----------------|--------------|-----------------------|-----------------|-----------------|----------|---------------------|
| DIRECTV, LLC  |           |                |              |                       |                 |                 | 63028    | Hante               |
| Bl  | _OCK A: ( | COMPUTATION OF | BASE RA      | ATE FEES FOR EAC      | H SUBSCR        | IBER GROUP      |          |                     |
|   | FIRST     | SUBSCRIBER GRO |              |                       |                 | SUBSCRIBER GROU |          | 9                   |
| COMMUNITY/ AREA 0                                   |           |                | 0            | COMMUNITY/ AREA       | A               |                 | 0        |                     |
| CALL SIGN   |           |                |              | CALL SIGN             |                 |                 | Dee      | Computation<br>of   |
| CALL SIGN   | DSE       | CALL SIGN      | DSE          | CALL SIGN             | DSE             | CALL SIGN       | DSE      | or<br>Base Rate Fee |
|   |           | -              |              |                       |                 |                 |          | and                 |
|   |           |                |              |                       |                 |                 |          | Syndicated          |
|   |           |                |              |                       |                 |                 |          | Exclusivity         |
|   |           |                |              |                       |                 |                 |          | Surcharge           |
|   |           |                |              |                       |                 | -               |          | for                 |
|   |           |                |              |                       |                 |                 |          | Partially           |
|   |           | -              |              |                       |                 | -               |          | Distant<br>Stations |
|   |           |                |              |                       |                 | -               |          | Stations            |
|   |           |                |              |                       |                 |                 |          |                     |
|   |           |                |              | n                     |                 |                 |          |                     |
|   |           |                |              |                       |                 |                 |          |                     |
|   |           |                |              |                       |                 |                 |          |                     |
|   |           |                |              |                       |                 |                 |          |                     |
| Total DSEs  |           |                | 0.00         | Total DSEs            |                 |                 | 0.00     |                     |
| Gross Receipts First G                              | roup      | s 1,329        | ,187.32      | Gross Receipts Seco   | ond Group       | \$              | 0.00     |                     |
| ·   | •         | · · · ·        | ,            | •                     |                 | ·               |          |                     |
| Bass Bats Ess First C                               | -         |                | 0.00         | Bass Bats Ess Sage    | and Crown       |                 | 0.00     |                     |
| Base Rate Fee First G                               | roup      | \$             | 0.00         | Base Rate Fee Seco    | ona Group       | \$              | 0.00     |                     |
| THIRD SUBSCRIBER GROUP                              |           |                |              | FOURTH                | SUBSCRIBER GROU | Р               |          |                     |
| COMMUNITY/ AREA 0                                   |           |                | 0            | COMMUNITY/ AREA       | 4               |                 | 0        |                     |
|   |           |                |              |                       |                 |                 |          |                     |
| CALL SIGN   | DSE       | CALL SIGN      | DSE          | CALL SIGN             | DSE             | CALL SIGN       | DSE      |                     |
|   |           |                |              |                       |                 |                 |          |                     |
|   |           |                |              |                       |                 |                 |          |                     |
|   |           |                |              |                       |                 | -               |          |                     |
|   |           |                |              |                       |                 |                 |          |                     |
|   |           |                |              |                       |                 |                 |          |                     |
|   |           |                |              |                       |                 |                 |          |                     |
|   |           |                |              |                       |                 |                 |          |                     |
|   |           |                |              |                       |                 |                 |          |                     |
|   |           | -              |              |                       |                 |                 |          |                     |
|   |           |                |              |                       |                 |                 |          |                     |
|   |           |                |              |                       |                 |                 |          |                     |
|   |           |                | 1            |                       |                 |                 |          |                     |
|   |           |                |              |                       |                 |                 |          |                     |
| Total DSEs  |           |                | 0.00         | Total DSEs            |                 |                 | 0.00     |                     |
|   | <b>N</b>  |                |              |                       | the One inter   | •               |          |                     |
| Gross Receipts Third G                              | ыопр      | \$             | 0.00         | Gross Receipts Four   | ui Group        | \$              | 0.00     |                     |
|   |           |                |              |                       |                 |                 |          |                     |
| Base Rate Fee Third G                               | Group     | \$             | 0.00         | Base Rate Fee Four    | th Group        | \$              | 0.00     |                     |
|   |           |                |              |                       |                 |                 |          |                     |
|   |           |                |              |                       |                 |                 |          |                     |
|   |           |                | criber group | as shown in the boxes | s above.        | ¢               | 0.00     |                     |
| Enter here and in block 3, line 1, space L (page 7) |           |                |              |                       |                 | <b>\$</b>       | 0.00     |                     |

| BURCE 1V, LLC       B3022       BURCE 1V       B3022       B30  |                        | ER OF CABL | E SYSTEM:                    |             |                       |          | S               | YSTEM ID# | Name        |
|--|------------------------|------------|------------------------------|-------------|-----------------------|----------|-----------------|-----------|-------------|
| INTER SURSCRIPER GROUP       9 Computation of Base Rate Fee Second Group         COLL SIGN       DSE       CALL SIGN       CALL SIGN       DSE       CA  | DIRECTV, LLC           |            |                              |             |                       |          |                 | 63028     | Humo        |
| COMUNITY AREA       O       COMUNITY AREA       O       O         CALL SIGN       DSE  | В                      |            |                              |             | ATE FEES FOR EAC      |          |                 |           |             |
| CALL SIGN         DSE         Canputation of and set for and   |                        |            |                              |             |                       |          | SUBSCRIBER GROU |           | ٩           |
| CALL SIGN         DSE         CALL SIGN         DSE         CALL SIGN         DSE           Image: Control of the state free free free free free free free fr   | COMMUNITY/ AREA        |            |                              | 0           | COMMUNITY/ AREA       |          |                 | 0         |             |
| Image: Second Group       Image: Second Group<   |                        |            |                              |             |                       |          |                 | DSE       |             |
| and syndicated       and syndicated       and syndicated       and syndicated       <   | CALL SIGN              | DSL        | CALL SIGN                    | DGL         |                       | DGL      | CALL SIGN       | DGL       |             |
| Syndicated         Image: second sec                                  |                        |            | -                            |             |                       |          | -               |           |             |
| Image: second        |                        |            | -                            |             |                       |          |                 |           |             |
| image: set of the base rate fee finid Grup       image: set of the case rate fee finid Grup       image: set of the case rate fee finit Grup<  |                        |            | -                            |             |                       |          |                 |           | Exclusivity |
| Partially       Partially       Partially       Partially         Distant       Partially       Partially       Partially         Call DSEs       One       Second Group       Second Group       Second Group         Seventry Nees       Second Group       Second Group       Second Group       Second Group       Second Group         Call DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       Partially         Total DSE       Call SIGN   |                        |            |                              |             |                       |          |                 |           | Surcharge   |
| Image: second |                        |            |                              |             |                       |          |                 |           | for         |
| Stations   |                        |            |                              |             |                       |          |                 |           |             |
| Total DSEs       0.00       Total DSEs       0.00         Gross Receipts First Group       \$       0.00         Seventh SUBSCRIBER GROUP       \$       0.00         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         Total DSEs       COMUNITY AREA       0       0       0       0       0       0         Total DSEs       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       0         Total DSEs       CALL SIGN       DSE       CALL SIGN       DSE       0       0       0         Total DSEs       CALL SIGN       DSE       CALL SIGN       DSE       0       0       0       0       0         Total DSEs       CALL SIGN       DSE       CALL SIGN       DSE       0       0       0       0       0       0       0       0       0       0       0   |                        |            | -                            |             |                       |          |                 |           |             |
| Gross Receipts First Group \$ 0.00   Base Rate Fee First Group \$ 0.00   SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP   COMMUNITY/ AREA 0   CALL SIGN DSE   COMMUNITY/ AREA CALL SIGN   COMMUNITY CALL SIGN <  |                        |            | -                            |             |                       |          |                 |           | Stations    |
| Gross Receipts First Group \$ 0.00   Base Rate Fee First Group \$ 0.00   SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP   COMMUNITY/ AREA 0   CALL SIGN DSE   COMO COMO   COMO <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>   |                        |            |                              |             |                       |          |                 |           |             |
| Gross Receipts First Group \$ 0.00   Base Rate Fee First Group \$ 0.00   SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP   COMMUNITY/ AREA 0   CALL SIGN DSE   COMMUNITY/ AREA CALL SIGN   COMMUNITY CALL SIGN <  |                        |            | -                            |             |                       |          |                 |           |             |
| Gross Receipts First Group \$ 0.00   Base Rate Fee First Group \$ 0.00   SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP   COMMUNITY/ AREA 0   CALL SIGN DSE   COMO COMO   COMO <td></td> <td></td> <td>-</td> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td>   |                        |            | -                            | 1           |                       |          |                 |           |             |
| Gross Receipts First Group \$ 0.00   Base Rate Fee First Group \$ 0.00   SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP   COMMUNITY/ AREA 0   CALL SIGN DSE   COMO COMO   COMO <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>   |                        |            |                              |             |                       |          |                 |           |             |
| Gross Receipts First Group \$ 0.00   Base Rate Fee First Group \$ 0.00   SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP   COMMUNITY/ AREA 0   CALL SIGN DSE   COMMUNITY/ AREA CALL SIGN   COMMUNITY CALL SIGN <  |                        |            |                              |             |                       |          |                 |           |             |
| Gross Receipts First Group \$ 0.00   Base Rate Fee First Group \$ 0.00   SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP   COMMUNITY/ AREA 0   CALL SIGN DSE   COMMUNITY/ AREA CALL SIGN   COMMUNITY CALL SIGN <  | Total DSEs             |            |                              | 0.00        | Total DSEs            |          |                 | 0.00      |             |
| Base Rate Fee First Group       \$       0.00       Base Rate Fee Second Group       \$       0.00         SEVENTH SUBSCRIBER GROUP       EIGHTH SUBSCRIBER GROUP       COMMUNITY/AREA       0       0         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE<  | Gross Receipts First G | roup       | ¢                            |             | Cross Receipts Seco   | nd Group | ¢               | 0.00      |             |
| SEVENTH SUBSCRIBER GROUP         EIGHTH SUBSCRIBER GROUP           COMMUNITY/ AREA         0           CALL SIGN         DSE         CALL SIGN         DSE         CALL SIGN         DSE           CALL SIGN         DSE         CALL SIGN         DSE         CALL SIGN         DSE         CALL SIGN         DSE           CALL SIGN         DSE         CALL SIGN         DSE         CALL SIGN         DSE         CALL SIGN         DSE           Image: Call Sign         DSE         CALL SIGN         DSE         CALL SIGN         DSE         CALL SIGN         DSE           Image: Call Sign         DSE         CALL SIGN         DSE         CALL SIGN         DSE         CALL SIGN         DSE           Image: Call Sign         DSE         CALL SIGN         DSE         CALL SIGN         DSE         CALL SIGN         DSE           Image: Call Sign         DSE         Call SIGN         Call  | Gloss Receipts First G | ioup       | <b>ə</b>                     | 0.00        | Gross Receipts Seco   | na Group | ə               | 0.00      |             |
| SEVENTH SUBSCRIBER GROUP         EIGHTH SUBSCRIBER GROUP           COMMUNITY/ AREA         0           CALL SIGN         DSE         CALL SIGN         DSE         CALL SIGN         DSE           CALL SIGN         DSE         CALL SIGN         DSE         CALL SIGN         DSE         CALL SIGN         DSE           CALL SIGN         DSE         CALL SIGN         DSE         CALL SIGN         DSE         CALL SIGN         DSE           Image: Call SIGN         DSE         CALL SIGN         DSE         CALL SIGN         DSE         CALL SIGN         DSE           Image: Call SIGN         DSE         CALL SIGN         DSE         CALL SIGN         DSE         CALL SIGN         DSE           Image: Call SIGN         DSE         CALL SIGN         DSE         CALL SIGN         DSE         CALL SIGN         DSE           Image: Call SIGN         DSE         CALL SIGN         CALL SIGN <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>  |                        |            |                              |             |                       |          |                 |           |             |
| COMMUNITY/ AREA       O       COMMUNITY/ AREA       O         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       Lance  | Base Rate Fee First G  | roup       | \$                           | 0.00        | Base Rate Fee Seco    | nd Group | \$              | 0.00      |             |
| COMMUNITY/ AREA       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       CALL SIGN       CALL SIGN       CALL SIGN       DSE       CALL SIGN  |                        | SEVENTH    | SUBSCRIBER GROU              | JP          |                       | EIGHTH   | SUBSCRIBER GROU | JP        |             |
| CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       CALL SIGN       CALL SIGN       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN         Call SIGN       Call SIGN       Call SIGN       Call SIGN       Call SIGN       Call SIGN       Call SIGN       Call SIGN       Call SIGN         Call SIGN       Call SIGN       Call SIGN       Call SIGN       Call SIGN       Call SIGN       Call SIGN <td></td> <td></td> <td></td> <td></td> <td>COMMUNITY/ AREA</td> <td></td> <td></td> <td></td> <td></td>   |                        |            |                              |             | COMMUNITY/ AREA       |          |                 |           |             |
| Image: Second        |                        |            |                              |             |                       |          |                 |           |             |
| Gross Receipts Third Group       \$       0.00       Gross Receipts Fourth Group       \$       0.00         Base Rate Fee Third Group       \$       0.00       Base Rate Fee Fourth Group       \$       0.00         Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       Image: Comparison of the boxes above.       Image: Comparison of the boxes above.       Image: Comparison of the boxes above.   | CALL SIGN              | DSE        | CALL SIGN                    | DSE         | CALL SIGN             | DSE      | CALL SIGN       | DSE       |             |
| Gross Receipts Third Group       \$       0.00       Gross Receipts Fourth Group       \$       0.00         Base Rate Fee Third Group       \$       0.00       Base Rate Fee Fourth Group       \$       0.00         Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       Image: Comparison of the boxes above.       Image: Comparison of the boxes above.       Image: Comparison of the boxes above.   |                        |            |                              |             |                       |          |                 |           |             |
| Gross Receipts Third Group       \$       0.00       Gross Receipts Fourth Group       \$       0.00         Base Rate Fee Third Group       \$       0.00       Base Rate Fee Fourth Group       \$       0.00         Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       Image: Comparison of the boxes above.       Image: Comparison of the boxes above.       Image: Comparison of the boxes above.   |                        |            |                              |             |                       |          |                 |           |             |
| Gross Receipts Third Group       \$       0.00       Gross Receipts Fourth Group       \$       0.00         Base Rate Fee Third Group       \$       0.00       Base Rate Fee Fourth Group       \$       0.00         Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       Image: Comparison of the boxes above.       Image: Comparison of the boxes above.       Image: Comparison of the boxes above.   |                        |            | -                            |             |                       |          | -               |           |             |
| Gross Receipts Third Group       \$       0.00       Gross Receipts Fourth Group       \$       0.00         Base Rate Fee Third Group       \$       0.00       Base Rate Fee Fourth Group       \$       0.00         Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       Image: Comparison of the boxes above.       Image: Comparison of the boxes above.       Image: Comparison of the boxes above.   |                        |            |                              |             |                       |          |                 |           |             |
| Gross Receipts Third Group       \$       0.00       Gross Receipts Fourth Group       \$       0.00         Base Rate Fee Third Group       \$       0.00       Base Rate Fee Fourth Group       \$       0.00         Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.   |                        |            | -                            |             |                       |          | -               |           |             |
| Gross Receipts Third Group       \$       0.00       Gross Receipts Fourth Group       \$       0.00         Base Rate Fee Third Group       \$       0.00       Base Rate Fee Fourth Group       \$       0.00         Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.   |                        |            | -                            |             |                       |          |                 |           |             |
| Gross Receipts Third Group       \$       0.00       Gross Receipts Fourth Group       \$       0.00         Base Rate Fee Third Group       \$       0.00       Base Rate Fee Fourth Group       \$       0.00         Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.   |                        |            |                              |             |                       |          |                 |           |             |
| Gross Receipts Third Group       \$       0.00       Gross Receipts Fourth Group       \$       0.00         Base Rate Fee Third Group       \$       0.00       Base Rate Fee Fourth Group       \$       0.00         Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.   |                        |            | -                            |             |                       |          |                 |           |             |
| Gross Receipts Third Group       \$       0.00       Gross Receipts Fourth Group       \$       0.00         Base Rate Fee Third Group       \$       0.00       Base Rate Fee Fourth Group       \$       0.00         Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.   |                        |            | -                            |             |                       |          |                 |           |             |
| Gross Receipts Third Group       \$       0.00       Gross Receipts Fourth Group       \$       0.00         Base Rate Fee Third Group       \$       0.00       Base Rate Fee Fourth Group       \$       0.00         Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.   |                        |            |                              |             |                       |          |                 |           |             |
| Gross Receipts Third Group       \$       0.00       Gross Receipts Fourth Group       \$       0.00         Base Rate Fee Third Group       \$       0.00       Base Rate Fee Fourth Group       \$       0.00         Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.   |                        |            |                              |             |                       |          |                 |           |             |
| Gross Receipts Third Group       \$       0.00       Gross Receipts Fourth Group       \$       0.00         Base Rate Fee Third Group       \$       0.00       Base Rate Fee Fourth Group       \$       0.00         Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       Image: Comparison of the boxes above.       Image: Comparison of the boxes above.       Image: Comparison of the boxes above.   |                        |            |                              |             |                       |          |                 |           |             |
| Gross Receipts Third Group       \$       0.00       Gross Receipts Fourth Group       \$       0.00         Base Rate Fee Third Group       \$       0.00       Base Rate Fee Fourth Group       \$       0.00         Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       Image: Comparison of the boxes above.       Image: Comparison of the boxes above.       Image: Comparison of the boxes above.   |                        |            |                              |             |                       |          |                 |           |             |
| Gross Receipts Third Group       \$       0.00       Gross Receipts Fourth Group       \$       0.00         Base Rate Fee Third Group       \$       0.00       Base Rate Fee Fourth Group       \$       0.00         Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.   |                        |            |                              |             |                       |          |                 |           |             |
| Base Rate Fee Third Group       \$ 0.00         Base Rate Fee Third Group       \$ 0.00         Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.   | Total DSEs             |            |                              | 0.00        | Total DSEs            |          |                 | 0.00      |             |
| Base Rate Fee Third Group       \$ 0.00         Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.   | Gross Receipts Third ( | Group      | \$                           | 0.00        | Gross Receipts Four   | h Group  | \$              | 0.00      |             |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.   |                        |            |                              |             |                       |          |                 |           |             |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.   |                        | <b>-</b>   |                              |             |                       |          |                 |           |             |
|  | Base Rate Fee Third (  | iroup      | \$                           | 0.00        | Base Rate Fee Fourt   | n Group  | \$              | 0.00      |             |
|  |                        |            |                              |             |                       |          |                 |           |             |
|  | Base Rate Ecos Add th  | haen ref   | <b>a face</b> for each outer | riber groun | as shown in the house | above    |                 |           |             |
|  |                        |            |                              |             |                       | 40010.   | \$              |           |             |

|                            |  | FORM SA3E. PAGE 20.  |  |  |  |  |  |  |
|----------------------------|--|--|--|--|--|--|--|--|
| Norma                      | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#   |  |  |  |  |  |  |
| Name                       | DIRECTV, LLC   | 63028  |  |  |  |  |  |  |
|                            | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS  | IVITY 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 ma<br>by section 76.5 of FCC rules in effect on June 24, 1981:   | the station is not exempt in Part 7, you mus also compute a        |  |  |  |  |  |  |
| Computation                | First 50 major tolovision market   | Second 50 major tolovision market                                  |  |  |  |  |  |  |
| of<br>Base Rate Fee<br>and | First 50 major television market<br>INSTRUCTIONS:<br>Step 1: In line 1, give the total DSEs by subscriber group for comme  | Second 50 major television market                                  |  |  |  |  |  |  |
| Syndicated                 | this schedule.   | ercial VHF Grade & contour stations listed in block A, part 9 of   |  |  |  |  |  |  |
| Exclusivity                | 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       |  |  |  |  |  |  |
| Surcharge                  | Exempt DSEs in block C, part 7 of this schedule. If none en  |  |  |  |  |  |  |  |
| for<br>Partially           | <ul> <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</li> </ul> |  |  |  |  |  |  |  |
| Distant<br>Stations        |  | gures 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  | and enter here. This is the  |  |  |  |  |  |  |
|                            | total number of DSEs for<br>this subscriber group  | total number of DSEs for<br>this subscriber group                  |  |  |  |  |  |  |
|                            | subject to the surcharge   | subject to the surcharge   |  |  |  |  |  |  |
|                            | computation  | computation  |  |  |  |  |  |  |
|                            |  |  |  |  |  |  |  |  |
|                            | SYNDICATED EXCLUSIVITY SURCHARGE   | SYNDICATED EXCLUSIVITY SURCHARGE                                   |  |  |  |  |  |  |
|                            | First Group  | Second Group   |  |  |  |  |  |  |
|                            | THIRD SUBSCRIBER GROUP   | FOURTH SUBSCRIBER GROUP  |  |  |  |  |  |  |
|                            | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |  |  |  |  |  |  |
|                            | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs                                      |  |  |  |  |  |  |
|                            | Line 3: Subtract line 2 from line 1<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 computation   | subject to the surcharge   |  |  |  |  |  |  |
|                            |  | SYNDICATED EXCLUSIVITY   |  |  |  |  |  |  |
|                            | SURCHARGE  | SURCHARGE  |  |  |  |  |  |  |
|                            | Third Group  | 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  |  |  |  |  |  |  |  |
|                            |  |  |  |  |  |  |  |  |
|                            |  |  |  |  |  |  |  |  |
|                            |  |  |  |  |  |  |  |  |

|                                  |  | FORM SA3E. PAGE 20.  |  |  |  |  |  |  |
|----------------------------------|--|--|--|--|--|--|--|--|
|                                  | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#   |  |  |  |  |  |  |
| Name                             | DIRECTV, LLC   | 63028  |  |  |  |  |  |  |
|                                  | BLOCK B. COMPUTATION OF SYNDICATED FXCLUS  | 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 ma<br>by section 76.5 of FCC rules in effect on June 24, 1981:   | the station is not exempt in Part 7, you mus also compute a        |  |  |  |  |  |  |
| Computation                      |  |  |  |  |  |  |  |  |
| of<br>Base Rate Fee              | INSTRUCTIONS:  | Second 50 major television market                                  |  |  |  |  |  |  |
| and                              | Step 1: In line 1, give the total DSEs by subscriber group for comme   | ercial VHF Grade B contour stations listed in block A, part 9 of   |  |  |  |  |  |  |
| Syndicated                       | this schedule.   |  |  |  |  |  |  |  |
| Exclusivity                      | Step 2: In line 2, give the total number of DSEs by subscriber group   |  |  |  |  |  |  |  |
| Surcharge<br>for                 | Exempt DSEs in block C, part 7 of this schedule. If none er<br>Step 3: In line 3, subtract line 2 from line 1. This is the total number  |  |  |  |  |  |  |  |
| Partially<br>Distant<br>Stations | <ul> <li>Step 3: In fine 3, subtract line 2 from line 1. This is the local number of DSLs used to compute the subcharge.</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 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   |  |  |  |  |  |  |
|                                  | computation  | computation  |  |  |  |  |  |  |
|                                  | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY   |  |  |  |  |  |  |
|                                  | SURCHARGE  | SURCHARGE  |  |  |  |  |  |  |
|                                  | First Group  | 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  | 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   |  |  |  |  |  |  |
|                                  | computation  | computation  |  |  |  |  |  |  |
|                                  | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY   |  |  |  |  |  |  |
|                                  | SURCHARGE<br>Third Group   | 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  |  |  |  |  |  |  |  |
|                                  |  |  |  |  |  |  |  |  |