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

## SA3E Long Form

### STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
8/23/23	\$ ALLOCATION NUMBER

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	AC	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:								
Accounting Period		2023/1								
B Owner	rate	Give the full legal name of the owner of the cable system. If the owner is a title of the subsidiary, not that of the parent corporation.  List any other name or names under which the owner conducts the busines if there were different owners during the accounting period, only the owner ngle statement of account and royalty fee payment covering the entire account covering the instance of the system's first filing. If not, enter the system's ID	ss of the cable syste r on the last day of th unting period.	m. e accounting period should su						
	LE	GAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM CABLE ONE, INC.								
					00741720222					
					007417 2023/1					
		210 E. EARLL DRIVE PHOENIX, AZ 85012-2626								
С		TRUCTIONS: In line 1, give any business or trade names used to in the salready appear in space B. In line 2, give the mailing address of								
System	1	IDENTIFICATION OF CABLE SYSTEM: SPARKLIGHT	<u> </u>		·					
	2	MAILING ADDRESS OF CABLE SYSTEM:  19201 Pineville Rd - 786 Martin Luther King Blvd (Number, street, rural route, apartment, or suite number)  LONG BEACH, MS 39560 - BILOXI, MS 39530 - PA (City, town, state, zip code)		ncphelah Rd., PO Drav 1/S 39568	ver 1818					
D	Ins	tructions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and rel	ist on page 1b					
Area Served	with	n all communities. CITY OR TOWN	STATE							
First		GULFPORT	MS							
Community	В	elow is a sample for reporting communities if you report multiple cha								
	A 1 = 1	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#					
Sample	Αld	a ance	MD MD	A B	1 2					
	Ger		MD	В	3					

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 007417 CABLE ONE, INC. Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Δrea of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CH LINE UP SUB GRP# CITY OR TOWN STATE **GULFPORT** MS AD First **BILOXI** MS AA Community **D'IBERVILLE** MS AA 3 2 **ESCATAWPA** MS AΕ **GAUTIER** MS **AE** HARRISON COUNTY MS AD See instructions for HANCOCK CO-DIAMONDHEAD 5 MS AC additional information on alphabetization. HARRISON COUNTY-DIAMONDHEAD AD 4 MS 3 **KEESLER AFB** MS AA **LONG BEACH** MS AD 4 **MOSS POINT** MS ΑE 2 Add rows as necessary. 3 **NORTH BILOXI (HARRISON COUNTY)** MS AA **NORTH BILOXI (JACKSON COUNTY)** MS AB 1 **OCEAN SPRINGS** MS AB 1 **PASCAGOULA** 2 ΑE MS **PASS CHRISTIAN** 4 MS AD **VANCLEAVE** MS AB 1 **SAUCIER** MS AD 4

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# Ε

#### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1			BLOCK 2			
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS		RATE	CATEGORY OF SERVICE	SUBSCRIBERS		RATE
Residential:				Economy IPTV	151	\$	54.00
<ul> <li>Service to first set</li> </ul>	516	\$	42.00				
<ul> <li>Service to additional set(s)</li> </ul>							
• FM radio (if separate rate)							
Motel, hotel							
Commercial	163	\$	79.95	Economy IPTV - Commercial	54	\$	79.95
Converter							
Residential							
Non-residential		ļ					
		<b></b>					

# F

#### Services Other Than Secondary Transmissions: Rates

#### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

BLOCK 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Continuing Services: Installation: Non-residential Standard Cable 67.75 Pav cable 10.99-19.00 · Motel, hotel • Pay cable—add'l channel Commercial Standard IPTV \$ 67.75 Fire protection Pay cable **Digital Value Pack** \$ 16.00 Burglar protection · Pay cable-add'l channel **Hispanic Tier** 6.00 Installation: Residential Fire protection 0-90.00 First set · Burglar protection Additional set(s) Other services: • FM radio (if separate rate) 0-90.00 Reconnect Converter Disconnect Outlet relocation 90.00 · Move to new address \$ 90.00

#### PRIMARY TRANSMITTERS: TELEVISION

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**Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

**Column 1:** List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

**Column 2:** Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

		CHANN	EL LINE-UP	AA		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WLOX-2	32	N-M	No		BILOXI, MS	
WLOX	32	N	No		BILOXI, MS	
WMAH-SIMUL	16	E	No		BILOXI, MS	
WXXV-2-SIMUL	25	N-M	No		GULFPORT, MS	
WXXV-3	25	I-M	No		GULFPORT, MS	
WLOX-3	32	I-M	No		BILOXI, MS	
WLOX-2-SIMUL	32	N-M	No		BILOXI, MS	
WWL	36	N	No		NEW ORLEANS, LA	
WXXV	25	I-M	No		GULFPORT, MS	
WXXV-SIMUL	25	I-M	No		GULFPORT, MS	
WXXV-2	25	N-M	No		GULFPORT, MS	
WYES	11	Е	Yes	0	NEW ORLEANS, LA	
WLOX-6	32	I-M	No		BILOXI, MS	
WXXV-3-SIMUL	25	I-M	No		GULFPORT, MS	
WWL-2	36	I-M	No		NEW ORLEANS, LA	

G

Primary Transmitters: Television

See instructions for additional information on alphabetization.

U.S. Copyright Office

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CHANNEL LINE-UP AB 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION OF **CARRIAGE** SIGN CHANNEL (Yes or No) NUMBER **STATION** (If Distant) WLOX 32 Ν No BILOXI, MS WMAH-SIMUL Ε 16 No BILOXI, MS WXXV-2-SIMUL **GULFPORT, MS** 25 N-M No WXXV-3-SIMUL 25 I-M No **GULFPORT, MS BILOXI, MS** WLOX-3 32 I-M No WLOX-6 32 I-M No **BILOXI, MS WXXV** 25 I-M **GULFPORT, MS** No WXXV-2 25 N-M **GULFPORT, MS** No **WYES** 11 Ε Yes 0 **NEW ORLEANS, LA WXVO-LD** 13 ı No PASCAGOULA, MS WGUD-LD 51 ı No PASCAGOULA, MS WXXV-SIMUL **GULFPORT, MS** 25 I-M No WLOX-SIMUL 32 N-M **BILOXI, MS** No WLOX-2 32 N-M No **BILOXI, MS** 

G

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CHANNEL LINE-UP AC 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION OF **CARRIAGE** SIGN CHANNEL (Yes or No) NUMBER **STATION** (If Distant) **WDSU NEW ORLEANS, LA** 19 Ν No **WGNO** 26 Ν No **NEW ORLEANS, LA** WMAH-SIMUL 16 Ε No BILOXI, MS **WLOX** 32 **BILOXI, MS** N No WLOX-2 32 N-M No **BILOXI, MS** WUPL 17 ı SLIDELL, LA No **WVUE** 29 **NEW ORLEANS, LA** ı No WWL 36 N **NEW ORLEANS, LA** No WXXV-3 25 I-M No **GULFPORT, MS WYES** 11 Ε No **NEW ORLEANS, LA** WDSU-SIMUL N 19 No **NEW ORLEANS, LA** WLOX-2-SIMUL 32 N-M No **BILOXI, MS** WPXL-SIMUL 50 ı No **NEW ORLEANS, LA** WVUE-2 29 **NEW ORLEANS, LA** No I WGNO-SIMUL 26 N No **NEW ORLEANS, LA** No WNOL-2 15 **NEW ORLEANS, LA** WLOX-SIMUL 32 N-M **BILOXI, MS** No WUPL-2 17 I-M No SLIDELL, LA

G

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CHANNEL LINE				
2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
36	N-M	No		NEW ORLEANS, LA
17	I-M	No		SLIDELL, LA
21	ı	No		NEW ORLEANS, LA
29	I-M	No		NEW ORLEANS, LA
29	I-M	No		NEW ORLEANS, LA
29	I-M	No		NEW ORLEANS, LA
36	I-M	No		NEW ORLEANS, LA
50	I	No		NEW ORLEANS, LA
29	I-M	No		NEW ORLEANS, LA
	CHANNEL NUMBER  36  17  21  29  29  29  36  50	2. B'CAST CHANNEL NUMBER STATION  36 N-M  17 I-M  21 I  29 I-M  29 I-M  29 I-M  36 I-M  50 I	2. B'CAST CHANNEL NUMBER STATION STATION  36 N-M NO  17 I-M NO  21 I NO  29 I-M NO  29 I-M NO  36 I-M NO  50 I NO	CHANNEL NUMBER         OF STATION         (Yes or No)         CARRIAGE (If Distant)           36         N-M         No           17         I-M         No           21         I         No           29         I-M         No           29         I-M         No           29         I-M         No           36         I-M         No           50         I         No

G

Primary Transmitters: Television

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**Column 1:** List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

**Column 2:** Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

CHANNEL LINE-LIP AD

		CHANN	EL LINE-UP	AD	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WMAH-SIMUL	16	Е	No		BILOXI, MS
WXXV-2-SIMUL	25	N-M	No		GULFPORT, MS
WXXV-3	25	I-M	No		GULFPORT, MS
WLOX	32	N	No		BILOXI, MS
WLOX-SIMUL	32	N-M	No		BILOXI, MS
WLOX-2	32	N-M	No		BILOXI, MS
WLOX-2-SIMUL	32	N-M	No		BILOXI, MS
WLOX-3	32	I-M	No		BILOXI, MS
WLOX-4	32	I-M	No		BILOXI, MS
WWL	36	N	No		NEW ORLEANS, LA
WXXV	25	I-M	No		GULFPORT, MS
WXXV-SIMUL	25	I-M	No		GULFPORT, MS
WXXV-2	25	N-M	No		GULFPORT, MS
WYES	11	Е	Yes	0	NEW ORLEANS, LA
WLOX-6	32	I-M	No		BILOXI, MS

G

Primary Transmitters: Television

#### PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

**Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

**Column 1:** List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

**Column 2:** Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

		CHANN	EL LINE-UP	AE	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WGUD-LD	51	I	No		PASCAGOULA, MS
WMAH-SIMUL	16	E	No		BILOXI, MS
WXXV-3	25	I-M	No		GULFPORT, MS
WLOX-SIMUL	32	N-M	No		BILOXI, MS
WLOX-2	32	N-M	No		BILOXI, MS
WLOX-2-SIMUL	32	N-M	No		BILOXI, MS
WLOX-3	32	I-M	No		BILOXI, MS
WMAH	16	E	No		BILOXI, MS
WLOX	32	N	No		BILOXI, MS
WXXV	25	I-M	No		GULFPORT, MS
WXXV-SIMUL	25	I-M	No		GULFPORT, MS
WXXV-2	25	N-M	No		GULFPORT, MS
WXXV-2-SIMUL	25	N-M	No		GULFPORT, MS
WXVO-LD	13	I	No		PASCAGOULA, MS

G

Primary Transmitters: Television

ACCOUNT	FING PERIOD: 2023/1
FORM SA3E. PAGE 3.	
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	
CABLE ONE, INC. 007417	, Name
PRIMARY TRANSMITTERS: TELEVISION	
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (e)(e)(2) and (4), or 76.63 (e)(e)(2) and (4)); and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:  • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for retwork), "N-M" (for network multicast), "I" (for independent),	Primary Transmitters: Television
tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.	
Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the	
FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed.  Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.	
CHANNEL LINE-UP AF	1
	1

CATION OF STATION

ACCOUNTIL	NG PERIOD: 2023/1
FORM SA3E. PAGE 3.	,
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name
CABLE ONE, INC. 007417	Name
PRIMARY TRANSMITTERS: TELEVISION	
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections	G
76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.	Primary Transmitters:
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:	Television
Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.	
List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.	
<b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-	
cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example	
WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in	
its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel	
on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial	
educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).  For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.  Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex-	
planation of local service area, see page (v) of the general instructions located in the paper SA3 form.  Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your	
cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.  For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject	
of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa-	
tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.	
Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.	

		CHANN	EL LINE-UP	AG	
1. CALL SIGN	2. B'CAST CHANNE NUMBER	L OF	(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION

		ACCOUNT	ING PERIOD: 2023/1
FORM SA3E. PAGE 3.			
LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name
CABLE ONE, INC.		007417	Name
PRIMARY TRANSMITTERS: TELEVISION			
In General: In space G, identify every television station (including carried by your cable system during the accounting period, except FCC rules and regulations in effect on June 24, 1981, permitting th 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.65 substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations basis under specifc FCC rules, regulations, or authorizations:  • Do not list the station here in space G—but do list it in space I (the station was carried only on a substitute basis.  • List the station here, and also in space I, if the station was carried basis. For further information concerning substitute basis station in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination each multicast stream associated with a station according to its own cast stream as "WETA-2". Simulcast streams must be reported in the WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the its community of license. For example, WRC is Channel 4 in Washon which your cable system carried the station.  Column 3: Indicate in each case whether the station is a netwo educational station, by entering the letter "N" (for network), "N-M" (for independent multicast), "E" (for noncommercial educational), of For the meaning of these terms, see page (v) of the general instruct Column 4: If the station is outside the local service area, (i.e. "Column 5: If you have entered "Yes" in column 4, you must cor cable system carried the distant station during the accounting periodaried the distant station on a part-time basis because of lack of a For the retransmission of a distant multicast stream that is not sof a written agreement entered into on or before June 30, 2009, be the cable system and a primary transmitter or an association repretion "E" (exempt). For simulcasts, also enter "E". If you carried the explanation of these three categories, see page (v) of the general in Column 6: Give the locati	(1) stations carried to carriage of certain (e)(2) and (4))]; are carried by your case. Special Statement both on a substitution, see page (v) of a program services the television static ington, D.C. This not static ington, D.C. This not static ington, D.C. This not static ington, p.C. This not static ing	only on a part-time basis under in network programs [sections ad (2) certain stations carried on a able system on a substitute program and and Program Log)—if the arte basis and also on some other the general instructions located such as HBO, ESPN, etc. Identify on. For example, report multistream separately; for example on for broadcasting over-the-air in may be different from the channel sendent station, or a noncommercial st), "I" (for independent), "I-M" inmercial educational multicast). The paper SA3 form.  "It not, enter "No". For an expaper SA3 form. The station is in the subject error an association representing of transmitter, enter the designation the paper SA3 form.  To which the station is licensed by the which the station is identifed.	Primary Transmitters: Television
Note: If you are utilizing multiple channel line-ups, use a separate	space G for each o	hannel line-up.	
CHANNEL LINE-UP	AH		
1. CALL 2. B'CAST 3. TYPE 4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	

,	5 1	. ,	'	'	'
		CHANN	EL LINE-UP	AH	
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION
SIGN	CHANNEL		(Yes or No)		
0.0.1	NUMBER	STATION		(If Distant)	
	NOMBER	OTATION		(II Distairt)	
	····				
	····				
	····				

ACCOUN FORM SA3E, PAGE 3.	TING PERIOD: 2023/1
LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#	
CABLE ONE, INC. 007417	, Name
PRIMARY TRANSMITTERS: TELEVISION	
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections	G
76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.	Primary Transmitters:
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program	Television
basis under specifc FCC rules, regulations, or authorizations:  • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the	
station was carried only on a substitute basis.	
• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other	

**Column 1:** List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

basis. For further information concerning substitute basis stations, see page (v) of the general instructions located

in the paper SA3 form.

**Column 2:** Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

		Al			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION
SIGN	CHANNEL		(Yes or No)	CARRIAGE	
	NUMBER	STATION		(If Distant)	
		•••••			

F	FORM SA3E. PAGE 3.		
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
	CABLE ONE, INC.	007417	Name
Р	PRIMARY TRANSMITTERS: TELEVISION		
١,	n General: In space G. identify every television station (including translator stations and low power televi	rision stations)	_

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

**Column 1:** List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

**Column 2:** Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

CHANNEL LINE UD AL

CHANNEL LINE-UP				AJ	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
		0.7		(ii Diotaint)	

G

Primary Transmitters: Television

	ACCOUNTI	NG PERIOD: 2023/1
FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nama
CABLE ONE, INC.	007417	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power television carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis. FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [see	s under <sup>'</sup>	G
76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations cal	rried on a	Primary
substitute program basis, as explained in the next paragraph.		Transmitters:
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute	te program	Television
basis under specifc FCC rules, regulations, or authorizations:		
• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if	the	
station was carried only on a substitute basis.		
• List the station here, and also in space Lift the station was carried both on a substitute basis and also on son	ne other	

in the paper SA3 form. **Column 1:** List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

basis. For further information concerning substitute basis stations, see page (v) of the general instructions located

**Column 2:** Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

	CHANNEL LINE-UP AK							
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE				
	NUMBER	STATION		(If Distant)				

FORM SA3E. PAGE 3.	ACCOUNTII	NG PERIOD: 2023/1
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	No
CABLE ONE, INC.	007417	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power television s carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis	under	G
FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sect 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carr substitute program basis, as explained in the next paragraph.		Primary Transmitters:
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute	e program	Television
<ul> <li>basis under specifc FCC rules, regulations, or authorizations:</li> <li>Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.</li> </ul>	ne	
<ul> <li>List the station here, and also in space I, if the station was carried both on a substitute basis and also on som basis. For further information concerning substitute basis stations, see page (v) of the general instructions to in the paper SA3 form.</li> </ul>	ocated	
Column 1: List each station's call sign. Do not report origination program convices such as UPO ESPN ato	Idontify	

**Column 2:** Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example

WETA-simulcast).

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

		AL			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	
	NUMBER	STATION		(If Distant)	

FORM SA3E. PAGE 3.	COUNTING PERIOD: 2023/1
LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEI  00	M ID# 7417
PRIMARY TRANSMITTERS: TELEVISION	
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 75, 50, (1), 20, 20, 40, 10, 20, 20, 40, 10, 20, 20, 40, 10, 20, 20, 40, 10, 20, 20, 40, 10, 20, 20, 40, 10, 20, 20, 40, 10, 20, 20, 40, 10, 20, 20, 40, 10, 20, 20, 40, 10, 20, 20, 40, 10, 20, 20, 40, 10, 20, 20, 40, 10, 20, 20, 40, 20, 40, 20, 40, 20, 40, 20, 40, 20, 40, 20, 40, 20, 40, 20, 40, 20, 40, 20, 40, 20, 40, 20, 40, 20, 40, 20, 40, 40, 20, 40, 40, 40, 40, 40, 40, 40, 40, 40, 4	G
76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:	Primary Transmitters: Television

• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the

- station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

1. CALL SIGN	2. B'CAST CHANNEL			5. BASIS OF CARRIAGE	6. LOCATION OF STATION
SIGN	NUMBER	STATION	(Yes or No)	(If Distant)	
				,	

ACCOU	JNTING PERIOD: 2023/1
FORM SA3E. PAGE 3.	
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM I	
CABLE ONE, INC. 0074	Name
PRIMARY TRANSMITTERS: TELEVISION	
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections	G
76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program	Primary Transmitters: Television
basis under specific FCC rules, regulations, or authorizations:  • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.	

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located

in the paper SA3 form.

**Column 2:** Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

1. CALL SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	6. LOCATION OF STATION
	NUMBER	STATION		(If Distant)	

PRIMARY TRANSMITTERS: TELEVISION  In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 07.66.1(e)(2) and (4), 07.66.1(e)(2) and (4), 07.66.1(e)(2) and (4)), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:  *Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  *List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for n	ACCOUNTING PERIOD: 2  AGE 3.
PRIMARY TRANSMITTERS: TELEVISION  In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:  - Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  - List the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  - List the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast stream smust be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a netw	
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.6.9(d)(2) and (4), 76.63 (le()(2) and (4))], and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:  • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network, "N-M" (for network multicast), "" (for independent), "I-M" (for independent multicast), "E" (for noncomme	NE, INC. 007417 Name
carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:  Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent, "I-M" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.  Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instruction	ISMITTERS: TELEVISION
tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further	General Space G, identify every television station (including translator stations and low power television stations) cable system during the accounting period, except (1) stations carried only on a part-time basis under regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 14 (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a ram basis, as explained in the next paragraph.  Basis Stations: With respect to any distant stations carried by your cable system on a substitute program serice FCC rules, regulations, or authorizations: station here in space G—but do list it in space I (the Special Statement and Program Log)—if the carried only on a substitute basis.  In here, and also in space I, if the station was carried both on a substitute basis and also on some other unther information concerning substitute basis stations, see page (v) of the general instructions located SA3 form.  List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify stream associated with a station according to its over-the-air designation. For example, report multi-wite Talevision station for broadcasting over-the-air in of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel cable system carried the station.  Indicate in each case whether the station is a network station, an independent station, or a noncommercial tion, by entering the letter "N" (for network), "N-M" (for network multicast), "Cf in oncommercial educational), or "E-M" (for noncommercial educational), the multicast), "Cf in oncommercial educational multicast), "Cf or noncommercial educational multicast), "Cf or noncommercial educational multicast), "Gr in the pater SA3 form.  If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an exall service area, see page (v) of the general instructions located in the paper SA3 form.  If you
Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the	hese three categories, see page (v) of the general instructions located in the paper SA3 form.
FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed.	can or Canadian stations, if any, give the name of the community with which the station is identifed.
Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.	e utilizing multiple channel line-ups, use a separate space G for each channel line-up.

	CHANNEL LINE-UP AO									
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION					
SIGN	CHANNEL		(Yes or No)	CARRIAGE						
	NUMBER	STATION		(If Distant)						
				,						
	•									
	<del></del>									
	•									
	···									

FORM SA3E, PAGE 3.	ACCOUNT	NG PERIOD: 2023/1
	YSTEM ID#	
CABLE ONE, INC.	007417	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power television station carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections]	er <sup>′</sup>	G
76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried of		Primary
substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program.	gram	Transmitters: Television
basis under specifc FCC rules, regulations, or authorizations:  • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Loq)—if the		
station was carried only on a substitute basis.		
• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some of	ner	

**Column 1:** List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

basis. For further information concerning substitute basis stations, see page (v) of the general instructions located

in the paper SA3 form.

**Column 2:** Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

	CHANNEL LINE-UP AP									
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION					
SIGN	CHANNEL		(Yes or No)	CARRIAGE						
	NUMBER	STATION		(If Distant)						
		<del> </del>								
		·····								
		·····								

ACCOUNTIN ORM SA3E. PAGE 3.	
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	N
CABLE ONE, INC. 007417	Name
RIMARY TRANSMITTERS: TELEVISION	
n General: In space G, identify every television station (including translator stations and low power television stations) arried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under CC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 6.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a ubstitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program asis under specife FCC rules, regulations, or authorizations:  Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify ach multicast stream associated with a station according to its over-the-air designation. For example, report multi-ast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in s community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel in which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial ducational station, by entering the letter "N" (for network), "N-M" (for network) multicast), "I" (for independent), "I-M" or independent mul	G Primary Transmitters: Television
f a written agreement entered into on or before June 30, 2009, between a cable system or an association representing ne cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further	
xplanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.  Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the	
CC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed.	
lote: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.	

	CHANNEL LINE-UP AR									
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION					
SIGN	CHANNEL		(Yes or No)	CARRIAGE						
	NUMBER	STATION		(If Distant)						
				, , ,						

				ACCOUNT	ING PERIOD: 2023/1			
FORM SA3E. PAGE 3.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
LEGAL NAME OF OWNER OF CABLE SYS	TEM:			SYSTEM ID#	Name			
CABLE ONE, INC.	CABLE ONE, INC. 00741							
PRIMARY TRANSMITTERS: TELEVISION								
In General: In space G, identify every to carried by your cable system during the FCC rules and regulations in effect on J76.59(d)(2) and (4), 76.61(e)(2) and (4) substitute program basis, as explained Substitute Basis Stations: With residuals basis under specific FCC rules, regulations and the station was carried only on a substitute. Do not list the station here in space G station was carried only on a substitute. List the station here, and also in space basis. For further information concer in the paper SA3 form.  Column 1: List each station's call siduals stream associated with a cast stream as "WETA-2". Simulcast stream as "WETA-2". Simulcast stream as "WETA-2". Simulcast stream as "WETA-2". Simulcast stream as "Indicate in each case whe educational station, by entering the letter (for independent multicast), "E" (for non For the meaning of these terms, see part Column 4: If the station is outside the planation of local service area, see pag Column 5: If you have entered "Yes cable system carried the distant station carried the distant station on a part-time. For the retransmission of a distant of a written agreement entered into on a written agreement entered into on the cable system and a primary transmittion "E" (exempt). For simulcasts, also explanation of these three categories, such as the column of the cable system and candian stations. Note: If you are utilizing multiple channer.	e accounting June 24, 198, , or 76.63 (rein the next percent to any ons, or authometric percent to a station according to the station. In the FCC has a station according to the station. In the FCC has a station according to the station. In the first percent percent percent to the station according to the	period, except (81, permitting the eferring to 76.61 paragraph. distant stations orizations:  It in space I (the station was carried ute basis station cording to its over be reported in compared to the station is a network ation is a network (1.e. "digeneral instructive area, (1.e. "digeneral instructive area, (1.e. "digeneral instructive area, (2.e. "digeneral instructive area, (3.e. "digeneral in	1) stations carried a carriage of certar (e)(2) and (4))]; are carried by your case. Special Stateme both on a substitute, see page (v) of program services exerthe-air designation of the television station of the television of television of the television of television of the television of the television of the television of television of the t	only on a part-time basis under in network programs [sections and (2) certain stations carried on a suble system on a substitute program and and Program Log)—if the sute basis and also on some other the general instructions located such as HBO, ESPN, etc. Identify on. For example, report multistream separately; for example on for broadcasting over-the-air in may be different from the channel opendent station, or a noncommercial st), "I" (for independent), "I-M" numercial educational multicast). The paper SA3 form.  183". If not, enter "No". For an expaper SA3 form. Sating the basis on which your sering "LAC" if your cable system apacity. Payment because it is the subject erm or an association representing of transmitter, enter the designation of the paper SA3 form. The paper	Primary Transmitters: Television			
	- ' '	•			-			
1. CALL 2. B'CAST 3	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	-			

		CHANN	AS		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	
	NUMBER	STATION		(If Distant)	
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	ACCOUNTI	NG PERIOD: 2023/1
FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
CABLE ONE, INC.	007417	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power television scarried by your cable system during the accounting period, except (1) stations carried only on a part-time basis	,	G
FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sect		
76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations care	ied on a	Primary
substitute program basis, as explained in the next paragraph.		Transmitters:
<b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitut basis under specific FCC rules, regulations, or authorizations:	e program	Television
• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if t	he	
station was carried only on a substitute basis.		
• List the station here, and also in space I, if the station was carried both on a substitute basis and also on som		
basis. For further information concerning substitute basis stations, see page (v) of the general instructions k	ocated	

WETA-simulcast). **Column 2:** Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

**Column 1:** List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example

in the paper SA3 form.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

					6. LOCATION OF STATION
SIGN	CHANNEL		(Yes or No)	CARRIAGE	
	NUMBER	STATION		(If Distant)	

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

Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#

007417

## Н

#### PRIMARY TRANSMITTERS: RADIO

**In General:** List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period.

Primary Transmitters: Radio Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form.

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

**Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or EM	S/D	LOCATION OF STATION	CALL SIGN	AM or EM	S/D	LOCATION OF STATION
CALL SIGN	AIVI OI FIVI	3/0	LOCATION OF STATION	CALL SIGN	AIVI OI FIVI	3/0	LOCATION OF STATION
		<del> </del>					
		<del> </del>					
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		L					
		L					

FORM SA3E. PAGE 5.							ACCOUNTING	PERIOD: 2023/1
LEGAL NAME OF OWNER OF	CABLE SYST	EM:				S	YSTEM ID#	Name
CABLE ONE, INC.							007417	Numo
SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	IT AND PROGRAM LOG					-
In General: In space I, identi substitute basis during the ac explanation of the programm	counting pe	riod, under spec	cific present and former FCC	rules, regula	itions, or autho	rizations. F	or a further	Substitute
1. SPECIAL STATEMENT				goriorai iriotro	actions located	riir tiio pape	21 67 (6 161111.	Carriage:
During the accounting per broadcast by a distant state	iod, did you			s, any nonnet	work television		⊠No	Special Statement and Program Log
<b>Note:</b> If your answer is "No' log in block 2.	, leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ıst complete t	he program	ı	
period, was broadcast by a under certain FCC rules, res SA3 form for futher informatitles, for example, "I Love L Column 2: If the progran Column 3: Give the call s Column 4: Give the broat the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	itute progra ce, please a of every nor distant stati gulations, or tion. Do nor ucy" or "NB n was broad sign of the s idcast statio adian statio th and day re "5/7." es when the Example: a er "R" if the and regulatio	m on a separal attach additional network televion and that your authorizations to use general cast live, enterstation broadca on's location (thins, if any, the cowhen your syst substitute program carried listed program ons in effect du	al pages. sion program (substitute prur cable system substituteds. See page (vi) of the generategories like "movies", or 76ers vs. Bulls." "Yes." Otherwise enter "Nosting the substitute programe community to which the sem carried the substitute program was carried by your ceed by a system from 6:01:1 was substituted for programing the accounting period;	rogram) that, I for the program instruction "basketball".  o."  n. station is licer tation is iden rogram. Use able system.  5 p.m. to 6:20 mming that you enter the letters	during the acramming of a ns located in List specific nsed by the F tiffied). numerals, wi List the times 8:30 p.m. shoour system water "P" if the li	counting nother static the paper program  CC or, in the mont is accurately huld be as required sted pro	h ,	
effect on October 19, 1976.				WHE	EN SUBSTIT	UTF		
S	UBSTITUT	E PROGRAM			IAGE OCCU		7. REASON FOR	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIN		DELETION	
	<u> </u>							
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Form SA3E Long Form (Rev. 05-17) U.S. Copyright Office

	SA3E. PAGE 7.  IL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#					
	BLE ONE, INC.		007417	Name				
all a (as page	Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s)  during the accounting period.  Service(s)  4,827,586.40  (Amount of gross receipts)							
• Con • Con • If you fee • If you accompany	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: aplete block 1, showing your minimum fee. applete block 2, showing whether your system carried any distant television stations. Our system did not carry any distant television stations, leave block 3 blank. Enter the amount of the lock 1 on line 1 of block 4, and calculate the total royalty fee. Our system did carry any distant television stations, you must complete the applicable part of the part of the lock 1, of the DSE schedule was completed, the base rate fee should be set to the lock 2.	ts of the DSE Sch	nedule	L Copyright Royalty Fee				
▶ If pa	k 3 below.  rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be en low.  rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should							
2 in	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more a least the minimum fee, regardless of whether they carried any distant stations. This fee is system's gross receipts for the accounting period.	are required to pa	y at					
	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. This is your minimum fee.	\$	4,827,586.40 51,365.52					
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the ir space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting period X Yes—Complete the DSE schedule.  No—Leave block 3 below blank and co	n 4, you must che	ck					
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$	9,660.87					
	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00					
	Line 3. Add lines 1 and 2 and enter here	\$	9,660.87					
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger  Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter	\$	51,365.52 0.00	Cable systems submitting additional				
	zero.  Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)		0.00	deposits under Section 111(d)(7) should contact the Licensing				
	Line 4. FILING FEE	_\$	725.00	additional fees.  Division for the appropriate				
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	\$	52,090.52	form for submitting the additional fees.				
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (Sigeneral instructions located in the paper SA3 form for more information.)	ee page (i) of the						

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

Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:
CABLE ONE, INC.
SYSTEM ID#
007417

## J

#### Part-Time Carriage Log

#### PART-TIME CARRIAGE LOG

**In General:** This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages.

Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G.

Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period.

- Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10."
- State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.—3:15 a.m. app."
- You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.–12:00 p.m."

# DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN HOURS** HOURS DATE **FROM** TO DATE **FROM** TO

ACCOUNTING PERIOD: 2023/1

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.	SYSTEM ID# 007417
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.  1. Enter the total number of channels on which the cable system carried television broadcast stations.	
	Enter the total number of activated channels     on which the cable system carried television broadcast stations     and nonbroadcast services	
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
Be Contacted for Further Information	Name JENAE HECK Telephone 602-364-6092	
	Address 210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite number)  PHOENIX, AZ 85012-2626	
	(City, town, state, zip)  Email JENAE.HECK@CABLEONE.BIZ Fax (optional) 602-364-6013	
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)	
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or	
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.	<del>:</del> m
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]	
	X /s/ Quynh Tran	
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement.  (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.	e "F2"
	Typed or printed name: QUYNH TRAN	
	Title: VICE PRESIDENT & TREASURER  (Title of official position held in corporation or partnership)	
	Date: August 23, 2023	

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.	SYSTEM ID# 007417	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system service of providing secondary transmissions of primary broadcast transmitters, the system scribers and amounts collected from subscribers receiving secondary transmissions pursual For more information on when to exclude these amounts, see the note on page (vii) of the general paper SA3 form.	tem for the basic shall not include sub- nt to section 119."	Special Statement Concerning Gross Receipts Exclusion
During the accounting period did the cable system exclude any amounts of gross receipts for secon made by satellite carriers to satellite dish owners?	idary transmissions	
X NO		
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late paymer For an explanation of interest assessment, see page (viii) of the general instructions in the paper S	• •	Q
Line 1 Enter the amount of late payment or underpayment	x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-	
Line 3 Multiply line 2 by the number of days late and enter the sum here	x days	
	x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,  space L, (page 7)		
	(interest charge)	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For furth contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	er assistance please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copplease list below the owner, address, first community served, accounting period, and ID number as filing.		
Owner Address		
First community served		
Accounting period  ID number		

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

ACCOUNTING PERIOD: 2023/1

DSE SCHEDULE. PAGE 10.

# INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

The term "distant signal equivalent" (DSE) generally refers to the numerical value given by the Copyright Act to each distant television station carried by a cable system during an accounting period. Your system's total number of DSEs determines the royalty you owe. For the full definition, see page (v) of the General Instructions in the paper SA3 form.

#### FORMULAS FOR COMPUTING A STATION'S DSE

There are two different formulas for computing DSEs: (1) a basic formula for all distant stations listed in space G (page 3), and (2) a special formula for those stations carried on a substitute basis and listed in space I (page 5). (Note that if a particular station is listed in both space G and space I, a DSE must be computed twice for that station: once under the basic formula and again under the special formula. However, a station's total DSE is not to exceed its full type-value. If this happens, contact the Licensing Division.)

# BASIC FORMULA: FOR ALL DISTANT STATIONS LISTED IN SPACE G OF SA3E (LONG FORM)

**Step 1**: Determine the station's type-value. For purposes of computing DSEs, the Copyright Act gives different values to distant stations depending upon their type. If, as shown in space G of your statement of account (page 3), a distant station is:

Independent: its type-value is	1.00
Network: its type-value is	0.25
Noncommercial educational: its type-value is	0.25
Note that local stations are not counted at all in computing DSEs.	

**Step 2:** Calculate the station's basis of carriage value: The DSE of a station also depends on its basis of carriage. If, as shown in space G of your Form SA3E, the station was carried part time because of lack of activated channel capacity, its basis of carriage value is determined by (1) calculating the number of hours the cable system carried the station during the accounting period, and (2) dividing that number by the total number of hours the station broadcast over the air during the accounting period. The basis of carriage value for all other stations listed in space G is 1.0.

**Step 3:** Multiply the result of step 1 by the result of step 2. This gives you the particular station's DSE for the accounting period. (Note that for stations other than those carried on a part-time basis due to lack of activated channel capacity, actual multiplication is not necessary since the DSE will always be the same as the type value.)

# SPECIAL FORMULA FOR STATIONS LISTED IN SPACE I OF SA3E (LONG FORM)

Step 1: For each station, calculate the number of programs that, during the accounting period, were broadcast live by the station and were substituted for programs deleted at the option of the cable system.

(These are programs for which you have entered "Yes" in column 2 and "P" in column 7 of space I.)

Step 2: Divide the result of step 1 by the total number of days in the calendar year (365—or 366 in a leap year). This gives you the particular station's DSE for the accounting period.

#### **TOTAL OF DSEs**

In part 5 of this schedule you are asked to add up the DSEs for all of the distant television stations your cable system carried during the accounting period. This is the total sum of all DSEs computed by the basic formula and by the special formula.

#### THE ROYALTY FEE

The total royalty fee is determined by calculating the minimum fee and the base rate fee. In addition, cable systems located within certain television market areas may be required to calculate the 3.75 fee and/or the Syndicated Exclusivity Surcharge. Note: Distant multicast streams are not subject to the 3.75 fee or the Syndicated Exclusivity Surcharge. Distant simulcast streams are not subject to any royalty payment.

The 3.75 Fee. If a cable system located in whole or in part within a television market added stations after June 24, 1981, that would not have been permitted under FCC rules, regulations, and authorizations (hereafter referred to as "the former FCC rules") in effect on June 24, 1981, the system must compute the 3.75 fee using a formula based on the number of DSEs added. These DSEs used in computing the 3.75 fee will not be used in computing the base rate fee and Syndicated Exclusivity Surcharge.

The Syndicated Exclusivity Surcharge. Cable systems located in whole or in part within a major television market, as defined by FCC rules and regulations, must calculate a Syndicated Exclusivity Surcharge for the carriage of any commercial VHF station that places a grade B contour, in whole or in part, over the cable system that would have been subject to the FCC's syndicated exclusivity rules in effect on June 24, 1981.

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

What is a "Permitted" Station? A permitted station refers to a distant station whose carriage is not subject to the 3.75 percent rate but is subject to the base rate and, where applicable, the Syndicated Exclusivity Surcharge. A permitted station would include the following:

- 1) A station actually carried within any portion of a cable system prior to June 25, 1981, pursuant to the former FCC rules.
- 2) A station first carried after June 24, 1981, which could have been carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.
- 3) A station of the same type substituted for a carried network, non-commercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 767.63 (a) [referring to 76.61 (b),(d)]) in effect on June 24, 1981.
- 4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.
- 5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

NOTE: If your cable system carried a station that you believe qualifies as a permitted station but does not fall into one of the above categories, please attach written documentation to the statement of account detailing the basis for its classification.

Substitution of Grandfathered Stations. Under section 76.65 of the former FCC rules, a cable system was not required to delete any station that it was authorized to carry or was lawfully carrying prior to March 31, 1972, even if the total number of distant stations carried exceeded the market quota imposed for the importation of distant stations. Carriage of these grandfathered stations is not subject to the 3.75 percent rate, but is subject to the Base Rate, and where applicable, the Syndicated Exclusivity Surcharge. The Copyright Royalty Tribunal has stated its view that, since section 76.65 of the former FCC rules would not have permitted substitution of a grandfathered station, the 3.75 percent Rate applies to a station substituted for a grandfathered station if carriage of the station exceeds the market quota imposed for the importation of distant stations.

# COMPUTING THE 3.75 PERCENT RATE—PART 6 OF THE DSE SCHEDULE

- Determine which distant stations were carried by the system pursuant to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 198I, on a substitute and/or
  part-time basis only and complete the log to determine the portion of
  the DSE exempt from the 3.75 percent rate.
- Subtract the number of DSEs resulting from this carriage from the number of DSEs reported in part 5 of the DSE Schedule. This is the total number of DSEs subject to the 3.75 percent rate. Multiply these DSEs by gross receipts by .0375. This is the 3.75 fee.

# COMPUTING THE SYNDICATED EXCLUSIVITY SURCHARGE—PART 7 OF THE DSE SCHEDULE

- Determine if any portion of the cable system is located within a top 100 major television market as defined by the FCC rules and regulations in effect on June 24, 1981. If no portion of the cable system is located in a major television market, part 7 does not have to be completed.
- Determine which station(s) reported in block B, part 6 are commercial VHF stations and place a grade B contour, in whole, or in part, over the cable system. If none of these stations are carried, part 7 does not have to be completed.
- Determine which of those stations reported in block b, part 7 of the DSE Schedule were carried before March 31,1972. These stations are exempt from the FCC's syndicated exclusivity rules in effect on June 24, 1981. If you qualify to calculate the royalty fee based upon the carriage of partially-distant stations, and you elect to do so, you must compute the surcharge in part 9 of this schedule.
- Subtract the exempt DSEs from the number of DSEs determined in block B of part 7. This is the total number of DSEs subject to the Syndicated Exclusivity Surcharge.
- Compute the Syndicated Exclusivity Surcharge based upon these DSEs and the appropriate formula for the system's market position.

## COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE

#### SCHEDULE

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

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

   1.064% of gross receipts
   Each of the second, third, and fourth DSEs
   0.701% of gross receipts
- Each of the second, third, and fourth DSEs 0.701% of gross receipts The fifth and each additional DSE 0.330% of gross receipts

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

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

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

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

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

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

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

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

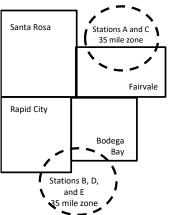
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

#### **EXAMPLE**:

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

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



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

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x .01064
 \$6,384.00

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

**Total Base Rate Fee:** \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94 In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

**ACCOUNTING PERIOD: 2023/1** 

DSE SCHEDULE. PAGE	11. (CONTINUED)					
4	LEGAL NAME OF OWNER OF CABLE	SYSTEM:			S	STEM ID#
ı	CABLE ONE, INC.					007417
	SUM OF DSEs OF CATEGOR	Y "O" STATION	S:	I		
	<ul> <li>Add the DSEs of each station</li> </ul>					
	Enter the sum here and in line	1 of part 5 of this	schedule.		0.25	
	Instructions:			•		
	In the column headed "Call S	ign": list the call	signs of all distant stations i	dentified by the	e letter "O" in column 5	
Computation	of space G (page 3).  In the column headed "DSE":	for each indene	ndent station, give the DSE :	as "10" for ea	ach network or noncom-	
of DSEs for	mercial educational station, give	e the DSE as ".2	5."	30 1.0 , 101 00	ion notwork of noncom	
Category "O"			CATEGORY "O" STATION	S: DSEs		
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	WYES	0.250				
Add rows as						
necessary.						
Remember to copy all						
formula into new						
rows.						

Name	CABLE ONE	OWNER OF CABLE SYSTEM:						<u> </u>	007417
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should of Column 3 Column 4 be carried out Column 5 give the type- Column 6	CAPACITY st the call sign of all distar 2: For each station, give the correspond with the inform 3: For each station, give the color of	ne number of lenation given in the total number mn 2 by the final point. This station, give the numn 4 by the	hours your cable system in space J. Calculate onling or of hours that the stati- gure in column 3, and g is the "basis of carriage e "type-value" as "1.0."	n carried the station of the station of the station of the state of th	n during the acch station. the air during tecimals in columition. or noncommerciculum 6. Round	to no less	ng period. Jure must nal station, than the	
Capacity			CATEGOR	Y LAC STATIONS:	COMPUTATI	ON OF DSE	S		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEI	JRS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE		5. TYPE VALUE	6. DS	E
			÷		=	x		=	
								=	
			÷		=	x		=	
			÷		=	x		=	
	Add the DSEs Enter the su	of each station.		hedule,			0.00		
SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. Enter the sum here and in line 2 of part 5 of this schedule,  Instructions:  Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station:  • Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulartions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and  • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I).  Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I.  Column 3: Enter the number of days in the calendar year: 365, except in a leap year.  Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form).  SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs  1. CALL 2. NUMBER 3. NUMBER 4. DSE 1. CALL 2. NUMBER 3. NUMBER									
		Sl	JBSTITUTI	E-BASIS STATION	IS: COMPUTA	TION OF D	SEs		,
	1. CALL SIGN	2. NUMBER OF PROGRAMS		YS	1. CALL SIGN	2. NUMB OF PROG		3. NUMBER OF DAYS IN YEAR	4. DSE
		-					÷		=
			: :	<u>-</u>			÷		=
		4	-	=			÷		=
		4	<del>-</del> -	=			÷		=
	Add the DSEs	OF SUBSTITUTE-BASI	S STATIONS	:			0.00		
5		ER OF DSEs: Give the am s applicable to your system		e boxes in parts 2, 3, and	4 of this schedule	and add them t	o provide the	e total	
Total Number	1. Number	of DSEs from part 2 ●				<b></b>		0.25	
of DSEs	2. Number	of DSEs from part 3 ●				<u> </u>		0.00	
	3. Number	of DSEs from part 4 ●				<b>-</b>		0.00	
							Γ		
	TOTAL NUMBE	ER OF DSEs							0.25

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

LEGAL NAME OF O		SYSTEM:					S	YSTEM ID# 007417	Name
Instructions: Bloc In block A: • If your answer if ' schedule.	·		art 6 and part 7	of the DSE schedu	ıle blank and ເ	complete part 8	3, (page 16) of the		6
<ul> <li>If your answer if '</li> </ul>	"No," complete bloo	cks B and C I		TELEVISION MA	ADVETS				Computation of
Is the cable system effect on June 24,	1981?		ajor and smalle	er markets as defin	ed under sect		C rules and regula	tions in	3.75 Fee
	plete part 8 of the solete blocks B and		O NOT COMPI	LETE THE REMAI	NDER OF PAI	KTOAND 7.			
		BLO	CK B: CARR	IAGE OF PERM	MITTED DS	Es			
Column 1: CALL SIGN	FCC rules and re	gulations price e DSE Sched	or to June 25, 1 dule. (Note: The	part 2, 3, and 4 of the 1981. For further exelecter M below refuct of 2010.)	planation of p	ermitted statior	ns, see the	•	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommerica D Grandfathered instructions fo E Carried pursua *F A station prev	les and reguled pursuant to on as defined al educationa I station (76.6 r DSE schedant to individuationsly carried the station will be station	ations cited belother FCC market in 76.5(kk) (76 all station [76.59 as 55) (see paragraule).  It is a station [76.59 as 55] (see paragraule).  It is a station in the stati	e or substitute basi ontour, [76.59(d)(5)	e in effect on J 57, 76.59(b), (1), 76.63(a) r 8(a) referring t stitution of gran	lune 24, 1981.) 76.61(b)(c), 76 referring to 76.6 o 76.61(d)] ndfathered stat	.63(a) referring to 61(e)(1)		
Column 3:		stations ide	ntified by the le	parts 2, 3, and 4 of tter "F" in column 2			ksheet on page 14	4 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	_
WYES		0.25							
		······	···		•	•		<u> </u>	
								0.25	-
		E	BLOCK C: CC	MPUTATION OF	3.75 FEE				-
Line 1: Enter the	total number of	DSEs from	part 5 of this s	schedule					
Line 2: Enter the	sum of permitted	d DSEs fron	n block B abo	ve					
	line 2 from line 1 eave lines 4–7 bl			•		ate.			
Line 4: Enter gro	ess receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represen partially
Line 5: Multiply li	ine 4 by 0.0375 a	and enter su	m here						permited/ partially nonpermitted
Line 6: Enter tota	al number of DSE	Es from line	3				x		carriage? If yes, see part 9 instructions.
l ine 7: Multiply li	ine 6 by line 5 an	d enter here	e and on line 2	2, block 3, space	L (page 7)			0.00	

Name	YSTEM ID# 007417	SY					YSTEM:	WNER OF CABLE S	AL NAME OF C	
			JED)	(CONTINU	ION MARKETS	A: TELEVIS	BLOCK			
6	3. DSE	2. PERMITTED BASIS	1. CALL SIGN	3. DSE	2. PERMITTED BASIS	1. CALL SIGN	3. DSE	2. PERMITTED BASIS	1. CALL SIGN	
Computation 3.75 Fe										
3.75 ге										
	l									

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE. INC. 007417 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 Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Computating the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Schedule for Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute -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)). Carriage 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)). 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. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. 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. 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. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED SIGN DSE **PERIOD CARRIAGE** DSE DSE Instructions: Block A must be completed. 7 In block A: Computation If your answer is "Yes," complete blocks B and C, below. of the If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. Syndicated **BLOCK A: MAJOR TELEVISION MARKET Exclusivity** Surcharge Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? No—Proceed to part 8 X Yes—Complete blocks B and C. BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Is any station listed in block B of part 6 the primary stream of a Was any station listed in block B of part 7 carried in any community served by the cable system prior to March 31, 1972? (refer commercial VHF station that places a grade B contour, in whole or in part, over the cable system? to former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. X No—Enter zero and proceed to part 8. CALL SIGN CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE DSE 0.00 0.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.	SYSTEM ID# 007417	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	4,827,586.40	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	/ portion of the cable system within a top 50 television market as defned by the FCC?		
	Yes—Complete section 3 below.  X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?      Yes—Complete part 9 of this schedule.      No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	E	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1) ▶ _\$		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	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 DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1)	E	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

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

Name		TE OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  007417
7	Section	
7	4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.
Computation of the		A. Enter 0.00300 of gross receipts (the amount in section 1)
Syndicated 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. Enter here and on line 2, block 4, space L (page 7)
		Syndicated Exclusivity Surcharge
8 Computation of Base Rate Fee	6 was 6 In blo If you If you blank What i	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5.  ck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.  r answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.  r answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS
	• Did yo	our cable system retransmit the signals of any partially distant television stations during the accounting period?
		X Yes—Complete part 9 of this schedule. No—Complete the following sections.
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶\$
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule.  (If block A of part 6 was checked "Yes,"  use the total number of DSEs from part 5.)
	Section 3	If the figure in section 2 is <b>4.000 or less</b> , compute your base rate fee here and leave section 4 blank.  NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.
		A. Enter 0.01064 of gross receipts  (the amount in section 1)
		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 and in block 3, line 1, space L (page 7)
		Base Rate Fee

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

DSE SCH	EDULE. PAGE 17. ACCOUNTING	PERIOD: 2023/1
	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID# ONE, INC. 007417	Name
Section 4	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.	_
4	A. Enter 0.01064 of gross receipts  (the amount in section 1)  **S	8
	B. Enter 0.00701 of gross receipts  (the amount in section 1)	Computation of
	C. Multiply line B by 3.000 and enter here <b>▶</b>	Base Rate Fee
	D. Enter 0.00330 of gross receipts  (the amount in section 1) \$	
	E. Subtract 4.000 from total DSEs  (the figure in section 2) and enter here   ▶	
	F. Multiply line D by line E and enter here <b>&gt;</b> _	
	G. Add lines A, C, and F. This is your base rate fee.  Enter here and in block 3, line 1, space L (page 7)  Base Rate Fee  \$ 0.00	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in G.	9
receipts	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this on, you must:	Computation of Base Rate Fee
station DSEs a	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.  Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	and Syndicated Exclusivity Surcharge for

NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, if your cable system is wholly located outside all major television markets, complete block A only.

## How to Identify a Subscriber Group for Partially Distant Stations

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.

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:

- Identify the communities/areas represented by each subscriber group.
- Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the subscribers in the group.
- 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, and 4 of this schedule; or,
- 2) any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, part 6 of this schedule.
- · 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.

**Partially** Distant Stations, and for Partially Permitted Stations

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007417 CABLE ONE, INC. Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

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

EGAL NAME OF OWNE	GAL NAME OF OWNER OF CABLE SYSTEM:  ABLE ONE, INC.  SYSTEM ID#  007417										
				ATE FEES FOR EACH							
		SUBSCRIBER GROU				SUBSCRIBER GROU		9			
COMMUNITY/ AREA	OCEAN	SPRINGS, PORT	IONS OF	COMMUNITY/ AREA	PASCAG	SOULA, ESCATAV	Computation				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of			
WYES	0.25							Base Rate Fo			
								Syndicated			
								Exclusivity Surcharge			
					<u> </u>			for			
								Partially			
								Distant Stations			
Total DSEs			0.25	Total DSEs			0.00				
ross Receipts First Group \$ 732,832.82				Gross Receipts Secon	d Group	\$ 1,0	41,640.46				
A 040 24											
Base Rate Fee First G	roup	\$ 1	,949.34	Base Rate Fee Secon	d Group	\$	0.00				
		SUBSCRIBER GROU				SUBSCRIBER GROU					
COMMUNITY/ AREA	BILOXI	, HARRISON COU	INTY	COMMUNITY/ AREA							
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
WYES	0.25			WYES	0.25						
					<u>-</u>						
					<u>.</u>						
Total DSEs 0.25			Total DSEs			0.25					
Gross Receipts Third Group \$ 1,098,233.94			Gross Receipts Fourth	Group	\$ 1,8	00,839.13					
Base Rate Fee Third (	se Rate Fee Third Group \$ 2,921.30			Base Rate Fee Fourth	Group	\$	4,790.23				
Rase Rate Fee: Add th	ne hase rate	a foos for each subser	iher group (	as shown in the boxes ab	ove						
Enter here and in block			ibei gioup a	as snown in the boxes ab	OVG.	\$	9,660.87				

CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Ba	Mana	007417	S			EGAL NAME OF OWNER OF CABLE SYSTEM: EABLE ONE, INC.								
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Total DSEs  Total	Syndicated													
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Total DSEs  O.00 Gross Receipts First Group  Base Rate Fee First Group  SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  Total DSEs O.00 Gross Receipts Second Group  Base Rate Fee Second Group  EIGHTH SUBSCRIBER GROUP  COMMUNITY/ AREA O  COMMUNITY/ AREA O	Partially Distant													
Gross Receipts First Group \$ 154,040.05  Base Rate Fee First Group \$ 0.00  SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O COMMUNITY/ AREA  O COMMUNITY/ AREA  O COMMUNITY/ AREA  O COMMUNITY/ AREA	Stations													
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Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.  Enter here and in block 3, line 1, space L (page 7)			\$	oove.	as shown in the boxes ab	iber group a								

LEGAL NAME OF OWN		E SYSTEM:				S	007417	Name	
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	_		2.00				2.22		
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Base Rate Fee: Add t Enter here and in bloo			criber group a	as shown in the boxes	above.	\$			

LEGAL NAME OF OWNE CABLE ONE, INC.		E SYSTEM:				S	YSTEM ID# 007417	Name
THI		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EAC	URTEENTH	IBER GROUP  SUBSCRIBER GROU	IP <b>0</b>	9
COMMUNITY/ AREA			U	COMMUNITY/ AREA			U	Computation
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Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
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Base Rate Fee First Group \$ 0.00				Base Rate Fee Seco	nd Group	\$	0.00	
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CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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oss Receipts Third Group \$ 0.00		0.00	Gross Receipts Fourt	th Group	\$	0.00		
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Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes a	above.	\$		

LEGAL NAME OF OW CABLE ONE, INC		LE SYSTEM:			Name			
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		SUBSCRIBER GRO		Ti .		SUBSCRIBER GROU		9
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Gross Receipts First	Gross Receipts First Group \$ 0.00				Gross Receipts Second Group \$ 0.00			
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COMMUNITY/ AREA			0	COMMUNITY/ ARE				
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Base Rate Fee Third	sse Rate Fee Third Group \$ 0.00			Base Rate Fee Fourth Group \$ 0.00			0.00	
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LEGAL NAME OF OWN CABLE ONE, INC		E SYSTEM:				S	007417	Name
		COMPUTATION C		TWEN		IBER GROUP  SUBSCRIBER GROU	IP	
COMMUNITY/ AREA		SUBSCRIBER GRO	0	COMMUNITY/ AREA	0	<b>9</b> Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (	Gross Receipts First Group \$ 0.00				Gross Receipts Second Group \$ 0.00			
•	·							
Base Rate Fee First Group \$ 0.00				Base Rate Fee Seco	ond Group	\$	0.00	
TWE COMMUNITY/ AREA	TWENTY-THIRD SUBSCRIBER GROUP OMMUNITY/ AREA  0					I SUBSCRIBER GROU	JP O	
COMMONT I/ AREA				COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs 0.00			0.00	Total DSEs			0.00	
Gross Receipts Third	ross Receipts Third Group \$ 0.00			Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	se Rate Fee Third Group \$ 0.00		Base Rate Fee Fourth Group \$		\$	0.00		
Base Rate Fee: Add to Enter here and in blood			criber group a	as shown in the boxes	above.	\$		

CABLE ONE, INC		E SYSTEM:			Name				
				TE FEES FOR EAC					
TWE COMMUNITY/ AREA	NTY-FIFTH	SUBSCRIBER GRO	OUP <b>0</b>	COMMUNITY/ ARE		SUBSCRIBER GROU	JP <b>0</b>	9	
								Computatio	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fed	
								Syndicated	
								Exclusivity	
								Surcharge for	
								Partially	
								Distant	
								Stations	
	••••				•••••				
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Group \$ 0.00				Gross Receipts Second Group \$ 0.00					
Base Rate Fee First (		\$	0.00	Base Rate Fee Sec		\$	0.00		
TWENTY COMMUNITY/ AREA	-SEVENTH	SUBSCRIBER GRO	0 0	TWE		SUBSCRIBER GROU	JP <b>0</b>		
COMMONT IT AREA			<u>U</u>	COMMONITY ARE					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
						-			
Total DSEs 0.00			Total DSEs			0.00			
Gross Receipts Third	ross Receipts Third Group \$ 0.00			Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third	ase Rate Fee Third Group \$ 0.00		Base Rate Fee Fourth Group \$ 0.00		0.00				
Base Rate Fee: Add t	e Rate Fee: Add the base rate fees for each subscriber grouer here and in block 3, line 1, space L (page 7)				above.	\$			

LEGAL NAME OF OWN		E SYSTEM:				S	007417	Name
				ATE FEES FOR EAC		IBER GROUP		
TWE		SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	9			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
			<del></del>					for Partially
								Distant
								Stations
			····					
Total DSEs	•		0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
Base Rate Fee First (	Base Rate Fee First Group \$ 0.00				ond Group	\$	0.00	
		SUBSCRIBER GRO		1		SUBSCRIBER GROU	JP 0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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				-				
Total DSEs 0.00			Total DSEs			0.00		
Gross Receipts Third	ross Receipts Third Group \$ 0.00			Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	se Rate Fee Third Group \$ 0.00		Base Rate Fee Fourth Group \$		\$	0.00		
Base Rate Fee: Add Enter here and in bloo			criber group a	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE CABLE ONE, INC.		E SYSTEM:				S	YSTEM ID# 007417	Name
		COMPUTATION OF		ATE FEES FOR EAC	TY-FOURTH	IBER GROUP SUBSCRIBER GROU	JP <b>0</b>	9
OOMMONT IT TAKET				COMMONT IT THE				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
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								Partially
								Distant Stations
	····		<u> </u>	-				Stations
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	oss Receipts First Group \$ 0.00				ond Group	\$	0.00	
Base Rate Fee First G	Base Rate Fee First Group \$ 0.00				ond Group	\$	0.00	
	RTY-FIFTH	SUBSCRIBER GRO				SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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				Gross Receipts Four	th Group	\$	0.00	
ross Receipts Third Group \$ 0.00			<u> </u>	Cross receipts rour	Oloup	*	3.00	
Base Rate Fee Third G	se Rate Fee Third Group \$ 0.00			Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes	above.	\$		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007417									
		RIBER GROUP	SUBSCR	TE FEES FOR EACH						
9		SUBSCRIBER GROU	TY-EIGHTH	ii		SUBSCRIBER GRO	SEVENTH			
Computatio	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA		
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
Base Rate F										
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Syndicated										
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Surcharge for										
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Stations										
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	Gross Receipts Second Group \$ 0.00				0.00					
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	0.00	\$	nd Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr		
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	0		COMMUNITY/ AREA	0			COMMUNITY/ AREA			
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
	0.00			T	0.00			T 1 1 DOE		
	0.00			Total DSEs	0.00			Total DSEs		
		¢.	n Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G		
	0.00	\$	. С.оцр							

LEGAL NAME OF OWN		E SYSTEM:				<u></u>	007417	Name
FC		COMPUTATION C		TE FEES FOR EAC		IBER GROUP  SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
			····					Base Rate Fee
								Syndicated
								Exclusivity Surcharge
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								Partially Distant
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	ross Receipts First Group \$ 0.0				ond Group	\$	0.00	
Base Rate Fee First	Base Rate Fee First Group \$ 0.00			Base Rate Fee Seco	ond Group	\$	0.00	
		SUBSCRIBER GRO		Ti .		SUBSCRIBER GROU	JP -	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			criber group a	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE CABLE ONE, INC.	GAL NAME OF OWNER OF CABLE SYSTEM:  ABLE ONE, INC.  SYSTEM ID#  007417									
		COMPUTATION OI SUBSCRIBER GRO		ATE FEES FOR EACH	RTY-SIXTH	IBER GROUP SUBSCRIBER GROU	P <b>0</b>	9		
COMMUNITY AREA			U	COMMUNITY AREA				Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate Fee		
	<del></del>			-		-		and Syndicated		
	<del></del>			1				Exclusivity		
								Surcharge		
				-				for		
	<u></u>							Partially Distant		
	<u></u>							Stations		
		-								
	<del></del>			-						
	·			-						
Total DSEs	•		0.00	Total DSEs			0.00			
Gross Receipts First Gr	oss Receipts First Group \$ 0.0				Gross Receipts Second Group \$ 0.00					
Base Rate Fee First Gr	ase Rate Fee First Group \$ 0.00			Base Rate Fee Secon	nd Group	\$	0.00			
	SEVENTH	SUBSCRIBER GROU		ii .		SUBSCRIBER GROU	Р			
COMMUNITY/ AREA			0	COMMUNITY/ AREA						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
	<u></u>									
	<del></del>			-						
	<del></del>			-						
	<u></u>			-						
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00			
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	above.	\$				

EGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007417									
				TE FEES FOR EAC					
	RTY-NINTH	SUBSCRIBER GRO				SUBSCRIBER GROU		9	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
								and	
		H						Syndicated Exclusivity	
								Surcharge	
								for	
				-				Partially Distant	
								Stations	
				-					
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First (	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
	IFTY-FIRST	SUBSCRIBER GRO		II .		SUBSCRIBER GROU	JP <b>0</b>		
COMMUNITY/ AREA			0	COMMUNITY/ ARE					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
				-					
		-	····	-					
		<del></del>							
				-					
T			0.00	T			0.00		
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
				Ш					
Base Rate Fee: Add Enter here and in bloo	the <b>base rat</b> ck 3, line 1, s	e fees for each subs space L (page 7)	criber group	as shown in the boxes	above.	\$			

EGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007417									
				TE FEES FOR EAC			ID.		
COMMUNITY/ AREA		SUBSCRIBER GRO	0	COMMUNITY/ ARE		SUBSCRIBER GROU	0 0	9 Commutation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
								Base Rate Fee	
								and Syndicated	
				-			<u></u>	Exclusivity	
								Surcharge	
								for Partially	
								Distant	
								Stations	
			·····						
Total DSEs		· ·	0.00	Total DSEs			0.00		
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First	•	\$	0.00	Base Rate Fee Sec		\$	0.00		
		SUBSCRIBER GRO	OUP <b>0</b>	COMMUNITY/ADE		SUBSCRIBER GROU	JP <b>0</b>		
COMMUNITY/ AREA			<u>U</u>	COMMUNITY/ ARE					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
Base Rate Fee: Add Enter here and in bloo	the <b>base rat</b>	e fees for each subs	criber group a	as shown in the boxes	above.	\$			

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007417									
BLOCK A:	COMPUTATION C	F BASE RA							
SEVENTH	SUBSCRIBER GRO		11		H SUBSCRIBER GROU		9		
		0	COMMUNITY/ AREA 0				Computatio		
DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
							Base Rate Fe		
							and		
							Syndicated		
							Exclusivity		
							Surcharge for		
	<u> </u>						Partially		
			-		···		Distant		
							Stations		
		0.00	Total DSEs			0.00			
oss Receipts First Group \$ 0.0				Gross Receipts Second Group \$ 0.00					
roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00			
TY-NINTH	SUBSCRIBER GRO				H SUBSCRIBER GROU	JP			
		0	COMMUNITY/ ARE						
DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
<u></u>									
	<u></u>								
<del></del>									
		0.00	Total DCF			0.00			
Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00			
Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00			
				<u> </u>					
e <b>base rate</b>	e fees for each subs	criber group	as shown in the boxes	above.					
	BLOCK A: SEVENTH  DSE  TOUP  T	BLOCK A: COMPUTATION CONSEVENTH SUBSCRIBER GROUP  TOUP  TOUP	BLOCK A: COMPUTATION OF BASE RASEVENTH SUBSCRIBER GROUP  DSE   CALL SIGN   DSE	BLOCK A: COMPUTATION OF BASE RATE FEES FOR EAC SEVENTH SUBSCRIBER GROUP  DSE CALL SIGN DSE CALL SIGN  DSE CALL SIGN DSE CALL SIGN  O COMMUNITY/ ARE  C	BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCE SEVENTH SUBSCRIBER GROUP    DSE	BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP SEVENTH SUBSCRIBER GROUP    DSE	SECON A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP   SEVENTH SUBSCRIBER GROUP   SEVENTH SUBSCRIBER GROUP   O		

EGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007417									
				TE FEES FOR EAG					
		SUBSCRIBER GRO		SI		9			
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
		-						and Complianted	
		-		-		-		Syndicated Exclusivity	
								Surcharge	
								for	
		-						Partially Distant	
		-		-				Stations	
				-					
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
		SUBSCRIBER GRO		T .		SUBSCRIBER GROU	JP <b>0</b>		
COMMUNITY/ AREA			0	COMMUNITY/ ARE					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		-							
		-		-					
		-							
		-		-					
				-					
				-					
Total DSEs		-	0.00	Total DSEs			0.00		
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
Base Rate Fee: Add	the base rat	e fees for each subs	criber group a	as shown in the boxes	above.				
Enter here and in blo	ock 3, line 1, s	space L (page 7)				\$			

LEGAL NAME OF OWN CABLE ONE, INC		E SYSTEM:				S	3YSTEM ID# 007417	Name
	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAC	H SUBSCR	IBER GROUP		
S	XTY-FIFTH	SUBSCRIBER GRO	)UP		SIXTY-SIXTH	SUBSCRIBER GROU	JP	^
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
				-				Syndicated
				-				Exclusivity
				-				Surcharge for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First C	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
SIXTY	-SEVENTH	SUBSCRIBER GRO	UP	SIX	KTY-EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
				-		-		
	•••••		••••					
	••••		••••		••••			
				-				
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	h Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add t			criber group a	II	above.	\$		

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABL	E SYSTEM:					007417	Name
				TE FEES FOR EAC				
	TY-NINTH	SUBSCRIBER GRO		ii		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
				-				Partially
								Distant
								Stations
				-				
	······································							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	ross Receipts First Group \$ 0.00				ond Group	\$	0.00	
Base Rate Fee First Gr	-	\$	0.00	Base Rate Fee Sec		\$	0.00	
	TY-FIRST	SUBSCRIBER GRO		II .		SUBSCRIBER GROU	JP <b>0</b>	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN DSE		CALL SIGN	DSE	CALL SIGN	DSE	
07.LL 0.0.1	202	07.122 01.01.1	202	07.122.01011	202	07.22 0.0.1	332	
				-				
				-				
				-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	•					·		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Fee: Add the	e base rate			as shown in the boxes		\$		

LEGAL NAME OF OWNE CABLE ONE, INC.		E SYSTEM:				S	007417	Name
				TE FEES FOR EAC				
SEVEN COMMUNITY/ AREA	ITY-THIRD	SUBSCRIBER GRO	0 0	SEVEN COMMUNITY/ AREA		SUBSCRIBER GROU	JP <b>0</b>	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
	····		···			-		and
								Syndicated
								Exclusivity
								Surcharge
	<u></u>	<del></del>				-		for Partially
								Distant
								Stations
						H		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	ross Receipts First Group \$ 0.0			Gross Receipts Seco	nd Group	\$	0.00	
<b>Base Rate Fee</b> First G	Base Rate Fee First Group \$ 0.00			Base Rate Fee Seco	nd Group	\$	0.00	
SEVE	NTY-FIFTH	SUBSCRIBER GRO	UP	SEVI	ENTY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		<u> </u>						
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
C.000 Receipts Tillu (	J.0up		0.00	Sioss Receipts Four	Gloup	<u>*</u>	<u> </u>	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group a	as shown in the boxes	above.	\$		

EGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007417									
	BLOCK A:	COMPUTATION C	OF BASE RA	TE FEES FOR EAG	CH SUBSCR	IBER GROUP			
		SUBSCRIBER GRO		li		SUBSCRIBER GROU		9	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
								and	
		-						Syndicated	
				-				Exclusivity Surcharge	
		H						for	
								Partially	
								Distant	
		-						Stations	
		-							
		H							
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
SEVE	NTY-NINTH	SUBSCRIBER GRO	DUP		EIGHTIETH	I SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		-		-					
		-							
		H							
		-							
		-							
	•••••				•••••				
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
Base Rate Fee: Add	the base rat	e fees for each subs	criber group a	as shown in the boxes	above.				
Enter here and in blo	ck 3, line 1, s	space L (page 7)				\$			

EGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007417									
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP			
		SUBSCRIBER GRO		Ti .		SUBSCRIBER GROU		9	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
								and	
								Syndicated	
				-				Exclusivity Surcharge	
								for	
								Partially	
								Distant	
		-						Stations	
		-		-					
				-					
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
EIG	HTY-THIRD	SUBSCRIBER GRO	UP	EIGI	HTY-FOURTH	SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		-	····						
		-		-					
				-					
		-							
						H			
						H			
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
<b>Base Rate Fee:</b> Add Enter here and in blo	the <b>base rat</b>	e fees for each subs	criber group a	II as shown in the boxes	above.	\$			

CALL SIGN   DSE   CALL SIGN	CABLE ONE, INC		E SYSTEM:				\$	007417	Name
COMMUNITY/ AREA  O COMMUNITY/ AR					11				
CALL SIGN   DSE			SUBSCRIBER GRO		ii		I SUBSCRIBER GROU		9
CALL SIGN   DSE   CALL SIGN	COMMUNITY/ AREA			U	COMMUNITY/ ARE	Α		U	Computation
And Syndrate Exclusive Surchary  Total DSEs  O.00  Gross Receipts First Group  Base Rate Fee First Group  EIGHTY-SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  OCMMUNITY/ AREA  OCMUNITY/ AREA  OCMM	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Symdicate Exclusivi Surcharge for Partials Distant Stations  Total DSEs									Base Rate Fee
Scribbing Scribb					-				
Surcharg for Partially Distant Stations  Total DSEs						•••••			Exclusivity
Partially Distant Stations  Total DSEs  O.00  Gross Receipts First Group \$ 0.00  EIGHTY-SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O COMMUNITY/ AREA  O COMMUNITY/ AREA  O CALL SIGN  DSE  D.00  Gross Receipts Fourth Group  \$ 0.00  Base Rate Fee Third Group  \$ 0.00  Base Rate Fee Fourth Group  \$ 0.00  Base Rate Fee Fourth Group  \$ 0.00  Base Rate Fee Fourth Group  \$ 0.00									Surcharge
Distant Stations  Total DSEs  0.00 Gross Receipts First Group  1.000 Base Rate Fee Second Group  1.000 Base Rate Fee Fourth Group  1.000 Base Rate Fee Second Group  1.000 Base Rate Fee Fourth Group  1.000 Base Rate Fee Fourth Group  1.000 Base Rate Fee Second Group  1.000 Base Rate Fee Fourth Group  1.000 Base Rate Fee Second Group  1.000 Base Rate Fee Fourth Group  1.000 Base Rate Fee Fourth Group  1.000 Base Rate Fee Second Group  1.000 Base Rate Fee Fourth Group Base Rate Fee									
Stations  Statio									
Gross Receipts First Group  Base Rate Fee First Group  EIGHTY-SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CA									Stations
Gross Receipts First Group  Base Rate Fee First Group  EIGHTY-SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CA									
Gross Receipts First Group  Base Rate Fee First Group  EIGHTY-SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CA					-				
Gross Receipts First Group  Base Rate Fee First Group  EIGHTY-SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  0  CALL SIGN  DSE  CA									
Gross Receipts First Group  Base Rate Fee First Group  EIGHTY-SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  0  CALL SIGN  DSE  CA									
Gross Receipts First Group  Base Rate Fee First Group  EIGHTY-SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  0  CALL SIGN  DSE  CA									
Base Rate Fee First Group  EIGHTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA  0  COMMUNITY/ AREA  0  CALL SIGN  DSE  CALL SIGN	Total DSEs				Total DSEs			·	
EIGHTY-SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIGN	Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIGN	Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN			SUBSCRIBER GRO		II .		SUBSCRIBER GROU		
Total DSEs	COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
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	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					1				
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									
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									
Gross Receipts Third 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									
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					-				
Gross Receipts 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.					-				
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									
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									
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									
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 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.	Total DSEs			0.00	Total DSEs			0.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	rth 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	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Enter here and in block 3, line 1, space L (page 7)	Base Rate Fee: Add	the <b>base rat</b>	e fees for each subs	criber group a	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABL	E SYSTEM:				S	YSTEM ID# 007417	Name
EIGH		COMPUTATION O SUBSCRIBER GRO	UP	ATE FEES FOR EACH	NINTIETH	IBER GROUP I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
	<del> </del>		<u> </u>	-				and Syndicated
	···		<u> </u>	-				Exclusivity
								Surcharge
	<u></u>							for
	<del> </del>		<u> </u>	-				Partially Distant
								Stations
				-				
				-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
	TY-FIRST	SUBSCRIBER GRO		ii .		SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
			-					
	<u> </u>			-				
			-					
				-				
			<u> </u>					
	<del> </del>		<u>-</u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWN CABLE ONE, INC		E SYSTEM:				S	007417	Name
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAG	CH SUBSCR	IBER GROUP		
	ETY-THIRD	SUBSCRIBER GRO		ii e		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
				-				Syndicated Exclusivity
		-	····	-				Surcharge
								for
								Partially
				-				Distant Stations
		-						
			•••••					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First 0	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Sec		\$	0.00	
	ETY-FIFTH	SUBSCRIBER GRO		T .		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
				-				
		<del> </del>	····			-		
				-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				Ш				
Base Rate Fee: Add t Enter here and in bloc	he <b>base rat</b> k 3, line 1, s	e fees for each subs space L (page 7)	criber group a	as shown in the boxes	above.	\$		

CABLE ONE, INC.		E SYSTEM:				•	007417	Name
				ATE FEES FOR EAG	CH SUBSCF	RIBER GROUP		
	-SEVENTH	SUBSCRIBER GRO		Ti .		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
	····	-						
	····							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroun	\$	0.00	Gross Receipts Sec				
Gross recorpts i list c	лоцр	<del>-</del>	0.00	Cross receipts dec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NINE	TY-NINTH	SUBSCRIBER GRO	OUP	ONE	HUNDREDTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	····							
	····							
Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts Third (	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Page Pate Foe Third (	Croup		0.00	Page Pate Fee Fou	rth Croup		0.00	
Dase Rate Fee Tillia (	σιουρ	3	0.00	Dase Rate Fee FOU	rui Gioup	<b>3</b>	0.00	
Gross Receipts Third (  Base Rate Fee Third (  Base Rate Fee: Add tt  Enter here and in block	Group ne <b>base rat</b> e	\$ e fees for each subs	0.00	Base Rate Fee Fou	rth Group	\$ \$	0.00	

LEGAL NAME OF OWN		LE SYSTEM:				\$	007417	Name
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GRO		ii ee		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
				-				Syndicated Exclusivity
				-				Surcharge
			•••••					for
								Partially
								Distant
		-						Stations
		-		-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO	OUP	Ti .		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-		-				
		-						
		H						
		-						
			····					
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			criber group a	as shown in the boxes	above.	s		
51 11515 4114 111 5100	0, 1, 0	crass E (page 1)				▼		

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABL	E SYSTEM:				S	YSTEM ID# 007417	Name
		COMPUTATION OF SUBSCRIBER GROU		ONE HUND	DRED SIXTH	IBER GROUP SUBSCRIBER GROU	JP <b>0</b>	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						-		Base Rate Fee
	<u> </u>			-		-		and Syndicated
				1		-		Exclusivity
								Surcharge
								for
								Partially
								Distant
	<u></u>		<u> </u>			-		Stations
				1		<del> </del>		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED	SEVENTH	SUBSCRIBER GROU	JP	ONE HUNDF	RED EIGHTH	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
						-		
				-		-		
	<u> </u>					-		
Total DSEs			0.00	Total DSEs			0.00	
	roun	•	0.00		th Croun	•	0.00	
Gross Receipts Third G	πουμ	\$	3.00	Gross Receipts Four	ar Group	\$	0.00	
<b>Base Rate Fee</b> Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN  CABLE ONE, INC		E SYSTEM:				S	007417	Name
		COMPUTATION C		TE FEES FOR EAC		IBER GROUP I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First 0	- Froup	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
orodo redosipio i not c	лоцр			Cross reserves	ona Group	<u>*</u>		
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco		\$	0.00	
ONE HUNDRED I	ELEVENTH	SUBSCRIBER GRO	)UP <b>0</b>	ONE HUNDRE		SUBSCRIBER GROU	JP <b>0</b>	
OOMMONT 17 74 NE71				COMMONT 17 7 (ALZ)				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			criber group a	as shown in the boxes	above.	\$		

BLOCK / ONE HUNDRED THIRTEENT COMMUNITY/ AREA	A: COMPUTATION C			CH SUBSCR	IBER GROUP		
	H SUBSCRIBER GRU			OLIDTEENTI	L CLIDCODIDED ODOL	ID.	
		0	COMMUNITY/ ARE		I SUBSCRIBER GROU	0	9
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computat of		
							Base Rate
							and Syndicate
							Exclusivi
							Surcharg
							for Partially
					H		Distant
							Stations
					H		
otal DSEs		0.00	Total DSEs			0.00	
	•	_		and Craun	•	0.00	
Gross Receipts First Group	<u>\$</u>	0.00	Gross Receipts Sec	ona Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FIFTEENT	H SUBSCRIBER GRO		Ti .		SUBSCRIBER GROU		
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						·····	
otal DSEs		0.00	Total DSEs			0.00	
Gross Receipts Third Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
·				·			
Base Rate Fee Third Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	

LEGAL NAME OF OWN CABLE ONE, INC		E SYSTEM:				5	3YSTEM ID# 007417	Name
ONE HUNDRED SEV				TE FEES FOR EAC		IBER GROUP	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								Syndicated
								Exclusivity Surcharge
								for
								Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
		SUBSCRIBER GRO		Ti .		I SUBSCRIBER GROU	JP -	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add t			criber group a	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNI		E SYSTEM:				S	007417	Name
	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
	ENTY-FIRST	SUBSCRIBER GRO				SUBSCRIBER GROUP	•	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	١		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
			···	-				Surcharge for
				-				Partially
								Distant
								Stations
				-				
				-		-		
				-				
					•••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	NTY-THIRD	SUBSCRIBER GROU		İ		SUBSCRIBER GROUP	)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
				-				
			-	-		-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	II as shown in the boxes	above.	\$		

LEGAL NAME OF OWN CABLE ONE, INC		E SYSTEM:				5	007417	Name
ONE HUNDRED TW		COMPUTATION C SUBSCRIBER GROU		TE FEES FOR EAC		IBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
,						·		
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED TWENT	Y-SEVENTH	SUBSCRIBER GROU				SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							<u></u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in blood			criber group a	as shown in the boxes	above.	\$		

CABLE ONE, INC		E SYSTEM:				\$	007417	Name
	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED TW	/ENTY-NINTH	SUBSCRIBER GROU	Р	ONE HUNDR	ED THIRTIETH	SUBSCRIBER GROUP	1	•
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
		H		-		-		
						H		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED T	HIRTY-FIRST	SUBSCRIBER GROU	Р	ONE HUNDRED TH	IRTY-SECOND	SUBSCRIBER GROUP	)	
COMMUNITY/ AREA	ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP  COMMUNITY/ AREA  0		0	COMMUNITY/ ARE	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-	···	-				
		-						
				1		H		
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			criber group a	as shown in the boxes	above.	\$		

LEGAL NAME OF OW CABLE ONE, INC		E SYSTEM:					007417	Name
ONE HUNDRED T		COMPUTATION C		ATE FEES FOR EAC		IBER GROUP  SUBSCRIBER GROUF	)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
								Exclusivity Surcharge
								for Partially
								Distant
								Stations
Tatal DOEs			0.00	T-t-I DOF-			0.00	
Total DSEs  Gross Receipts First	Group	<u> </u>	0.00	Total DSEs  Gross Receipts Seco	and Group	\$	0.00	
Oloss Neccipis i list	Group	4	0.00	Gross Receipts occi	ond Group	<u>*</u>	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED T		SUBSCRIBER GROU	P 0	ONE HUNDRED COMMUNITY/ AREA		SUBSCRIBER GROUP	0	
OOMMONT 17 74 CE				COMMONT 177 (ALZ)				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs	d Croup	•	0.00	Total DSEs	th Croup	<u> </u>	0.00	
Gross Receipts Third	a Group	\$	0.00	Gross Receipts Four	ιι	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add	the base rat	e fees for each subs	criber aroun :	as shown in the boxes	above.			
Enter here and in blo			. 3. 2	1 20.00		\$		

LEGAL NAME OF OWNE CABLE ONE, INC.		E SYSTEM:				S	007417	Name
ONE HUNDRED THIRTY				TE FEES FOR EAC		IBER GROUP  SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
								and
						-		Syndicated Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
Cross reserves rilet e	гоар	<u>,                                      </u>		Cross resorpts esse	ina Oroup	<u>*</u>		
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED THI COMMUNITY/ AREA	RTY-NINTH	SUBSCRIBER GROUI	0	ONE HUNDRED		SUBSCRIBER GROU	JP 0	
				OOMMONT IT AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs	Prouin.	•	0.00	Total DSEs	th Craun	•	0.00	
Gross Receipts Third 0	σιουρ	\$	0.00	Gross Receipts Fourt	ıı Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group a	as shown in the boxes a	above.	s		

LEGAL NAME OF OWN		E SYSTEM:				5	6YSTEM ID# 007417	Name
		COMPUTATION C		ATE FEES FOR EAC		IBER GROUP  SUBSCRIBER GROUP	)	
COMMUNITY/ AREA		- CODE GRADE IN GRADE	0	COMMUNITY/ AREA		- COBCONDENT ONCO	0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
								Exclusivity Surcharge
								for Partially
								Distant
								Stations
Tatal DOEs			0.00	T-t-I DOF-			0.00	
Total DSEs  Gross Receipts First (	Group	\$	0.00	Total DSEs  Gross Receipts Seco	and Group	\$	0.00	
Orosa Neccipia i iisi v	Sioup	*	0.00	Gross receipts occu	ла Огоар	Ψ	0.00	
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED FO		SUBSCRIBER GROU	P 0	ONE HUNDRED FO		SUBSCRIBER GROUP	0	
OOMMONT IT AREA				COMMONT IT AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
	: PM	·		Sizzzi i i i i i i i i i i i i i i i i	w	-		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				Ш				
Base Rate Fee: Add to Enter here and in block			criber group a	as shown in the boxes	above.	\$		

CABLE ONE, INC.	BLE SYSTEM:					6YSTEM ID# 007417
	A: COMPUTATION (					
ONE HUNDRED FORTY-FIF	TH SUBSCRIBER GROU	0	COMMUNITY/ ARE		1 SUBSCRIBER GROUF	0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
otal DSEs		0.00	Total DSEs	•		0.00
ross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
ONE HUNDRED FORTY-SEVEN	TH SUBSCRIBER GROU	JP	ONE HUNDRED F	ORTY-EIGHTH	SUBSCRIBER GROUP	)
OMMUNITY/ AREA			COMMUNITY/ ARE	Α		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
otal DSEs		0.00	Total DSEs			0.00
otal DSEs Gross Receipts Third Group	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00

LEGAL NAME OF OWN		E SYSTEM:				S	007417	Name
				TE FEES FOR EAC				
ONE HUNDRED FO		SUBSCRIBER GRO		ii ee		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
		-		-				Surcharge
								for
								Partially
								Distant
				-				Stations
				-				
			•••••					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO	)UP	Ti .		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-		-				
				-				
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Page Pate For: Add	the been	o food for each sub-	oribor are	an about in the harres	abova			
Base Rate Fee: Add Enter here and in bloo			onbei gioup i	ao anown in the boxes	abov€.	\$		

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABL	E SYSTEM:				S	YSTEM ID# 007417	Name
		COMPUTATION OF SUBSCRIBER GROU		ONE HUNDRED FIFT	TY-FOURTH	IBER GROUP SUBSCRIBER GROU	P <b>0</b>	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				-				Base Rate Fee
				-				Syndicated
								Exclusivity
								Surcharge
	<u></u>				<u></u>	-		for Partially
				-				Distant
								Stations
				-				
				-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
·	·				•			
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00	
ONE HUNDRED FIR	TY-FIFTH	SUBSCRIBER GROU	JP	ONE HUNDRED F	IFTY-SIXTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>			-				
				-				
	<u></u>							
				-				
	····			1	····			
	<u></u>				···			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	auo	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
					<b>-</b> F	·		
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			iber group a	as shown in the boxes a	above.	\$		

CABLE ONE, INC		E SYSTEM:				5	007417	Name
ONE HUNDRED FIF		COMPUTATION C SUBSCRIBER GROU		TE FEES FOR EAC		IBER GROUP	)	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
·					•			
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED COMMUNITY/ AREA		SUBSCRIBER GROU	P 0			SUBSCRIBER GROUP	0	
COMMUNITY AREA				COMMUNITY/ AREA	·			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							<u></u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	I Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group a	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABL	LE SYSTEM:				S	007417	Name
E	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EACH	SUBSCF	RIBER GROUP		
	FIRST	SUBSCRIBER GRO	UP		SECONE	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA	OCEAN	N SPRINGS, POR	TIONS O	COMMUNITY/ AREA	PASCA	GOULA, ESCATA\	NPA, PORT	<b>9</b> Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
	<u></u>							and
								Syndicate
	<del></del>						<del></del>	Exclusivit
		-						Surcharge for
	<del></del>	H			<del> </del>			Partially
							·····	Distant
	<del></del>	<del> </del>			·		····	Stations
	<del></del>				<u></u>			• • • • • • • • • • • • • • • • • • • •
Total DSEs		-	0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 73	2,832.82	Gross Receipts Secon	d Group	\$ 1,0	41,640.46	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
THIRD SUBSCRIBER GROUP		)UP		FOURTH	SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			UNTY	COMMUNITY/ AREA	HARRIS	SON CO (DIAMON	DHEAD), GI	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>							
	<del></del>							
	<u></u>	-					<del></del>	
	<del></del>				<u> </u>			
	<del></del>							
	<del></del>	-			<u></u>		<del></del>	
	<del></del>		••••		·		····	
					<u> </u>			
	<u></u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$ 1,09	8,233.94	Gross Receipts Fourth	Group	\$ 1,8	800,839.13	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				.II				
			criber group	as shown in the boxes al	oove.		2.00	
Enter here and in block	3, line 1, s	space L (page 7)				\$	0.00	

CABLE ONE, INC.	R OF CABL	E SYSTEM:				5	6YSTEM ID# 007417	Name
E		COMPUTATION O SUBSCRIBER GRO		ATE FEES FOR EAC		RIBER GROUP H SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA	HANCO	OCK COUNTY (D	IAMONDI	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								Syndicated
								Exclusivity
			···					Surcharge for
								Partially
								Distant
				-				Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 154	4,040.05	Gross Receipts Seco	ond Group	\$	0.00	
<b>Base Rate Fee</b> First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	SEVENTH	SUBSCRIBER GRO	UP		EIGHTI	H SUBSCRIBER GROU	JP	
COMMUNITY/ AREA				COMMUNITY/ AREA	<b>A</b>		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
				-				
				-				
	<u></u>			-	•••••			
	<u> </u>			-				
Total DCFa			0.00	Total DSFa			0.00	
Total DSEs Gross Receipts Third 0	Froup	\$	0.00	Total DSEs Gross Receipts Four	th Group	<b>\$</b>	0.00	
Gross Neocipis Tillu C	лоир	*	0.00	Cross Receipts rour	ai Oloup	<u> </u>	3.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
ie <b>base ra</b>		e fees for each subso		Base Rate Fee Four		\$	0.00	

				ATE FEES FOR EAC			ID	
OMMUNITY/ AREA	NINTH	SUBSCRIBER GRO	<u> </u>	COMMUNITY/ ARE		1 SUBSCRIBER GRO	0	9
OMMONITY AREA				COMMUNITY ARE	Α			Computat
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicate
								Exclusivi
								Surcharg
								for
	<u></u>							Partially
	-	<b> </b>						Distant Stations
								Otations
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
•	•				•	· ·		
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
E	LEVENTH	SUBSCRIBER GRO	OUP		TWELVTH	I SUBSCRIBER GRO	JP	
			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>	H						
	<u></u>							
	<u></u>							
otal DSEs			0.00	Total DSEs			0.00	
	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Gross Receipts Third (							1	
Gross Receipts Third (			]				1.1	
Gross Receipts Third C	iroup	s	0.00	Base Rate Fee Fou	rth Group	\$	0.00	

CABLE ONE, INC.	OF CADLE	CABLE SYSTEM: SYSTEM ID# 007417						
				ATE FEES FOR EAC				
THIF COMMUNITY/ AREA	TEENTH	SUBSCRIBER GRO	OUP <b>0</b>	COMMUNITY/ ARE		I SUBSCRIBER GROU	JP <b>0</b>	
COMMONT I/ AREA				COMMONT I/ ARE	¬			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			-					
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	TEENTH	SUBSCRIBER GRO				SUBSCRIBER GROU	_	
OMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	ļ							
	1							
Total DSEs			0.00	Total DSEs			0.00	
	oup	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00	
	oup	\$			rth Group	\$		
Total DSEs Gross Receipts Third Gr		\$				\$		

OADLL OIL, IIIO.	E OF OWNER OF CABLE SYSTEM:  NE, INC.  SYSTEM ID#  007417							Nan
				ATE FEES FOR EAG				
SEVEI COMMUNITY/ AREA	1TEENTH	SUBSCRIBER GRO	OUP <b>0</b>	COMMUNITY/ ARE		I SUBSCRIBER GROU	JP <b>0</b>	9
COMMUNITY AREA				COMMONT T/ ARE	Α			Comput
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rat
	·							and Syndica
								Exclusi
								Surcha
								for
								Partial Distar
	· <del> </del>							Station
	<u> </u>							
otal DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts First Gr	quo	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
					5a			
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	NTEENTH	SUBSCRIBER GRO				SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	·							
	<del>'</del>							
	1							
Total DSEs			0.00	Total DSEs			0.00	
	roup	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00	
Fotal DSEs Gross Receipts Third G	roup	\$			rth Group	\$	•	
		\$				\$	•	

007417 Nam		BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER						
			H					
9	SUBSCRIBER GROUP	Y-SECOND	T .		SUBSCRIBER GRO	TY-FIRST		
0 Comput			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
DSE of	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rat								
and								
Syndica								
Exclusi								
Surcha								
for								
Partia Dista								
Statio								
		-						
0.00			Total DSEs	0.00			otal DSEs	
0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oun	Gross Receipts First Gr	
	*	a Cioup	Cross resempts esser		•	oup	roos resolpto rilot Si	
0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro	
	SUBSCRIBER GROUP	Y-FOURTH	TWENT	JP	SUBSCRIBER GRO	TY-THIRD	TWEN	
0								
			COMMUNITY/ AREA	0			OMMUNITY/ AREA	
			COMMUNITY/ AREA	0			OMMUNITY/ AREA	
DSE	CALL SIGN	DSE	COMMUNITY/ AREA  CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
DSE	CALL SIGN	DSE			CALL SIGN	DSE		
DSE	CALL SIGN	DSE			CALL SIGN	DSE		
DSE	CALL SIGN	DSE			CALL SIGN	DSE		
DSE	CALL SIGN	DSE			CALL SIGN	DSE		
DSE	CALL SIGN	DSE			CALL SIGN	DSE		
DSE	CALL SIGN	DSE			CALL SIGN	DSE		
DSE	CALL SIGN	DSE			CALL SIGN	DSE		
DSE	CALL SIGN	DSE			CALL SIGN	DSE		
DSE	CALL SIGN	DSE			CALL SIGN	DSE		
DSE	CALL SIGN	DSE			CALL SIGN	DSE		
DSE	CALL SIGN	DSE			CALL SIGN	DSE		
DSE	CALL SIGN	DSE			CALL SIGN	DSE		
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	DSE	CALL SIGN		CALL SIGN	
0.00			CALL SIGN  Total DSEs	DSE			CALL SIGN  CALL SIGN  Fotal DSEs  Gross Receipts Third G	
0.00		Group	CALL SIGN  Total DSEs	DSE		roup	CALL SIGN	

Name	ME OF OWNER OF CABLE SYSTEM:  ONE, INC.  SYSTEM ID#  007417							CABLE ONE, INC.
9		IBER GROUP I SUBSCRIBER GROU	NTY-SIXTH		UP	COMPUTATION C SUBSCRIBER GRO		TWEN
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
Syndicated								
Exclusivity								
Surcharge for								
Partially								
Distant								
Stations							<u></u>	
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	oup	Gross Receipts First Gr
	0.00	\$	nd Group	Base Rate Fee Secon	0.00	\$	oup	<b>Base Rate Fee</b> First Gr
	JP	I SUBSCRIBER GROU	TY-EIGHTH	TWEN	UP	SUBSCRIBER GRO	SEVENTH	TWENTY-S
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	n Group	Gross Receipts Fourt	0.00	\$	iroup	Gross Receipts Third G
	0.00							

	R OF CABLE SYSTEM: SYSTEM ID# 007417							Nam
				ATE FEES FOR EAC				
TWEN COMMUNITY/ AREA	TY-NINTH	SUBSCRIBER GRO	OUP 0	COMMUNITY/ ARE		I SUBSCRIBER GROU	JP <b>0</b>	9
COMMONIT IT AREA				COMMONT I/ ARE	······································			Comput
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and Syndica
								Exclusiv
								Surchar
		<b> </b>						for
								Partiall Distan
								Station
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
·	·							
Base Rate Fee First G	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	TY-FIRST	SUBSCRIBER GRO		Ti .		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	٩		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	
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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	
	DSE	CALL SIGN	0.00	Total DSEs	DSE	CALL SIGN	DSE	
Fotal DSEs		CALL SIGN				CALL SIGN		
CALL SIGN  Cotal DSEs  Gross Receipts Third G			0.00	Total DSEs			0.00	
Fotal DSEs	Group		0.00	Total DSEs	rth Group		0.00	

L SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fee Second Group \$ 0.00  THIRTY-FIFTH SUBSCRIBER GROUP  TIMITY AREA  DSE CALL SIGN DSE CALL S	EGAL NAME OF OWNER OF ABLE ONE, INC.	FOWNER OF CABLE SYSTEM:  E, INC.  SYSTEM ID# 007417							
ALSIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Face ipts First Group \$ 0.00 Gross Receipts First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 THIRTY-FIFTH SUBSCRIBER GROUP THIRTY-SIXTH SUBSCRIBER GROUP  THIRTY-FIFTH SUBSCRIBER GROUP  THIRTY-FIFTH SUBSCRIBER GROUP  TOTAL DSES CALL SIGN DSE CALL SI				ATE FEES FOR EAG	CH SUBSCF	RIBER GROUP			
L SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fee Second Group \$ 0.00  THIRTY-FIFTH SUBSCRIBER GROUP  TIMITY AREA  DSE CALL SIGN DSE CALL S		THIRD SUBSCRIBER GRO		ii		H SUBSCRIBER GROU		9	
A SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fee First Group \$ 0.00  THIRTY-FIFTH SUBSCRIBER GROUP  TUNITY/ AREA 0 COMMUNITY/ AREA 0 COMMU	OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	Computatio	
Base Fa a Synd Exclination of the control of the co	CALL SIGN I	OSE CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
Synd Exclision Surce of Par Dis State State Fee First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Fate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 Thirty-Fifth Subscriber Group \$ 0.00 COMMUNITY/ AREA 0 COMMUNITY/ AREA 0								Base Rate F	
Exclusion Surce of Par Dis State State Fee First Group \$ 0.00    Rate Fee First Group \$ 0.00    THIRTY-FIFTH SUBSCRIBER GROUP    THIRTY-FIFTH SUBSCRIBER GROUP    THIRTY-FIFTH SUBSCRIBER GROUP    THIRTY-FIFTH SUBSCRIBER GROUP    TOTALI DSES   0.00    Gross Receipts Second Group \$ 0.00    THIRTY-FIFTH SUBSCRIBER GROUP    THIRTY-SIXTH SUBSCRIBER GROUP    THIRTY-SI								and	
Surce   Surc								Syndicated	
								Exclusivity Surcharge	
Par Dis Star Dis								for	
Star    Star   S								Partially	
DSES O.00 Total DSES O.00 Receipts First Group \$ 0.00  Rate Fee First Group \$ 0.00  THIRTY-FIFTH SUBSCRIBER GROUP  MUNITY/ AREA 0 COMMUNITY/ AREA 0								Distant	
Rate Fee First Group \$ 0.00  Rate Fee First Group \$ 0.00  Base Rate Fee Second Group \$ 0.00  THIRTY-FIFTH SUBSCRIBER GROUP  TUNITY/ AREA 0 COMMUNITY/ AREA 0								Stations	
Rate Fee First Group \$ 0.00  Rate Fee First Group \$ 0.00  Base Rate Fee Second Group \$ 0.00  THIRTY-FIFTH SUBSCRIBER GROUP  TUNITY/ AREA 0 COMMUNITY/ AREA 0									
Rate Fee First Group \$ 0.00  Rate Fee First Group \$ 0.00  Base Rate Fee Second Group \$ 0.00  THIRTY-FIFTH SUBSCRIBER GROUP  TUNITY/ AREA 0 COMMUNITY/ AREA 0									
Rate Fee First Group \$ 0.00  Rate Fee First Group \$ 0.00  Base Rate Fee Second Group \$ 0.00  THIRTY-FIFTH SUBSCRIBER GROUP  TUNITY/ AREA 0 COMMUNITY/ AREA 0			····						
Rate Fee First Group \$ 0.00  Rate Fee First Group \$ 0.00  Base Rate Fee Second Group \$ 0.00  THIRTY-FIFTH SUBSCRIBER GROUP  TUNITY/ AREA 0 COMMUNITY/ AREA 0									
Rate Fee First Group \$ 0.00  Rate Fee First Group \$ 0.00  Base Rate Fee Second Group \$ 0.00  THIRTY-FIFTH SUBSCRIBER GROUP  TUNITY/ AREA 0 COMMUNITY/ AREA 0									
Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00  THIRTY-FIFTH SUBSCRIBER GROUP  MUNITY/ AREA 0 COMMUNITY/ AREA 0	otal DSEs		0.00	Total DSEs			0.00		
Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00  THIRTY-FIFTH SUBSCRIBER GROUP  MUNITY/ AREA 0 COMMUNITY/ AREA 0	Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
THIRTY-FIFTH SUBSCRIBER GROUP  MUNITY/ AREA  0  COMMUNITY/ AREA  0					•	· ·			
MUNITY/ AREA 0 COMMUNITY/ AREA 0	ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
	THIRTY	FIFTH SUBSCRIBER GRO		Т	HIRTY-SIXTH	SUBSCRIBER GROU	JP		
L SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0		
	CALL SIGN	OSE CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
			····						
0.00 7.41005	1.1.005		0.00	T			0.00		
	otal DSEs	-					-		
Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	Gross Receipts Third Grou	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	ase Rate Fee Third Grou	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		

CABLE ONE, INC.	ME OF OWNER OF CABLE SYSTEM:  ONE, INC.  SYSTEM ID#  007417							Name
				ATE FEES FOR EAC				
THIRTY- COMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	0 <b>0</b>	COMMUNITY/ ARE		1 SUBSCRIBER GROU	JP <b>0</b>	9
OWNORT IT AREA				COMMONT IT ARE				Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	<u></u>							Base Rate and
								Syndicat
								Exclusiv
								Surchar
	<u></u>							for
								Partiall Distan
	<u>-</u>			-				Station
				-				
	<u>-  </u>			-				
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	and Group	\$	0.00	
iloss Neceipis i iisi G	oup		0.00	Gloss Neceipis Sec	ond Group	•	0.00	
<b>ase Rate Fee</b> First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
THIF	TY-NINTH	SUBSCRIBER GRO	DUP		FORTIETH	I SUBSCRIBER GROU	JP	
OMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>							
	<u>-</u>			-				
	<u></u>							
			0.00	Total DSEs			0.00	
otal DSEs		\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	iroup			11	P	<u> </u>		
otal DSEs Gross Receipts Third C	roup						<del></del> , [	

CABLE ONE, INC.	R OF CABLE	ABLE SYSTEM: SYSTEM ID# 007417						
				ATE FEES FOR EAC				
FOR COMMUNITY/ AREA	Y-FIRST	SUBSCRIBER GRO	DUP <b>0</b>	FOR COMMUNITY/ ARE		SUBSCRIBER GROU	JP <b>0</b>	
OOMMONT 17711CZ				OOWWOTTT 17 74KE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	Y-THIRD	SUBSCRIBER GRO		Ti .		SUBSCRIBER GROU	JP	
OMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	1							
Fotal DSEs			0.00	Total DSEs			0.00	
	oup	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00	
	oup	\$			rth Group	\$	•	
Total DSEs Gross Receipts Third Gr		\$				\$	•	

Name	SYSTEM: SYSTEM ID# 007417							CABLE ONE, INC.
		IBER GROUP	I SUBSCR	TE FEES FOR EACH	F BASE RA	COMPUTATION O	BLOCK A:	E
0	Р	SUBSCRIBER GROU	RTY-SIXTH	FC	JP	SUBSCRIBER GRO	RTY-FIFTH	FOF
9 Computatio	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F						<b> </b>		
and Syndicated					<u></u>			
Exclusivity			····		<del></del>			
Surcharge								
for						<b> </b>		
Partially								
Distant Stations			<u></u>		<u> </u>			
Gianono					<del> </del>			
			<u></u>		<u> </u>			
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	nd Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	nd Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	Р	SUBSCRIBER GROU		li	JP	SUBSCRIBER GRO	SEVENTH	FORTY-
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
					<u> </u>			
					<u> </u>		<del></del>	
					<mark></mark>	H	···	
						1		
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	n Group	Total DSEs Gross Receipts Fourtl	0.00	\$	Group	
		\$	n Group			\$	Group	
		\$				\$	·	Total DSEs Gross Receipts Third G

CABLE ONE, INC.	WNER OF CABLE SYSTEM:  NC.  SYSTEM ID# 007417							Nar
				ATE FEES FOR EAG				
FOR COMMUNITY/ AREA	TY-NINTH	SUBSCRIBER GRO	OUP <b>0</b>	COMMUNITY/ ARE		I SUBSCRIBER GROU	UP <b>0</b>	9
COMMUNITY AREA				COMMUNITY ARE	Α			Comput
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rat
								and Syndica
	-							Exclusi
								Surcha
								for
								Partial
	<u> </u>							Distar Station
	<b>-</b>							otatio.
otal DSEs			0.00	Total DSEs	<u> </u>		0.00	
Gross Receipts First Gr	roup	\$	0.00	Gross Receipts Sec	and Group	\$	0.00	
orosa receipta i irat Or	oup	*	0.00	Gross receipts occ	ona Group	<del>y</del>		
ase Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FIF	TY-FIRST	SUBSCRIBER GRO	OUP	ii .		SUBSCRIBER GROU	JP	
OMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u> </u>							
		1						
		-						
Fotal DSEs			0.00	Total DSEs			0.00	
	roup	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00	
	roup	\$			rth Group	\$	•	
Fotal DSEs Gross Receipts Third G		\$				\$	•	

CABLE ONE, INC.	OF OWNER OF CABLE SYSTEM:  NE, INC.  SYSTEM ID#  007417							Nan
				ATE FEES FOR EAC				
FIFT COMMUNITY/ AREA	Y-1HIRD	SUBSCRIBER GRO	OUP <b>0</b>	COMMUNITY/ ARE		1 SUBSCRIBER GROU	JP <b>0</b>	9
								Comput
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rat
								Syndica
								Exclusi
				-				Surcha for
								Partia
								Dista
								Statio
				-				
otal DSEs			0.00	Total DSEs			0.00	
		•	0.00		d O	•		
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Sec	ona Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FIF	TY-FIFTH	SUBSCRIBER GRO	OUP		FIFTY-SIXTH	H SUBSCRIBER GROU	JP	
OMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		<b>0</b>	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
			0.00	Total DSEs			0.00	
otal DSEs		•		Gross Receipts Fou	rth Group	\$	0.00	
	oup	3	0.00			<u> </u>		
Fotal DSEs Gross Receipts Third Gr	oup	\$	0.00					

CABLE ONE, INC.	IAME OF OWNER OF CABLE SYSTEM:  E ONE, INC.  SYSTEM ID# 007417							Nam
				ATE FEES FOR EAG				
FIFTY-S COMMUNITY/ AREA	EVENTH	SUBSCRIBER GRO	)UP <b>0</b>	COMMUNITY/ ARE		1 SUBSCRIBER GROU	JP <b>0</b>	9
COMMUNITY AREA			<u> </u>	COMMONT 1/ ARE	Α			Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and Syndicat
								Exclusiv
								Surchar
								for
								Partiall
				-				Distan Station
				-				Otation.
otal DSEs			0.00	Total DSEs			0.00	
		_			1 0	_	-	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FIFT	Y-NINTH	SUBSCRIBER GRO	)UP		SIXTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			····					
				-				
			0.00	Total DSEs			0.00	
otal DSEs				H				
otal DSEs Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	

		IBER GROUP	SUBSCRI	TE FEES FOR FACE	FBASF RA	COMPUTATION OF	BLOCK A	P
	JP	SUBSCRIBER GROU				SUBSCRIBER GROU		
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndica								
Exclusiv								
Surchar								
for								
Partial Distan								
Station					<u>.</u>		<del></del>	
Station					·			
			•		•			
***					•			
_	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	roup	Gross Receipts First Gr
- 1			•				•	•
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	ase Rate Fee First Gr
		\$ I SUBSCRIBER GROU				\$ SUBSCRIBER GROU	-	
] = -						\$ SUBSCRIBER GROU	-	SIX
	JP			SIXT	JP	SUBSCRIBER GROU	-	SIX OMMUNITY/ AREA
	JP <b>0</b>	I SUBSCRIBER GROU	Y-FOURTH	SIXT COMMUNITY/ AREA	JP <b>0</b>		TY-THIRD	SIX OMMUNITY/ AREA
	JP <b>0</b>	I SUBSCRIBER GROU	Y-FOURTH	SIXT COMMUNITY/ AREA	JP <b>0</b>		TY-THIRD	SIX OMMUNITY/ AREA
	JP <b>0</b>	I SUBSCRIBER GROU	Y-FOURTH	SIXT COMMUNITY/ AREA	JP <b>0</b>		TY-THIRD	SIX OMMUNITY/ AREA
	JP <b>0</b>	I SUBSCRIBER GROU	Y-FOURTH	SIXT COMMUNITY/ AREA	JP <b>0</b>		TY-THIRD	SIX OMMUNITY/ AREA
	JP <b>0</b>	I SUBSCRIBER GROU	Y-FOURTH	SIXT COMMUNITY/ AREA	JP <b>0</b>		TY-THIRD	SIX OMMUNITY/ AREA
	JP <b>0</b>	I SUBSCRIBER GROU	Y-FOURTH	SIXT COMMUNITY/ AREA	JP <b>0</b>		TY-THIRD	SIX OMMUNITY/ AREA
	JP <b>0</b>	I SUBSCRIBER GROU	Y-FOURTH	SIXT COMMUNITY/ AREA	JP <b>0</b>		TY-THIRD	SIX OMMUNITY/ AREA
	JP <b>0</b>	I SUBSCRIBER GROU	Y-FOURTH	SIXT COMMUNITY/ AREA	JP <b>0</b>		TY-THIRD	SIX OMMUNITY/ AREA
	JP <b>0</b>	I SUBSCRIBER GROU	Y-FOURTH	SIXT COMMUNITY/ AREA	JP <b>0</b>		TY-THIRD	SIX OMMUNITY/ AREA
	JP <b>0</b>	I SUBSCRIBER GROU	Y-FOURTH	SIXT COMMUNITY/ AREA	JP <b>0</b>		TY-THIRD	SIX OMMUNITY/ AREA
	JP <b>0</b>	I SUBSCRIBER GROU	Y-FOURTH	SIXT COMMUNITY/ AREA	JP <b>0</b>		TY-THIRD	SIX OMMUNITY/ AREA
	JP <b>0</b>	I SUBSCRIBER GROU	Y-FOURTH	SIXT COMMUNITY/ AREA	JP <b>0</b>		TY-THIRD	SIX OMMUNITY/ AREA
	JP <b>0</b>	I SUBSCRIBER GROU	Y-FOURTH	SIXT COMMUNITY/ AREA	JP <b>0</b>		TY-THIRD	SIX OMMUNITY/ AREA
	JP <b>0</b>	I SUBSCRIBER GROU	Y-FOURTH	SIXT COMMUNITY/ AREA	JP <b>0</b>		TY-THIRD	SIX OMMUNITY/ AREA
	JP <b>0</b>	I SUBSCRIBER GROU	Y-FOURTH	SIXT COMMUNITY/ AREA	JP <b>0</b>		TY-THIRD	SIX COMMUNITY/ AREA  CALL SIGN
	JP 0 DSE	I SUBSCRIBER GROU	y-FOURTH DSE	SIXT COMMUNITY/ AREA  CALL SIGN	JP 0 DSE		DSE DSE	SIX COMMUNITY/ AREA  CALL SIGN  otal DSEs
	DSE  DSE  0.00	SUBSCRIBER GROU	y-FOURTH DSE	SIXT COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE DSE D.00	CALL SIGN	DSE DSE	SIX COMMUNITY/ AREA  CALL SIGN  Total DSEs  Gross Receipts Third G
	DSE  DSE  0.00	SUBSCRIBER GROU	y-FOURTH DSE	SIXT COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE DSE D.00	CALL SIGN	DSE DSE	SIX COMMUNITY/ AREA  CALL SIGN  Total DSEs

CABLE ONE, INC.	R OF CABLI	= 5Y51EM:					007417	Nam
				ATE FEES FOR EAC				
SIX COMMUNITY/ AREA	TY-FIFTH	SUBSCRIBER GRO	)UP <b>0</b>	COMMUNITY/ ARE		1 SUBSCRIBER GROU	JP <b>0</b>	9
COMMUNITY AREA			<u> </u>	COMMONT T/ ARE	н			Comput
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate
								and Syndica
								Exclusiv
								Surchar
								for
								Partial
								Distan Station
			····					Otation
otal DSEs			0.00	Total DSEs			0.00	
						_	-	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
a <b>se Rate Fee</b> First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SIXTY-S	SEVENTH	SUBSCRIBER GRO	DUP	S	IXTY-EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE.	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
				-				
			····					
							0.00	
otal DSEs			0.00	Total DSEs				
	roup	<b>\$</b>	0.00		rth Group	\$	0.00	
otal DSEs Gross Receipts Third G	roup	\$		Total DSEs Gross Receipts Fou	rth Group	\$		

		E SYSTEM:					007417
				ATE FEES FOR EAC			
SIXTY COMMUNITY/ AREA	r-NINTH	SUBSCRIBER GRO	OUP <b>0</b>	COMMUNITY/ AREA		I SUBSCRIBER GROU	JP <b>0</b>
OOMMONT IT AREA				COMMONT IT AIRE	·		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
			-				
otal DSEs			0.00	Total DSEs			0.00
Gross Receipts First Grou	ıρ	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00
ase Rate Fee First Grou	ıp	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
	Y-FIRST	SUBSCRIBER GRO	OUP	SEVEN	ITY-SECONE	SUBSCRIBER GROU	JP
			_				_
OMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	DSE	CALL SIGN				CALL SIGN	
	DSE	CALL SIGN				CALL SIGN	
	DSE	CALL SIGN				CALL SIGN	
·	DSE	CALL SIGN				CALL SIGN	
	DSE	CALL SIGN				CALL SIGN	
	DSE	CALL SIGN				CALL SIGN	
	DSE	CALL SIGN				CALL SIGN	
	DSE	CALL SIGN				CALL SIGN	
	DSE	CALL SIGN				CALL SIGN	
CALL SIGN	DSE	CALL SIGN				CALL SIGN	
	DSE	CALL SIGN				CALL SIGN	
·	DSE	CALL SIGN				CALL SIGN	
CALL SIGN	DSE	CALL SIGN				CALL SIGN	
CALL SIGN		CALL SIGN	DSE	Total DSEs	DSE	CALL SIGN	DSE
·			DSE	CALL SIGN	DSE		DSE
CALL SIGN	up		DSE	Total DSEs	DSE		DSE

D							007417	
	BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP  SEVENTY-THIRD SUBSCRIBER GROUP  UNITY/ AREA  O COMMUNITY/ AREA  O						JP	
COMMUNITY/ AREA				11				9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
				-				and Syndicated
								Exclusivity
								Surcharge
				-				for Partially
								Distant
								Stations
				-				
Total DSEs			0.00	Total DSEs			0.00	
						_	-	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Sec	ona Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SEVEN	TY-FIFTH	SUBSCRIBER GRO	)UP	SEV	ENTY-SIXTE	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			····					
				-				
Total DSEs	, .		0.00	Total DSEs			0.00	
Gross Receipts Third G	oup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
,p. 12 11 4 O.	•	<u>·</u>						
Base Rate Fee Third G	oup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	

CABLE ONE, INC.	R OF CABL	E SYSTEM:				S	007417	Name
				TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
SEVENTY-	SEVENTH	SUBSCRIBER GRO	UP	SEVE	NTY-EIGHTI	H SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
	<u> </u>							Syndicated Exclusivity
	<del></del>							Surcharge
								for
								Partially
								Distant
								Stations
	<del></del>							
	<u>-</u>			-				
	<del></del>			-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SEVEN	TY-NINTH	SUBSCRIBER GRO	UP		EIGHTIETH	H SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<del></del>							
	<u></u>		····	-				
				-				
				-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
	•	i.			•	,		
Basa Bata Faas Add th	e hase rat	e fees for each subs	criber group	as shown in the boxes	ahove			

LEGAL NAME OF OWNE CABLE ONE, INC.		LE SYSTEM:				5	6YSTEM ID# 007417	Name
				ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
	HTY-FIRST	SUBSCRIBER GRO		11		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
		-	<u></u>					and Syndicated
	····		····					Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
		<u>                                     </u>						
	····		····					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
<b>Base Rate Fee</b> First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
EIGH	ITY-THIRD	SUBSCRIBER GRO	UP	EIGH	HTY-FOURTH	H SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs	1		0.00	Total DSEs			0.00	
Gross Receipts Third (	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				П				
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

CABLE ONE, IN							007417	
				ATE FEES FOR EAC				
		SUBSCRIBER GRO		Ħ		1 SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicate
								Exclusivit
								Surcharge
								for
								Partially Distant
								Stations
								Otations
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
rece receipte rinet	Огоир			- Cross rescripts ess	ona Group	<u> </u>		
ase Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
EIGHT	Y-SEVENTH	SUBSCRIBER GRO	OUP	EIG	HTY-EIGHTH	H SUBSCRIBER GROU	JP	
OMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							0.00	
otal DSEs			0.00	Total DSEs		-	0.00	
	Group	\$	0.00	Total DSEs  Gross Receipts Fou	rth Group	\$	0.00	
Fotal DSEs Gross Receipts Third	Group	\$			rth Group	\$		
Gross Receipts Third	·	\$	0.00	Gross Receipts Fou	·		0.00	
	·	\$			·	\$		

CABLE ONE, INC.	IN OF OABL	E SYSTEM:					007417	Nam
				ATE FEES FOR EAG				
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noss receipts i list o	Toup	+	0.00	Gross Receipts dec	ond Group	Ψ	0.00	
<b>ase Rate Fee</b> First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
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otal DSEs			0.00	Total DSEs			0.00	
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CABLE ONE, INC.	R OF CABL	E SYSTEM:				`	6YSTEM ID# 007417	Name
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NINETY- COMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	OUP <b>0</b>	COMMUNITY/ ARE		H SUBSCRIBER GRO	JP <b>0</b>	9
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Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
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ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	TY-NINTH	SUBSCRIBER GRO				H SUBSCRIBER GROU	JP	
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CABLE ONE, INC.	R OF CABL	E SYSTEM:				5	007417	Name
				ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
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Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
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e k	base rat	e fees for each subsc pace L (page 7)	<u> </u>	Base Rate Fee Four		\$	0.00	

CABLE ONE, INC.	R OF CABL	E SYSTEM:				\$	007417	Name
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Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
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Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
se Rate Fee: Add the			criber group	as shown in the boxes	above.	\$		

CABLE ONE, INC.	- CABLE	SYSTEM:				•	007417	Nam
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ase Rate Fee First Group	,		0.00	Dana Data Fan Cara	nd Croun	\$	0.00	
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ase Rate Fee First Grou	ıp	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
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ase Rate Fee Third Gro				11				

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COMMUNITY/ AREA  O COMMUNITY/ AREA	Computation of Base Rate Fand Syndicate Exclusivity Surcharge for Partially Distant
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CABLE ONE, INC.							007417	Name
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								Base Rate Fe
								and Syndicated
	<del> </del>			-				Exclusivity
								Surcharge
								for
	<del> </del>							Partially Distant
								Stations
			···					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
NE HUNDRED TWENTY	-SEVENTH	SUBSCRIBER GROU				H SUBSCRIBER GROUP	_	
COMMUNITY/ AREA			0	COMMUNITY/ ARE/			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u> </u>	-						
				-	•••••			
	···		····	-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
	. ~~P	T			C.oup	*		
<b>Base Rate Fee</b> Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
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ONE LUNDRED TA				ATE FEES FOR EAC				
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COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computat
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otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
lana Bata Fan First	<b></b>		0.00	Boss Bots For Con	d O		0.00	
ase Rate Fee First	-roup	3	0.00	Base Rate Fee Sec	ona Group	\$	0.00	
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otal DSEs		0.00	Total DSEs			0.00
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ase Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00
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GIN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fer and Syndicated Exclusivity Surcharge for Partially Distant Stations  SS	CABLE ONE, INC.	R OF CABL	E SYSTEM:				•	007417	Name
				IP	ONE HUNDRED T	HIRTY-EIGHTH			_
Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations  Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations  Community Stations  Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations  Community Stations  Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations  Community Stations  Base Rate Fe Base Ra		T = ==	T =			T = ==	II		
and Syndrodized Exclusivity Surcharge for Partially Distant Stations  Total DSEs  0.00  Total DSEs  0.00  Septe First Group  Per First Group  September Stations  Total DSEs  0.00  COMMUNITY AREA  0  COMMUNITY AREA  COMMUNI	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Exclusivity Surcharge for Partially Distant Stations  Total DSEs  0.00 Gross Receipts Second Group \$ 0.00  Septs First Group \$ 0.00  Doke Free First Group \$ 0.00  Base Rate Fee Second Group  ONE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP ITTY/ AREA  0 COMMUNITY/ AR									
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Seights First Group  Base Rate Fee Second Group  Base Rate Fee Second Group  DONE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP  ONE HUNDRED FORTIETH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  COMMUN									
Seights First Group  Base Rate Fee Second Group  Base Rate Fee Second Group  DONE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP  ONE HUNDRED FORTIETH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  COMMUN									
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Seights First Group  Base Rate Fee Second Group  Base Rate Fee Second Group  DONE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP  ONE HUNDRED FORTIETH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  COMMUN									
Base Rate Fee Second Group  ONE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP  ONE HUNDRED FORTIETH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  COMMUNITY/ AREA	Total DSEs			0.00	Total DSEs			0.00	
NDRED THIRTY-NINTH SUBSCRIBER GROUP  INTY/ AREA  O  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL S	Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
OCOMMUNITY/ AREA OCOMUNITY/ AREA OCOMMUNITY/ AREA OCOMMUN	Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
IGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  C	ONE HUNDRED THIR	TY-NINTH	SUBSCRIBER GRO	DUP	ONE HUNDRE	D FORTIETH	SUBSCRIBER GROU	JP	
ss 0.00 Total DSEs 0.00 Gross Receipts Fourth Group \$ 0.00	COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
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ceipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	Total DSEs			0.00	Total DSEs			0.00	
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ll l	Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	

CABLE ONE, INC.	ONDEL	SYSTEM:				•	SYSTEM ID# 007417	Na
				ATE FEES FOR EAC				
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				COMMONIT IT AREA				Compu
CALL SIGN D	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	0
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otal DSEs	_		0.00	Total DSEs			0.00	
Gross Receipts First Group		<b>B</b>	0.00	Gross Receipts Seco	ond Group	\$	0.00	
sase Rate Fee First Group	\$	<b>.</b>	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED FORTY								
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COMMUNITY/ AREA	DSE D	CALL SIGN	0.00	CALL SIGN  CALL SIGN  Total DSEs	DSE	CALL SIGN	0 DSE	

SYSTEM ID# 007417 Na			∃ SYSTEM:	R OF CABL	LEGAL NAME OF OWNE CABLE ONE, INC.
R EACH SUBSCRIBER GROUP	TE FEES FOR EAC	F BASE RA	COMPUTATION (	BLOCK A:	Е
NDRED FORTY-SIXTH SUBSCRIBER GROUP			SUBSCRIBER GROU	RTY-FIFTH	
// AREA 0 Comp	COMMUNITY/ ARE	0			COMMUNITY/ AREA
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ee Second Group \$ 0.00	Base Rate Fee Sec	0.00	\$	roup	Base Rate Fee First Gr
ORED FORTY-EIGHTH SUBSCRIBER GROUP	ONE HUNDRED F	)	SUBSCRIBER GROU	'-SEVENTH	ONE HUNDRED FORTY
// AREA	COMMUNITY/ ARE	0			COMMUNITY/ AREA
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007417 Name	S				E SYSTEM:	R OF CABLI	LEGAL NAME OF OWNER  CABLE ONE, INC.
	IBER GROUP I SUBSCRIBER GROUF		TE FEES FOR EACH	JP			ONE HUNDRED FOR
0 9 Computation			COMMUNITY/ AREA	0			COMMUNITY/ AREA
DSE of	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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and Syndicated							
Exclusivity				·			
Surcharge							
for Partially					-		
Distant		<u></u>		<u> </u>			
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	SUBSCRIBER GROUP	Y-SECOND	ONE HUNDRED FIFT	JP	SUBSCRIBER GRO	TY-FIRST	ONE HUNDRED FIF
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				ATE FEES FOR EAC				
ONE HUNDRED FIFTY	-THIRD	SUBSCRIBER GRO		Ti .		SUBSCRIBER GROU		9
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CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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				The second secon				
ONE HUNDRED FIFTY	/-FIFTH	SUBSCRIBER GRO	)UP	ONE HUNDRED	FIFTY-SIXTH	I SUBSCRIBER GROU	UP	
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COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
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CALL SIGN  CALL SIGN  Total DSEs	DSE	CALL SIGN	0 DSE	COMMUNITY/ AREA	DSE	CALL SIGN	0.00	
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	CABLE SYSTEM:				`	SYSTEM ID# 007417	Name
	K A: COMPUTATION						
ONE HUNDRED FIFTY-SEVE	ENTH SUBSCRIBER GR	OUP <b>0</b>	ii		SUBSCRIBER GROUF		9
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Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FIFTY-NI	ONE HUNDRED SIXTIETH SUBSCRIBER GROUP						
COMMUNITY/ AREA 0			COMMUNITY/ AREA 0				
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Total DSEs		0.00	Total DSEs	DSE		0.00	
	SE CALL SIGN			DSE	CALL SIGN		

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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE. INC. 007417 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation ☐ First 50 major television market ☐ Second 50 major television market INSTRUCTIONS: **Base Rate Fee** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for Partially 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 Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . \_ Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the 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 Second Group . . . . . . . . . . . . . THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the 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 . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

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