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

**STATEMENT OF ACCOUNT** for Secondary Transmissions by

Cable Systems (Long Form)

General instructions are located in

the first tab of this workbook.

# SA3E Long Form

Return completed workbook by email to:

### coplicsoa@loc.gov

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

| Α                    | AC  |   | DD COVERED BY  | THIS STATEMENT:  |   |  |               |        |
|----------------------|---|---|--|--|---|--|---------------|--------|
| Accounting<br>Period |   | 2023/2  |  |  |   |  |               |        |
| <b>B</b><br>Owner    | rate  | title of the subsidiary, no<br>List any other name or i<br>If there were different o<br>ogle statement of accourt | ot that of the parent corp<br>names under which the<br>wners during the accour<br>nt and royalty fee payme | poration.<br>owner conducts the busin                                | ess of the cable syste<br>er on the last day of t<br>counting period. | he accounting period should a                            | ·             | 025207 |
|                      | LE  | GAL NAME OF OWNE  | R/MAILING ADDRESS  | OF CABLE SYSTEM  |   |  |               |        |
|                      |   | Cogeco US (Mia  | mi), LLC   |  |   |  |               |        |
|                      |   |   |  |  |   |  | 02520         | 720232 |
|                      |   |   |  |  |   |  | 025207        | 2023/2 |
|                      |   | 2 Batterymarch  <br>Quincy, MA 0216   |  |  |   |  |               |        |
| С                    |   |   |  |  |   | ess and operation of the s<br>fferent from the address g |               |        |
| System               | names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. |   |  |  |   |  |               |        |
|                      | 1   | Cogeco US, LLC  | ;  |  |   |  |               |        |
|                      |   | MAILING ADDRESS OF  |  |  |   |  |               |        |
|                      | 2   | 1681 Kennedy C<br>(Number, street, rural route, a   | auseway<br>partment, or suite number)  |  |   |  |               |        |
|                      |   | Miami, FL 33141<br>(City, town, state, zip code)  |  |  |   |  |               |        |
| D                    | Inst  | ructions: For comple  | ete space D instructio   | ons, see page 1b. Identi   | ify only the frst corr  | munity served below and                                  | relist on pag | ge 1b  |
| Area                 | with  | all communities.  |  |  |   |  |               |        |
| Served               |   | CITY OR TOWN  |  |  | STATE   |  |               |        |
| First<br>Community   |   | Miami Beach   |  |  | FL  |  |               |        |
| community            |   | •   |  | s if you report multiple o   |   | · ·  | 0.15          | 000    |
|                      | Alda  | CITY OR TOWN (SAM   | PLE)   |  | STATE<br>MD   | CH LINE UP   | SUB           | 3 GRP# |
| Sample               | Allia   | -   |  |  | MD  | B  |               | 2      |
|                      | Geri  |   |  |  | MD  | В  |               | 3      |
| Privacy Act Notice   | e Sect  | ion 111 of title 17 of the Ur   | nited States Code authorize  | es the Convright Offce to colle                                      | ect the nersonally identi   | fying information (PII) requested                        | on this       |        |
| •                    |   |   |  |  |   | l, such as name, address and tel                         |               |        |
| numbers. By provid   | ding PII  | , you are agreeing to the ro  | outine use of it to establish  | and maintain a public record   | , which includes appear   | ing in the Offce's public indexes                        | and in        |        |
|                      |   | •   |  | ested is that it may delay proce<br>cy of the fling, a determination | • •   | it of account and its placement in<br>a court of law.    | n the         |        |

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AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

03/01/2024

| FORM SA3E. PAGE 1b. | FORM | SA3E. | PAGE | 1b. |
|---------------------|------|-------|------|-----|
|---------------------|------|-------|------|-----|

| FORM SA3E. PAGE 1b.   |                                       |  |                  |                              |  |  |  |  |
|---|---------------------------------------|--|------------------|------------------------------|--|--|--|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:  |                                       |  | SYSTEM ID#       |                              |  |  |  |  |
| Cogeco US (Miami), LLC  |                                       |  | 025207           |                              |  |  |  |  |
| <b>Instructions:</b> List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. |                                       |  |                  |                              |  |  |  |  |
| <b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile hom below the identified city or town.   | -                                     | -  | ntheses          |                              |  |  |  |  |
|   | a abannal lina ur                     | for all) than aithe                        | r concinto       |                              |  |  |  |  |
| If all communities receive the same complement of television broadcast stations (i.e., or<br>all communities with the channel line-up "A" in the appropriate column below or leave th<br>on a partially distant or partially permitted basis in the DSE Schedule, associate each re<br>designated by a number (based on your reporting from Part 9).  | e column blank. I<br>levant community | f you report any st<br>/ with a subscriber | ations<br>group, |                              |  |  |  |  |
| When reporting the carriage of television broadcast stations on a community-by-commu channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns be   | a subscriber gro                      |  |                  |                              |  |  |  |  |
| CITY OR TOWN  | STATE                                 | CH LINE UP                                 | SUB GRP#         |                              |  |  |  |  |
| Miami Beach   | FL                                    | AA   | 1                | First                        |  |  |  |  |
| N. Bay Village  | FL                                    | AA   | 1                | Community                    |  |  |  |  |
| Bal Harbor  | FL                                    | AA   | 1                |                              |  |  |  |  |
| Surfside  | FL                                    | AA   | 1                |                              |  |  |  |  |
| Town of Bay Harbor Islands  | FL                                    | AA   | 1                |                              |  |  |  |  |
| City of Sunny Isles Beach   | FL                                    | AA   | 1                | See instructions for         |  |  |  |  |
| GOLDEN BEACH  | FL                                    | AA   | 1                | additional information       |  |  |  |  |
| AVENTURA  | FL                                    | AA   | 1                | on alphabetization.          |  |  |  |  |
| SOUTH MIAMI   | FL                                    | AA   | 1                |                              |  |  |  |  |
| UNINCORP DADE(County of Miami-Dade (CCLLC))   | FL                                    | AA   | 1                |                              |  |  |  |  |
| PINECREST   | FL                                    | AA   | 1                | Add rows as necessary.       |  |  |  |  |
| City Of Sunrise   | FL<br>                                | AA   | 1                | , aa i o iio ao iicocooai yi |  |  |  |  |
|   | FL                                    | AA   | 1                |                              |  |  |  |  |
| Indian Creek Village  | FL                                    | AA   | 1                |                              |  |  |  |  |
| City of Miami   | FL                                    | AA   | 1                |                              |  |  |  |  |
| Cnty Of Palm Beach Unc  | FL                                    | AB   | 2                |                              |  |  |  |  |
| City of West Palm Beach   | FL                                    | AB   | 2                |                              |  |  |  |  |
| City Of Hollywood   | FL                                    | AA   | 1                |                              |  |  |  |  |
| City Of Boca Raton CITY OF GREENACRES   | FL                                    | AB   | 2                |                              |  |  |  |  |
|   | FL<br>FL                              | AB<br>AA                                   | 2                |                              |  |  |  |  |
| City of Lauderhill  | FL<br>FL                              | AA   | 1                |                              |  |  |  |  |
| County of Palm Beach  | FL<br>FL                              | AA   | 1                |                              |  |  |  |  |
| County of Palm Beach  | FL                                    | AA   | 1                |                              |  |  |  |  |
| City of Margate   | FL                                    | AB   | 2                |                              |  |  |  |  |
| City of Plantation  | FL                                    | AB   | 2                |                              |  |  |  |  |
| City of Lauderdale Lakes  | FL                                    | AB   | 2                |                              |  |  |  |  |
| City of Deerfield Beach   | FL                                    | AB   | 2                |                              |  |  |  |  |
|   |                                       |  |                  |                              |  |  |  |  |
|   |                                       |  |                  |                              |  |  |  |  |
|   |                                       |  |                  |                              |  |  |  |  |
|   |                                       |  |                  |                              |  |  |  |  |
|   |                                       |  |                  |                              |  |  |  |  |
|   |                                       |  |                  |                              |  |  |  |  |
|   |                                       |  |                  |                              |  |  |  |  |
|   |                                       |  |                  |                              |  |  |  |  |
|   |                                       |  |                  |                              |  |  |  |  |
|   |                                       |  |                  |                              |  |  |  |  |
|   |                                       |  |                  |                              |  |  |  |  |
|   |                                       |  |                  | I I                          |  |  |  |  |

| Nama                       | LEGAL NAME OF OWNER OF CABLE SYSTEM:  |  |  |  |                            |                  |              |                 |          |  |  |  |
|----------------------------|---|--|--|--|----------------------------|------------------|--------------|-----------------|----------|--|--|--|
| Name                       | Cogeco US (Miami), LL   | С  |  |  |                            |                  |              |                 | 02520    |  |  |  |
| _                          | SECONDARY TRANSMISSION  | SERVICE: S   | UBSCR  |  | RATES                      |                  |              |                 |          |  |  |  |
| E                          | In General: The information in s  |  |  | -  | -                          | ary transmissior | service of   | the cable       |          |  |  |  |
|                            | system, that is, the retransmission   |  |  |  |                            |                  |              |                 |          |  |  |  |
| Secondary                  | about other services (including p   |  |  |  |                            |                  | e those exis | sting on the    |          |  |  |  |
| Transmission               | last day of the accounting period   |  |  |  |                            |                  |              |                 |          |  |  |  |
| Service: Sub-              | Number of Subscribers: Bot  |  |  |  |                            |                  | -            |                 |          |  |  |  |
| scribers and<br>Rates      | 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            |  |  |  |                            |                  |              |                 |          |  |  |  |
| Rates                      | 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. <b>Note:</b> 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 |  |  |  |                            |                  |              |                 |          |  |  |  |
|                            | 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.   |  |  |  |                            |                  |              |                 |          |  |  |  |
|                            | BLC   | CK 1<br>NO. OF   | :  |  |                            |                  | BLOC         | K 2<br>NO. OF   |          |  |  |  |
|                            | CATEGORY OF SERVICE   |  |  |  |                            |                  | SUBSCRIBERS  | RATE            |          |  |  |  |
|                            | Residential:  |  |  |  |                            |                  |              |                 |          |  |  |  |
|                            | <ul> <li>Service to first set</li> </ul>  |  | 6,550  | \$ 39.99   | Enterta                    | inment           |              | 3,980           | \$ 69.9  |  |  |  |
|                            | <ul> <li>Service to additional set(s)</li> </ul>  |  |  |  | <b>Variety</b>             |                  | 1,455        | \$ 114.9        |          |  |  |  |
|                            | • FM radio (if separate rate)   |  |  |  | Family                     |                  |              | -               | \$ 127.9 |  |  |  |
|                            | Motel, hotel  |  | 686  | \$ 39.99   |                            |                  |              |                 |          |  |  |  |
|                            | Commercial  | 1  | 7,589  | \$ 39.99   |                            |                  |              |                 |          |  |  |  |
|                            | Converter   |  |  |  |                            |                  |              |                 |          |  |  |  |
|                            | Residential   |  |  | 4.99-19.99   |                            |                  |              |                 |          |  |  |  |
|                            | Non-residential   |  |  |  |                            |                  |              |                 |          |  |  |  |
|                            | SERVICES OTHER THAN SEC   |  |  |  | = 6                        |                  |              |                 |          |  |  |  |
| _                          | In General: Space F calls for ra  |  |  |  |                            | all vour cable s | vstem's ser  | vices that were |          |  |  |  |
| F                          | not covered in space E, that is, t  | •  | '  |  | •                          |                  |              |                 |          |  |  |  |
|                            | service for a single fee. There a   | re two exceptio  | ons: you   | u do not need  | o give rat                 | e information co | ncerning (*  | l) services     |          |  |  |  |
| Services                   | furnished at cost or (2) services   |  |  |  |                            |                  |              |                 |          |  |  |  |
| Other Than                 | amount of the charge and the un   |  | s usuall   | y billed. If any   | rates are                  | charged on a va  | riable per-p | program basis,  |          |  |  |  |
| Secondary<br>ransmissions: | enter only the letters "PP" in the  |  | the cab  | le system for a  | ach of th                  | e annlicable ser | vices listed |                 |          |  |  |  |
| Rates                      |   | <b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed.<br><b>Block 2:</b> 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.   |  |  |  |                            |                  |              |                 |          |  |  |  |
|                            |   |  |  |  |                            |                  |              |                 |          |  |  |  |
|                            |   | BLO  |  |  |                            |                  |              |                 |          |  |  |  |
|                            | CATEGORY OF SERVICE   | BLO<br>RATE  |  | GORY OF SEF  | RVICE                      | RATE             | CATEGO       | ORY OF SERVICE  | RATE     |  |  |  |
|                            |   |  | CATE   | GORY OF SEF<br>ation: Non-re   |                            | RATE             | CATEGO       | DRY OF SERVICE  | RATE     |  |  |  |
|                            | CATEGORY OF SERVICE   |  | CATE<br>Install  |  |                            | RATE             | CATEGO       | DRY OF SERVICE  | RATE     |  |  |  |
|                            | CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable—add'I channel   | RATE   | CATE<br>Install<br>• Mo<br>• Co  | ation: Non-re<br>otel, hotel<br>mmercial   |                            | RATE             | CATEGO       | DRY OF SERVICE  | RATE     |  |  |  |
|                            | CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable—add'l channel<br>• Fire protection  | RATE   | CATE<br>Install<br>• Mc<br>• Co<br>• Pa  | ation: Non-re<br>otel, hotel<br>mmercial<br>y cable  | sidential                  | RATE             | CATEGO       | JRY OF SERVICE  | RATE     |  |  |  |
|                            | CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable—add'l channel<br>• Fire protection<br>• Burglar protection  | RATE   | CATEC<br>Install<br>• Mc<br>• Co<br>• Pa<br>• Pa   | <b>ation: Non-re</b><br>otel, hotel<br>mmercial<br>y cable<br>y cable-add'l c  | sidential                  | RATE             | CATEGO       | JRY OF SERVICE  | RATE     |  |  |  |
|                            | CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable—add'I channel<br>• Fire protection<br>• Burglar protection<br>Installation: Residential   | RATE<br>1.99-19.99   | CATE<br>Install<br>• Mo<br>• Co<br>• Pa<br>• Pa<br>• Fin                                   | ation: Non-re<br>otel, hotel<br>mmercial<br>y cable<br>y cable-add'l c<br>e protection   | <b>sidential</b><br>hannel | RATE             | CATEGO       | JRY OF SERVICE  | RATE     |  |  |  |
|                            | CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable—add'I channel<br>• Fire protection<br>• Burglar protection<br>Installation: Residential<br>• First set  | RATE<br>1.99-19.99<br>\$ 50.00   | CATEC<br>Install<br>• Mo<br>• Co<br>• Pa<br>• Pa<br>• Fin<br>• Bu                          | ation: Non-re<br>otel, hotel<br>mmercial<br>y cable<br>y cable-add'l c<br>e protection<br>rglar protection                                     | <b>sidential</b><br>hannel | RATE             | CATEGO       |                 | RATE     |  |  |  |
|                            | CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable—add'I channel<br>• Fire protection<br>• Burglar protection<br>Installation: Residential<br>• First set<br>• Additional set(s)                                     | RATE<br>1.99-19.99   | CATE<br>Install<br>• Mc<br>• Co<br>• Pa<br>• Pa<br>• Fir<br>• Bu<br>Other                  | ation: Non-re<br>otel, hotel<br>mmercial<br>y cable<br>y cable-add'l c<br>e protection<br>rglar protection<br>services:                        | <b>sidential</b><br>hannel |                  | CATEGO       |                 | RATE     |  |  |  |
|                            | CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable—add'I channel<br>• Fire protection<br>• Burglar protection<br>Installation: Residential<br>• First set<br>• Additional set(s)<br>• FM radio (if separate rate)    | RATE<br>1.99-19.99<br>\$ 50.00   | CATE<br>Install<br>• Mc<br>• Co<br>• Pa<br>• Fir<br>• Bu<br>• Bu<br>• Re                   | ation: Non-re<br>otel, hotel<br>mmercial<br>y cable<br>y cable-add'l c<br>e protection<br>rglar protection<br>services:<br>connect             | <b>sidential</b><br>hannel | RATE             | CATEGO       |                 | RATE     |  |  |  |
|                            | CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable—add'I channel<br>• Fire protection<br>• Burglar protection<br>Installation: Residential<br>• First set<br>• Additional set(s)                                     | RATE<br>1.99-19.99<br>\$ 50.00   | CATE<br>Install<br>• Mc<br>• Co<br>• Pa<br>• Fin<br>• Bu<br>Other<br>• Re<br>• Dis         | ation: Non-re<br>otel, hotel<br>mmercial<br>y cable<br>y cable-add'l c<br>e protection<br>rglar protection<br>services:<br>connect<br>sconnect | <b>sidential</b><br>hannel | \$ 40.00         | CATEGO       |                 | RATE     |  |  |  |
|                            | CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable—add'I channel<br>• Fire protection<br>• Burglar protection<br>Installation: Residential<br>• First set<br>• Additional set(s)<br>• FM radio (if separate rate)    | RATE<br>1.99-19.99<br>\$ 50.00   | CATE<br>Install<br>• Mc<br>• Co<br>• Pa<br>• Fir<br>• Bu<br>Other<br>• Re<br>• Dis<br>• Ou | ation: Non-re<br>otel, hotel<br>mmercial<br>y cable<br>y cable-add'l c<br>e protection<br>rglar protection<br>services:<br>connect             | sidential<br>hannel        |                  | CATEGO       |                 | RATE     |  |  |  |

Name

G

Primary

Transmitters:

Television

SYSTEM ID#

025207

FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

**Column 2:** Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 noncommercia 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 you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster 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 subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin 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 furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

|                 | <b>0</b> .                     |                          |                            | •                                       |                           |                        |
|-----------------|--------------------------------|--------------------------|----------------------------|---|---------------------------|------------------------|
|                 |                                | CHANN                    | EL LINE-UP                 | AA                                      |                           |                        |
| 1. CALL<br>SIGN | 2. B'CAST<br>CHANNEL<br>NUMBER | 3. TYPE<br>OF<br>STATION | 4. DISTANT?<br>(Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION    |                        |
| WAMI            | 16                             | I                        | No                         |   | Hollywood, FL             |                        |
| WBEC            | 83                             | Е                        | No                         |   | Miami, FL                 | See instructions for   |
| WBFS            | 8                              | I                        | No                         |   | Miami, FL                 | additional information |
| WFOR            | 4                              | N                        | No                         |   | Miami, FL                 | on alphabetization.    |
| WGEN            | 11                             | I                        | No                         |   | Miami, FL                 |                        |
| WHFT            | 20                             | I                        | No                         |   | Miami, FL                 |                        |
| WLRN            | 22                             | E                        | No                         |   | Miami, FL                 |                        |
| WLTV            | 23                             | I                        | No                         |   | Dade, Broward, Palm Beach |                        |
| WPBT            | 2                              | Е                        | No                         |   | Dade, Broward, Palm Beach |                        |
| WSVN            | 7                              | N                        | No                         |   | Miami, FL                 |                        |
| WTVJ            | 6                              | N                        | No                         |   | Miami, FL                 |                        |
| WPLG            | 10                             | N                        | No                         |   | Miami, FL                 |                        |
| WFUN            | 3                              | I                        | No                         |   | Dade, Broward             |                        |
| WJAN            | 17                             | I                        | No                         |   | Dade, Broward             |                        |
| WPXM            | 18                             | N                        | No                         |   | Miami, FL                 |                        |
| WSBS            | 12                             | I                        | No                         |   | Miami, FL                 |                        |
| WSCV            | 21                             | I                        | No                         |   | Dade, Broward, Palm Beach |                        |
| WSFL            | 9                              | 1                        | No                         |   | Miami, FL                 |                        |

**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.

|  | FORM | SA3E. | PAGE | 3. |
|--|------|-------|------|----|
|--|------|-------|------|----|

| LEGAL NAME OF OWN  | IER OF CABLE SY   | STEM:  |   |  | SYSTEM ID#  |   |
|--|---|--|---|--|---|---|
| Cogeco US (Mi  | iami), LLC  |  |   |  | 025207  | Name  |
| PRIMARY TRANSMITT  | ERS: TELEVISIO  | NC   |   |  |   |   |
| carried by your cable<br>FCC rules and regular<br>76.59(d)(2) and (4), 70<br>substitute program ba                             | system during t<br>tions in effect o<br>6.61(e)(2) and (<br>sis, as explaine                                      | he accounting<br>n June 24, 19<br>(4), or 76.63 (<br>ed in the next  | g period except<br>181, permitting t<br>referring to 76.6<br>paragraph  | (1) stations carri<br>he carriage of ce<br>61(e)(2) and (4))]  | as and low power television stations)<br>ed only on a part-time basis under<br>rtain network programs [section:<br>; and (2) certain stations carried on a<br>cable system on a substitute program                                | G<br>Primary<br>Transmitters:<br>Television |
| basis under specifc F  | CC rules, regula  | ations, or auth  | norizations   |  | nent and Program Log)—if the  | Television                                  |
| basis. For further in<br>in the paper SA3 for<br><b>Column 1:</b> List eac   | and also in spa<br>nformation conc<br>orm.<br>ch station's call   | ace I, if the st<br>cerning substi<br>sign. Do not   | tute basis static<br>report originatio  | ons, see page (v)<br>on program servic   | titute basis and also on some othe<br>of the general instructions locatec<br>res such as HBO, ESPN, etc. Identify<br>ation. For example, report multi   |   |
| cast stream as "WETA<br>WETA-simulcast).   | A-2". Simulcast   | streams mus  | t be reported in  | column 1 (list ea  | the stream separately; for example ation for broadcasting over-the-air ir   |   |
| on which your cable s<br>Column 3: Indicate<br>educational station, by<br>(for independent multi<br>For the meaning of the     | ystem carried the<br>e in each case of<br>y entering the le<br>icast), "E" (for n<br>ese terms, see               | he station<br>whether the s<br>etter "N" (for r<br>oncommercia<br>page (v) of th                             | tation is a netwo<br>letwork), "N-M"<br>il educational), o<br>e general instru  | ork station, an ind<br>(for network mult<br>or "E-M" (for non-<br>ictions located in   | s may be different from the channe<br>dependent station, or a noncommercia<br>icast), "I" (for independent), "I-M<br>commercial educational multicast)<br>the paper SA3 form<br>/es". If not, enter "No". For an ex               |   |
| planation of local serv<br><b>Column 5:</b> If you h<br>cable system carried t<br>carried the distant sta                      | rice area, see p<br>nave entered "Y<br>the distant station<br>tion on a part-ti                                   | age (v) of the<br>es" in columr<br>on during the<br>me basis bec   | general instruc<br>4, you must co<br>accounting per<br>ause of lack of  | tions located in the second se | ne paper SA3 form<br>, stating the basis on which you<br>ntering "LAC" if your cable syster   |   |
| of a written agreemen<br>the cable system and<br>tion "E" (exempt). For<br>explanation of these th<br><b>Column 6:</b> Give th | t entered into o<br>a primary trans<br>simulcasts, als<br>hree categories<br>le location of ea<br>Canadian static | n or before Ju<br>mitter or an a<br>o enter "E". If<br>s, see page (v<br>ach station. Fo<br>ons, if any, giv | une 30, 2009, b<br>issociation repre-<br>you carried the<br>) of the general<br>or U.S. stations,<br>re the name of t | etween a cable s<br>esenting the prim<br>channel on any<br>instructions loca<br>list the communi<br>the community wi   | ystem or an association representin<br>ary transmitter, enter the designa<br>other basis, enter "O." For a furthe<br>ted in the paper SA3 form<br>ty to which the station is licensed by the<br>th which the station is identifed |   |
|  |   | CHANN  | EL LINE-UP  | AA   |   |   |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)  | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION  |   |
| WPTV   | 6   | N  | No  |  | Palm Beach  |   |
| WFLX   | 7   | N  | No  |  | Palm Beach  |   |
| WTCN   | 8   | N  | No  |  | Palm Beach  |   |
| WPEC   | 4   | N  | No  |  | Palm Beach  |   |
| WTVX   | 9   | N  | No  |  | Palm Beach  |   |
| WPBF   | 10  | N  | No  |  | Palm Beach  |   |
| WFGC   | 11  | I  | No  |  | Palm Beach  |   |
| WHDT   | 12  | I  | No  |  | Palm Beach  |   |
| WPXP   | 18  | N  | No  |  | Palm Beach  |   |
| WTCE   | 20  | N  | No  |  | Palm Beach  |   |
| WSCV   | <br>21  | i<br>I   | No  |  | Dade, Broward, Palm Beach   |   |
| WXEL   | 22  | ·<br>E   | No  |  | Palm Beach  |   |
| WLTV   | 23  | -  | No  |  | Dade, Broward, Palm Beach   |   |
| WEEC   | 23<br>83  | E  | No  |  | Miami, FL   |   |
| WPBT   | 2   | E  | No  |  | Dade, Broward, Palm Beach   |   |
|  | 2<br>9.4  |  |   |  |   |   |
| WSFL (Defy)  |   | I  | No  |  | Miami, FL<br>Wost Palm Boach, Fl  |   |
| WPTV (Defy)  | 6.4   |  | No  |  | West Palm Beach, FL   |   |
| WFLX Start TV  | 7.3   |  | No  |  | West Palm Beach, FL   |   |

| A  |  | STEM:   |  |  | SYSTEM ID#   | Name                                       |
|--|--|---|--|--|--|--|
| Cogeco US (Mi  |  |   |  |  | 025207   |  |
| PRIMARY TRANSMITTE   |  |   |  |  |  |  |
| In General: In space C<br>carried by your cables s<br>FCC rules and regulati<br>76.59(d)(2) and (4), 76<br>substitute program bas<br>Substitute Basis S<br>basis under specifc FC<br>• Do not list the station<br>station was carried<br>• List the station here,<br>basis. For further in<br>in the paper SA3 fo<br>Column 1: List eace<br>each multicast stream<br>cast stream as "WETA<br>WETA-simulcast).<br>Column 2: Give the<br>its community of licenss<br>on which your cable sy<br>Column 3: Indicate<br>educational station, by<br>(for independent multic<br>For the meaning of the<br>Column 5: If you has<br>cable system carried th<br>carried the distant stati<br>For the retransmiss | G, identify ever<br>system during f<br>ions in effect o<br>6.61(e)(2) and<br><b>Stations:</b> With<br>CC rules, regula<br>only on a subs<br>and also in spa<br>formation cond<br>rm.<br>th station's call<br>associated with<br>-2". Simulcast<br>e channel num<br>se. For exampl<br>ystem carried te<br>cast), "E" (for m<br>se terms, see<br>ation is outside<br>ce area, see p<br>ave entered "Y<br>the distant stati<br>ion on a part-ti | y television si<br>the accounting<br>n June 24, 19<br>(4), or 76.63 (<br>ed in the next<br>respect to any<br>ations, or auth<br>G—but do lis<br>stitute basis<br>ace I, if the st<br>cerning substi<br>sign. Do not<br>th a station ac<br>streams mus<br>ber the FCC I<br>e, WRC is Ch<br>he station<br>whether the s<br>etter "N" (for n<br>ioncommercia<br>page (v) of the<br>e's" in column<br>on during the<br>me basis bec | g period except<br>981, permitting ti<br>(referring to 76.6<br>paragraph<br>y distant station<br>horizations:<br>st it in space I (th<br>ation was carrie<br>itute basis static<br>report originatio<br>ccording to its ov<br>t be reported in<br>has assigned to<br>hannel 4 in Wasl<br>etation is a network), "N-M"<br>al educational), o<br>he general instruc-<br>vice area, (i.e. "<br>general instruc-<br>14, you must co<br>accounting peri-<br>ause of lack of a | (1) stations carrie<br>he carriage of cer<br>51(e)(2) and (4))];<br>s carried by your<br>he Special Statem<br>d both on a subst<br>ons, see page (v)<br>on program service<br>ver-the-air designa<br>column 1 (list eac<br>the television sta<br>hington, D.C. This<br>or the television sta<br>hington, D.C. This<br>of the television sta<br>hington, D.C. This<br>hington, D.C. This<br>hington | es". If not, enter "No". For an ex<br>e paper SA3 form<br>stating the basis on which you<br>ttering "LAC" if your cable syster   | G<br>Primary<br>Transmitters<br>Television |
|  | ion of a distan  | t multicast str   | eam that is not :  | and the set the second second  |  |  |
| the cable system and a<br>tion "E" (exempt). For s<br>explanation of these th<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C  | a primary trans<br>simulcasts, als<br>nee categories<br>e location of ea<br>Canadian statio  | smitter or an a<br>o enter "E". If<br>s, see page (v<br>ach station. Fo<br>ons, if any, giv   | une 30, 2009, but association representation representation representation representation () of the general or U.S. stations, we the name of t   | etween a cable sy<br>esenting the prima<br>channel on any c<br>instructions locat<br>list the communit<br>he community wit   | y payment because it is the subjec<br>(stem or an association representin<br>ary transmitter, enter the designa<br>(ther basis, enter "O." For a furthe<br>ed in the paper SA3 form<br>y to which the station is licensed by the<br>h which the station is identifec<br>h channel line-up.   |  |
| the cable system and a<br>tion "E" (exempt). For s<br>explanation of these th<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C  | a primary trans<br>simulcasts, als<br>nee categories<br>e location of ea<br>Canadian statio  | smitter or an a<br>o enter "E". If<br>s, see page (v<br>ach station. Fo<br>ons, if any, giv<br>nnel line-ups,   | une 30, 2009, b<br>association repre-<br>f you carried the<br>() of the general<br>or U.S. stations,<br>ve the name of t<br>, use a separate   | etween a cable sy<br>esenting the prima<br>channel on any c<br>instructions locat<br>list the communit<br>he community wit<br>space G for each   | stem or an association representin<br>ary transmitter, enter the designa<br>ther basis, enter "O." For a furthe<br>ed in the paper SA3 form<br>y to which the station is licensed by the<br>h which the station is identifec   |  |
| the cable system and a<br>tion "E" (exempt). For s<br>explanation of these th<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C<br><b>Note:</b> If you are utilizin  | a primary trans<br>simulcasts, als<br>iree categories<br>e location of ea<br>Canadian station<br>ng multiple cha   | smitter or an a<br>o enter "E". If<br>s, see page (v<br>ach station. Fo<br>ons, if any, giv<br>nnel line-ups,<br>CHANN  | une 30, 2009, b<br>association repre-<br>f you carried the<br>c) of the general<br>or U.S. stations,<br>ve the name of t<br>, use a separate<br>EL LINE-UP   | etween a cable sy<br>esenting the prima<br>channel on any c<br>instructions locat<br>list the communit<br>he community wit<br>space G for each   | stem or an association representin<br>ary transmitter, enter the designa<br>other basis, enter "O." For a furthe<br>ed in the paper SA3 form<br>y to which the station is licensed by the<br>h which the station is identifed<br>in channel line-up.   |  |
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| the cable system and a<br>tion "E" (exempt). For s<br>explanation of these th<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C<br><b>Note:</b> If you are utilizin<br>1. CALL<br>SIGN<br>WPTV Laff  | a primary trans<br>simulcasts, als<br>aree categories<br>e location of ea<br>Canadian station<br>ng multiple cha<br>2. B'CAST<br>CHANNEL<br>NUMBER   | smitter or an a<br>o enter "E". If<br>a, see page (v<br>ach station. Fo<br>ons, if any, giv<br>nnel line-ups,<br><b>CHANN</b><br>3. TYPE<br>OF<br>STATION   | une 30, 2009, bi<br>association repre-<br>f you carried the<br>you carried the<br>or U.S. stations,<br>ve the name of t<br>, use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)   | etween a cable sy<br>esenting the prima<br>channel on any c<br>instructions locat<br>list the communit<br>he community wit<br>space G for each<br>AC<br>5. BASIS OF<br>CARRIAGE  | stem or an association representin<br>ary transmitter, enter the designa<br>ther basis, enter "O." For a furthe<br>ed in the paper SA3 form<br>y to which the station is licensed by the<br>h which the station is identifec<br>in channel line-up.<br>6. LOCATION OF STATION  |  |
| the cable system and a<br>tion "E" (exempt). For s<br>explanation of these th<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C<br><b>Note:</b> If you are utilizin<br>1. CALL<br>SIGN<br>WPTV Laff<br>WPTV MeTV   | a primary trans<br>simulcasts, als<br>aree categories<br>e location of ea<br>Canadian station<br>multiple cha<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>6.3<br>6.2  | smitter or an a<br>o enter "E". If<br>a, see page (v<br>ach station. Fo<br>ons, if any, giv<br>nnel line-ups,<br><b>CHANN</b><br>3. TYPE<br>OF<br>STATION   | une 30, 2009, bi<br>association repre-<br>f you carried the<br>() of the general<br>or U.S. stations,<br>we the name of t<br>, use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br><b>No</b>  | etween a cable sy<br>esenting the prima<br>channel on any c<br>instructions locat<br>list the communit<br>he community wit<br>space G for each<br>AC<br>5. BASIS OF<br>CARRIAGE  | <ul> <li>stem or an association representin<br/>ary transmitter, enter the designa<br/>ther basis, enter "O." For a furthe<br/>ed in the paper SA3 form<br/>y to which the station is licensed by the<br/>h which the station is identified<br/>in channel line-up.</li> <li>6. LOCATION OF STATION</li> <li>West Palm Beach, FL</li> </ul>  |  |
| the cable system and a<br>tion "E" (exempt). For s<br>explanation of these th<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C<br>Note: If you are utilizin<br>1. CALL<br>SIGN<br>WPTV Laff<br>WPTV MeTV<br>WLTV (Ion Myster  | a primary trans<br>simulcasts, als<br>aree categories<br>e location of ea<br>Canadian station<br>multiple cha<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>6.3<br>6.2  | smitter or an a<br>o enter "E". If<br>a, see page (v<br>ach station. Fo<br>ons, if any, giv<br>nnel line-ups,<br>CHANN<br>3. TYPE<br>OF<br>STATION<br>I<br>I  | une 30, 2009, bi<br>association repre-<br>f you carried the<br>tr) of the general<br>or U.S. stations,<br>ve the name of t<br>, use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br><b>No</b><br>No   | etween a cable sy<br>esenting the prima<br>channel on any c<br>instructions locat<br>list the communit<br>he community wit<br>space G for each<br>AC<br>5. BASIS OF<br>CARRIAGE  | <ul> <li>stem or an association representin<br/>ary transmitter, enter the designa<br/>ther basis, enter "O." For a furthe<br/>ed in the paper SA3 form<br/>y to which the station is licensed by the<br/>h which the station is identified<br/>in channel line-up.</li> <li>6. LOCATION OF STATION</li> <li>West Palm Beach, FL</li> <li>West Palm Beach, FL</li> <li>Miami, FL</li> </ul>  |  |
| the cable system and a<br>tion "E" (exempt). For s<br>explanation of these th<br><b>Column 6:</b> Give the<br>FCC. For Mexican or (<br><b>Note:</b> If you are utilizin<br>1. CALL<br>SIGN<br><b>WPTV Laff</b><br><b>WPTV MeTV</b><br><b>WLTV (Ion Mystel</b><br><b>WSFL Court TV</b>  | a primary trans<br>simulcasts, als<br>aree categories<br>e location of ea<br>Canadian station<br>multiple cha<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>6.3<br>6.2<br>23.3<br>9.2   | smitter or an a<br>o enter "E". If<br>a, see page (v<br>ach station. Fo<br>ons, if any, giv<br>nnel line-ups,<br>CHANN<br>3. TYPE<br>OF<br>STATION<br>I<br>I  | une 30, 2009, bi<br>association repre-<br>f you carried the<br>t) of the general<br>or U.S. stations,<br>ve the name of t<br>, use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br>No<br>No<br>No   | etween a cable sy<br>esenting the prima<br>channel on any c<br>instructions locat<br>list the communit<br>he community wit<br>space G for each<br>AC<br>5. BASIS OF<br>CARRIAGE  | <ul> <li>stem or an association representin<br/>ary transmitter, enter the designa<br/>ther basis, enter "O." For a furthe<br/>ed in the paper SA3 form<br/>y to which the station is licensed by the<br/>h which the station is identifed<br/>in channel line-up.</li> <li>6. LOCATION OF STATION</li> <li>West Palm Beach, FL</li> <li>West Palm Beach, FL</li> <li>Miami, FL</li> <li>Miami, FL</li> </ul>  |  |
| the cable system and a<br>tion "E" (exempt). For s<br>explanation of these th<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C<br><b>Note:</b> If you are utilizin<br>1. CALL<br>SIGN<br><b>WPTV Laff</b><br><b>WPTV MeTV</b><br><b>WLTV (Ion Myster</b><br><b>WSFL Court TV</b><br><b>WSFL Antenna T</b>   | a primary trans<br>simulcasts, als<br>aree categories<br>e location of ea<br>Canadian station<br>g multiple cha<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>6.3<br>6.2<br>23.3<br>9.2<br>9.3  | smitter or an a<br>o enter "E". If<br>a, see page (v<br>ach station. Fo<br>ons, if any, giv<br>nnel line-ups,<br>CHANN<br>3. TYPE<br>OF<br>STATION<br>I<br>I  | une 30, 2009, bi<br>association repre-<br>f you carried the<br>t/) of the general<br>or U.S. stations,<br>ve the name of t<br>, use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br><b>NO</b><br><b>NO</b><br><b>NO</b><br><b>NO</b>  | etween a cable sy<br>esenting the prima<br>channel on any c<br>instructions locat<br>list the communit<br>he community wit<br>space G for each<br>AC<br>5. BASIS OF<br>CARRIAGE  | <ul> <li>stem or an association representin<br/>ary transmitter, enter the designa<br/>ther basis, enter "O." For a furthe<br/>ed in the paper SA3 form<br/>y to which the station is licensed by the<br/>h which the station is identifec<br/>in channel line-up.</li> <li>6. LOCATION OF STATION</li> <li>West Palm Beach, FL</li> <li>West Palm Beach, FL</li> <li>Miami, FL</li> <li>Miami, FL</li> <li>Miami, FL</li> </ul>   |  |
| the cable system and a<br>tion "E" (exempt). For s<br>explanation of these th<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C<br>Note: If you are utilizin<br>1. CALL<br>SIGN<br>WPTV Laff<br>WPTV MeTV<br>WLTV (Ion Myster<br>WSFL Court TV<br>WSFL Antenna TV<br>WFLX Bounce TV  | a primary trans<br>simulcasts, als<br>a location of ee<br>Canadian static<br>ag multiple cha<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>6.3<br>6.2<br>23.3<br>9.2<br>9.3<br>7.2  | smitter or an a<br>o enter "E". If<br>a, see page (v<br>ach station. Fo<br>ons, if any, giv<br>nnel line-ups,<br>CHANN<br>3. TYPE<br>OF<br>STATION<br>I<br>I  | une 30, 2009, bi<br>association repre-<br>f you carried the<br>t) of the general<br>or U.S. stations,<br>we the name of t<br>, use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br><b>NO</b><br><b>NO</b><br><b>NO</b><br><b>NO</b><br><b>NO</b><br><b>NO</b>   | etween a cable sy<br>esenting the prima<br>channel on any c<br>instructions locat<br>list the communit<br>he community wit<br>space G for each<br>AC<br>5. BASIS OF<br>CARRIAGE  | <ul> <li>stem or an association representin<br/>ary transmitter, enter the designa<br/>ther basis, enter "O." For a furthe<br/>ed in the paper SA3 form<br/>y to which the station is licensed by the<br/>h which the station is identified<br/>in channel line-up.</li> <li>6. LOCATION OF STATION</li> <li>West Palm Beach, FL</li> <li>West Palm Beach, FL</li> <li>Miami, FL</li> <li>Miami, FL</li> <li>West Palm Beach, FL</li> <li>West Palm Beach, FL</li> </ul> |  |
| the cable system and a<br>tion "E" (exempt). For s<br>explanation of these th<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C<br><b>Note:</b> If you are utilizin<br>1. CALL<br>SIGN<br>WPTV Laff<br>WPTV MeTV<br>WLTV (Ion Myster<br>WSFL Court TV<br>WSFL Antenna T  | a primary trans<br>simulcasts, als<br>aree categories<br>e location of ea<br>Canadian station<br>g multiple cha<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>6.3<br>6.2<br>23.3<br>9.2<br>9.3  | smitter or an a<br>o enter "E". If<br>a, see page (v<br>ach station. Fo<br>ons, if any, giv<br>nnel line-ups,<br>CHANN<br>3. TYPE<br>OF<br>STATION<br>I<br>I  | une 30, 2009, bi<br>association repre-<br>f you carried the<br>t/) of the general<br>or U.S. stations,<br>ve the name of t<br>, use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br><b>NO</b><br><b>NO</b><br><b>NO</b><br><b>NO</b>  | etween a cable sy<br>esenting the prima<br>channel on any c<br>instructions locat<br>list the communit<br>he community wit<br>space G for each<br>AC<br>5. BASIS OF<br>CARRIAGE  | <ul> <li>stem or an association representin<br/>ary transmitter, enter the designa<br/>ther basis, enter "O." For a furthe<br/>ed in the paper SA3 form<br/>y to which the station is licensed by the<br/>h which the station is identifec<br/>in channel line-up.</li> <li>6. LOCATION OF STATION</li> <li>West Palm Beach, FL</li> <li>West Palm Beach, FL</li> <li>Miami, FL</li> <li>Miami, FL</li> <li>Miami, FL</li> </ul>   |  |
| the cable system and a<br>tion "E" (exempt). For s<br>explanation of these th<br><b>Column 6:</b> Give the<br>FCC. For Mexican or C<br><b>Note:</b> If you are utilizin<br>1. CALL<br>SIGN<br><b>WPTV Laff</b><br><b>WPTV MeTV</b><br><b>WLTV (Ion Myster</b><br><b>WSFL Court TV</b><br><b>WSFL Antenna TV</b><br><b>WFLX Bounce TV</b>   | a primary trans<br>simulcasts, als<br>a location of ee<br>Canadian static<br>ag multiple cha<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>6.3<br>6.2<br>23.3<br>9.2<br>9.3<br>7.2  | smitter or an a<br>o enter "E". If<br>a, see page (v<br>ach station. Fo<br>ons, if any, giv<br>nnel line-ups,<br>CHANN<br>3. TYPE<br>OF<br>STATION<br>I<br>I  | une 30, 2009, bi<br>association repre-<br>f you carried the<br>t) of the general<br>or U.S. stations,<br>we the name of t<br>, use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br><b>NO</b><br><b>NO</b><br><b>NO</b><br><b>NO</b><br><b>NO</b><br><b>NO</b>   | etween a cable sy<br>esenting the prima<br>channel on any c<br>instructions locat<br>list the communit<br>he community wit<br>space G for each<br>AC<br>5. BASIS OF<br>CARRIAGE  | <ul> <li>stem or an association representin<br/>ary transmitter, enter the designa<br/>ther basis, enter "O." For a furthe<br/>ed in the paper SA3 form<br/>y to which the station is licensed by the<br/>h which the station is identified<br/>in channel line-up.</li> <li>6. LOCATION OF STATION</li> <li>West Palm Beach, FL</li> <li>West Palm Beach, FL</li> <li>Miami, FL</li> <li>Miami, FL</li> <li>West Palm Beach, FL</li> <li>West Palm Beach, FL</li> </ul> |  |

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| LEGAL NAME OF OWN   | NER OF CABLE SY | STEM:          |                      |                      | SYSTEM ID#   |                             |
|---|-----------------|----------------|----------------------|----------------------|--|-----------------------------|
| Cogeco US (M  | iami), LLC      |                |                      |                      | 025207   | Name                        |
| PRIMARY TRANSMITT   | ERS: TELEVISI   | ON             |                      |                      |  |                             |
| carried by your cable   | system during   | the accountin  | g period except      | (1) stations carrie  | s and low power television stations)<br>ed only on a part-time basis under     | G                           |
| -   |                 |                |                      | -                    | tain network programs [section:<br>and (2) certain stations carried on a       | Primary                     |
| substitute program ba   |                 |                |                      | s carried by your    | cable system on a substitute program   | Transmitters:<br>Television |
| basis under specifc F   |                 | -              | •                    | s carried by your    | cable system on a substitute program   | relevision                  |
|   | •               |                | st it in space I (th | he Special Statem    | nent and Program Log)—if the   |                             |
| <ul> <li>station was carried</li> <li>List the station here.</li> </ul> |                 |                | ation was carrie     | d both on a subst    | itute basis and also on some othe  |                             |
| basis. For further in   | nformation con  |                |                      |                      | of the general instructions located  |                             |
| in the paper SA3 for<br>Column 1: List ear                              |                 | l sign. Do not | report originatio    | n program service    | es such as HBO, ESPN, etc. Identify  |                             |
|   |                 |                | U U                  | •                    | ation. For example, report multi   |                             |
| cast stream as "WET/<br>WETA-simulcast).                                | A-2". Simulcast | streams mus    | t be reported in     | column 1 (list eac   | ch stream separately; for example  |                             |
| Column 2: Give th   |                 |                | 0                    |                      | tion for broadcasting over-the-air ir  |                             |
| its community of licen<br>on which your cable s                         | •               |                | annel 4 in Wasl      | hington, D.C. This   | a may be different from the channe   |                             |
| Column 3: Indicat   | e in each case  | whether the s  |                      |                      | ependent station, or a noncommercia  |                             |
|   |                 | •              | ,                    | •                    | cast), "I" (for independent), "I-M<br>ommercial educational multicast)         |                             |
| For the meaning of th   | ese terms, see  | page (v) of th | ne general instru    | ictions located in t | ,<br>the paper SA3 form  |                             |
|   |                 |                |                      | ,                    | es". If not, enter "No". For an ex   |                             |
| planation of local serv<br>Column 5: If you h                           |                 |                |                      |                      | stating the basis on which you   |                             |
|   |                 | -              |                      | •                    | ntering "LAC" if your cable syster   |                             |
| carried the distant sta<br>For the retransmis                           | •               |                |                      |                      | y payment because it is the subjec   |                             |
| °   |                 |                |                      |                      | stem or an association representin   |                             |
|   |                 |                | •                    |                      | ary transmitter, enter the designa<br>other basis, enter "O." For a furthe     |                             |
| explanation of these t  | hree categories | s, see page (v | ) of the general     | instructions locate  | ed in the paper SA3 form   |                             |
|   |                 |                |                      |                      | ty to which the station is licensed by the high which the station is identifed |                             |
| Note: If you are utilizi  |                 |                |                      | •                    |  |                             |
|   |                 | CHANN          | EL LINE-UP           | AD                   |  |                             |
| 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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|   |                 |                |                      |                      |  |                             |

| LEGAL NAME OF OWNER OF CABLE SYST  | EM:                                    |                                  |   | SYSTEM ID#  | Nama                                   |
|--|--|----------------------------------|---|---|--|
| Cogeco US (Miami), LLC   |  |                                  |   | 025207  | Name                                   |
| PRIMARY TRANSMITTERS: TELEVISION   |  |                                  |   |   |  |
| In General: In space G, identify every to<br>carried by your cable system during the<br>FCC rules and regulations in effect on c   | e accounting per<br>June 24, 1981, p   | iod except (1<br>permitting the  | 1) stations carried<br>e carriage of cert | d only on a part-time basis under<br>ain network programs [section:   | G                                      |
| 76.59(d)(2) and (4), 76.61(e)(2) and (4)<br>substitute program basis, as explained<br><b>Substitute Basis Stations:</b> With res   | in the next parag                      | graph                            |   |   | Primary<br>Transmitters:<br>Television |
| <ul> <li>basis under specifc FCC rules, regulation</li> <li>Do not list the station here in space G<br/>station was carried only on a substitution</li> </ul>                | —but do list it in                     |                                  | e Special Statem                          | ent and Program Log)—if the   |  |
| <ul> <li>List the station here, and also in space<br/>basis. For further information concer<br/>in the paper SA3 form.</li> </ul>  |  |                                  |   |   |  |
| <b>Column 1:</b> List each station's call signature<br>each multicast stream associated with a<br>cast stream as "WETA-2". Simulcast stream                                  | a station accordi                      | ng to its ove                    | er-the-air designa                        | tion. For example, report multi                                       |  |
| WETA-simulcast).<br>Column 2: Give the channel numbe   | r the FCC has a                        | ssigned to th                    | he television stat                        | ion for broadcasting over-the-air ir                                  |  |
| its community of license. For example,<br>on which your cable system carried the<br><b>Column 3:</b> Indicate in each case wh<br>educational station, by entering the letter | station<br>hether the statior          | n is a networ                    | k station, an inde                        | ependent station, or a noncommercia                                   |  |
| (for independent multicast), "E" (for non<br>For the meaning of these terms, see pa<br><b>Column 4:</b> If the station is outside th   | icommercial edu<br>age (v) of the ger  | icational), or<br>neral instruct | · "E-M" (for nonco<br>tions located in th | ommercial educational multicast)<br>ne paper SA3 form                 |  |
| planation of local service area, see pag<br><b>Column 5:</b> If you have entered "Yes  | e (v) of the gene<br>" in column 4, ye | eral instruction                 | ons located in the<br>plete column 5,     | e paper SA3 form<br>stating the basis on which you                    |  |
| cable system carried the distant station<br>carried the distant station on a part-time<br>For the retransmission of a distant m  | e basis because                        | of lack of ac                    | ctivated channel                          | capacity  |  |
| of a written agreement entered into on o<br>the cable system and a primary transmi<br>tion "E" (exempt). For simulcasts, also e  | itter or an assoc                      | iation repres                    | senting the prima                         | ry transmitter, enter the designa                                     |  |
| explanation of these three categories, s<br>Column 6: Give the location of each  | see page (v) of the station. For U.S   | he general ir<br>S. stations, li | nstructions locate                        | ed in the paper SA3 form<br>/ to which the station is licensed by the |  |
| FCC. For Mexican or Canadian stations<br>Note: If you are utilizing multiple chann   | el line-ups, use                       | a separate s                     | space G for each                          |   |  |
| ļ  | CHANNEL L                              | INE-UP                           | AE  |   |  |
| 1. CALL 2. B'CAST 3.<br>SIGN CHANNEL<br>NUMBER   |  | ISTANT? 5<br>es or No)           | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION  |  |
|  |  |                                  |   |   |  |
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| LEGAL NAME OF OWN   | NER OF CABLE SY  | STEM:           |                      |                      | SYSTEM ID#   |                             |
|---|------------------|-----------------|----------------------|----------------------|--|-----------------------------|
| Cogeco US (M  | iami), LLC       |                 |                      |                      | 025207   | Name                        |
| PRIMARY TRANSMITT   | ERS: TELEVISI    | ON              |                      |                      |  |                             |
| carried by your cable   | system during    | the accountin   | g period except      | (1) stations carrie  | s and low power television stations)<br>d only on a part-time basis under<br>tain network programs [section: | G                           |
| -   |                  |                 |                      | -                    | and (2) certain stations carried on a  | Primary                     |
| substitute program ba   |                  |                 |                      | s carried by your    | cable system on a substitute program   | Transmitters:<br>Television |
| basis under specifc F   |                  | -               | •                    | s camed by your      | cable system on a substitute program   | Television                  |
|   | •                |                 | st it in space I (th | he Special Statem    | nent and Program Log)—if the   |                             |
| <ul> <li>station was carried</li> <li>List the station here,</li> </ul> |                  |                 | ation was carrie     | d both on a subst    | itute basis and also on some othe  |                             |
|   |                  | cerning substi  | itute basis statio   | ons, see page (v) o  | of the general instructions located  |                             |
| in the paper SA3 for<br>Column 1: List each                             |                  | l sign. Do not  | report originatio    | n program service    | es such as HBO, ESPN, etc. Identify  |                             |
|   |                  |                 | U U                  | •                    | ation. For example, report multi   |                             |
| WETA-simulcast).  | A-2". Simulcast  | streams mus     | t be reported in     | column 1 (list eac   | ch stream separately; for exampl∈  |                             |
| Column 2: Give th   |                  |                 | 0                    |                      | tion for broadcasting over-the-air ir  |                             |
| on which your cable s   | •                |                 | annel 4 in Wasl      | hington, D.C. This   | a may be different from the channe   |                             |
| Column 3: Indicat   | e in each case   | whether the s   |                      |                      | ependent station, or a noncommercia  |                             |
|   |                  | •               | ,                    | •                    | cast), "I" (for independent), "I-M<br>ommercial educational multicast)                                       |                             |
| For the meaning of th   | ese terms, see   | page (v) of th  | ne general instru    | ictions located in t | ,<br>the paper SA3 form  |                             |
| Column 4: If the s  |                  |                 |                      | ,                    | es". If not, enter "No". For an ex<br>e paper SA3 form   |                             |
| Column 5: If you h  | nave entered "Y  | es" in columr   | n 4, you must co     | mplete column 5,     | stating the basis on which you   |                             |
| cable system carried<br>carried the distant sta                         |                  | -               |                      | •                    | ntering "LAC" if your cable syster   |                             |
| For the retransmis  | sion of a distan | t multicast str | eam that is not      | subject to a royalt  | y payment because it is the subjec   |                             |
| °   |                  |                 |                      |                      | /stem or an association representin<br>ary transmitter, enter the designa                                    |                             |
|   |                  |                 | •                    |                      | other basis, enter "O." For a furthe   |                             |
|   |                  |                 |                      |                      | ed in the paper SA3 form<br>ty to which the station is licensed by the                                       |                             |
|   |                  |                 |                      |                      | h which the station is identifed   |                             |
| Note: If you are utilizi  | ng multiple cha  | nnel line-ups,  | , use a separate     | space G for each     | n channel line-up.   |                             |
|   |                  | CHANN           | EL LINE-UP           | AF                   |  |                             |
| 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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| LEGAL NAME OF OWN                           | NER OF CABLE SY  | STEM:                       |                      |                      | SYSTEM ID#  |                             |
|---|--|-----------------------------|----------------------|----------------------|---|-----------------------------|
| Cogeco US (Mi                               | iami), LLC   |                             |                      |                      | 025207  | Name                        |
| PRIMARY TRANSMITT                           | ERS: TELEVISI  | ON                          |                      |                      |   |                             |
| carried by your cable                       | system during  | the accountin               | g period except      | (1) stations carrie  | s and low power television stations)<br>d only on a part-time basis under | G                           |
|   |  |                             |                      |                      | tain network programs [section:<br>and (2) certain stations carried on a  | Primary                     |
| substitute program ba                       | sis, as explaine   | ed in the next              | paragraph            |                      | cable system on a substitute program                                      | Transmitters:<br>Television |
| basis under specifc F                       |  | -                           | •                    | s camed by your      | cable system on a substitute program                                      | relevision                  |
|   | •  |                             | st it in space I (th | he Special Statem    | nent and Program Log)—if the  |                             |
|   | and also in spanned and also in spanned also in spanned and also in the spanned and also in the spanned and also | ace I, if the st            |                      |                      | itute basis and also on some othe<br>of the general instructions located  |                             |
|   |  | sign. Do not                | report originatio    | n program service    | es such as HBO, ESPN, etc. Identify                                       |                             |
|   |  |                             | -                    | -                    | ation. For example, report multi<br>ch stream separately; for example     |                             |
| WETA-simulcast).                            | 4-2 . Simulcasi  | streams mus                 | t be reported in     | column i (list eac   | in stream separately, for example   |                             |
|   |  |                             | 0                    |                      | tion for broadcasting over-the-air ir<br>may be different from the channe |                             |
| on which your cable s<br>Column 3: Indicate | ystem carried t<br>e in each case  | he station<br>whether the s | tation is a netwo    | ork station, an ind  | ependent station, or a noncommercia                                       |                             |
|   |  | •                           | ,                    |                      | cast), "I" (for independent), "I-M<br>ommercial educational multicast)    |                             |
| For the meaning of the                      | ese terms, see   | page (v) of th              | e general instru     | ictions located in t | ,   |                             |
| planation of local serv                     | rice area, see p   | age (v) of the              | general instruc      | tions located in th  | e paper SA3 form  |                             |
|   |  |                             |                      |                      | stating the basis on which you<br>htering "LAC" if your cable syster      |                             |
| carried the distant sta                     |  |                             |                      |                      |   |                             |
|   |  |                             |                      |                      | y payment because it is the subjec<br>/stem or an association representin |                             |
| the cable system and                        | a primary trans  | smitter or an a             | association repre    | esenting the prima   | ary transmitter, enter the designa  |                             |
| · · /                                       |  |                             |                      |                      | other basis, enter "O." For a furthe<br>ed in the paper SA3 form          |                             |
| Column 6: Give th                           | e location of ea   | ach station. Fo             | or U.S. stations,    | list the communit    | ty to which the station is licensed by the                                |                             |
| Note: If you are utilizing                  |  |                             |                      |                      | h which the station is identifed<br>n channel line-up.                    |                             |
|   |  | CHANN                       | EL LINE-UP           | AG                   |   |                             |
| 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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| LEGAL NAME OF OWN                                  | IER OF CABLE SY | STEM:            |                      |                     | SYSTEM ID#  |                             |
|--|-----------------|------------------|----------------------|---------------------|---|-----------------------------|
| Cogeco US (Mi                                      | ami), LLC       |                  |                      |                     | 025207  | Name                        |
| PRIMARY TRANSMITT                                  | ERS: TELEVISI   | ON               |                      |                     |   |                             |
| carried by your cable                              | system during   | the accountin    | g period except      | (1) stations carrie | s and low power television stations)<br>ed only on a part-time basis under<br>tain network programs [section: | G                           |
| U U  |                 |                  |                      | 0                   | and (2) certain stations carried on a   | Primary                     |
| substitute program ba                              |                 |                  |                      | s carried by your   | cable system on a substitute program  | Transmitters:<br>Television |
| basis under specifc F                              |                 | -                | •                    | s carried by your   | cable system on a substitute program  | Television                  |
|  |                 |                  | st it in space I (tl | he Special Statem   | nent and Program Log)—if the  |                             |
| basis. For further in                              | and also in spa | ace I, if the st |                      |                     | itute basis and also on some othe<br>of the general instructions located                                      |                             |
| in the paper SA3 for<br>Column 1: List each        |                 | sign. Do not     | report originatio    | on program service  | es such as HBO, ESPN, etc. Identify   |                             |
|  |                 |                  |                      |                     | ation. For example, report multi  |                             |
| WETA-simulcast).                                   | A-2". Simulcast | streams mus      | t be reported in     | column 1 (list ead  | ch stream separately; for exampl€   |                             |
|  |                 |                  | •                    |                     | tion for broadcasting over-the-air ir   |                             |
| its community of licens                            | •               |                  | annel 4 in Was       | hington, D.C. This  | s may be different from the channe  |                             |
| Column 3: Indicate                                 | e in each case  | whether the s    |                      |                     | lependent station, or a noncommercia  |                             |
|  | -               | •                | ,                    | •                   | cast), "I" (for independent), "I-M<br>commercial educational multicast)                                       |                             |
| For the meaning of the                             | ese terms, see  | page (v) of th   | ne general instru    | ictions located in  | the paper SA3 form  |                             |
| Column 4: If the st<br>planation of local serv     |                 |                  |                      | ,                   | es". If not, enter "No". For an ex  |                             |
| Column 5: If you h                                 | ave entered "Y  | es" in columr    | n 4, you must co     | mplete column 5,    | stating the basis on which you  |                             |
| cable system carried t<br>carried the distant stat |                 |                  |                      |                     | ntering "LAC" if your cable syster  |                             |
|  |                 |                  |                      |                     | ty payment because it is the subjec   |                             |
| Ų  |                 |                  |                      |                     | ystem or an association representin<br>ary transmitter, enter the designa                                     |                             |
|  |                 |                  |                      |                     | other basis, enter "O." For a furthe  |                             |
|  |                 |                  |                      |                     | ed in the paper SA3 form  |                             |
|  |                 |                  |                      |                     | ty to which the station is licensed by the the which the station is identifed                                 |                             |
| Note: If you are utilizin                          |                 |                  |                      |                     |   |                             |
|  |                 | CHANN            | EL LINE-UP           | AH                  |   |                             |
| 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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| LEGAL NAME OF OWN   | IER OF CABLE SY                    | STEM:            |                   |                          | SYSTEM ID#  |                          |
|---|------------------------------------|------------------|-------------------|--------------------------|---|--------------------------|
| Cogeco US (Mi   | ami), LLC                          |                  |                   |                          | 025207  | Name                     |
| PRIMARY TRANSMITT   | ERS: TELEVISI                      | ON               |                   |                          |   |                          |
| carried by your cable   | system during                      | the accountin    | g period except   | (1) stations carrie      | s and low power television stations)<br>ed only on a part-time basis under<br>tain network programs [section: | G                        |
|   | 6.61(e)(2) and                     | (4), or 76.63 (  | referring to 76.6 |                          | and (2) certain stations carried on a   | Primary<br>Transmitters: |
|   |                                    |                  |                   | s carried by your        | cable system on a substitute program  | Television               |
| <ul> <li>basis under specifc F(</li> <li>Do not list the station station was carried</li> </ul> | here in space                      | G-but do lis     |                   | he Special Staten        | nent and Program Log)—if th€  |                          |
| List the station here,  | and also in span<br>formation cond | ace I, if the st |                   |                          | itute basis and also on some othe<br>of the general instructions located                                      |                          |
| Column 1: List ead  | ch station's call                  |                  |                   |                          | es such as HBO, ESPN, etc. Identify<br>ation. For example, report multi                                       |                          |
| WETA-simulcast).  |                                    |                  |                   | ,                        | ch stream separately; for example   |                          |
|   | se. For exampl                     | e, WRC is Ch     | •                 |                          | tion for broadcasting over-the-air ir<br>s may be different from the channe                                   |                          |
| Column 3: Indicate  | e in each case                     | whether the s    |                   |                          | lependent station, or a noncommercia<br>cast), "I" (for independent), "I-M                                    |                          |
| (for independent multi<br>For the meaning of the  | <i>,</i>                           |                  | · · ·             |                          | commercial educational multicast)   |                          |
|   |                                    |                  |                   |                          | es". If not, enter "No". For an ex  |                          |
| planation of local serv<br>Column 5: If you h   |                                    |                  |                   |                          | le paper SA3 form<br>, stating the basis on which you   |                          |
| cable system carried t<br>carried the distant stat  |                                    | 0                | υ.                |                          | ntering "LAC" if your cable syster  |                          |
| For the retransmiss   | sion of a distan                   | t multicast str  | eam that is not   | subject to a royalt      | ty payment because it is the subjec   |                          |
| °   |                                    |                  |                   |                          | vstem or an association representin<br>ary transmitter, enter the designa                                     |                          |
| tion "E" (exempt). For  | simulcasts, als                    | o enter "E". If  | you carried the   | channel on any o         | other basis, enter "O." For a furthe  |                          |
| Column 6: Give th   | e location of ea                   | ach station. Fo  | or U.S. stations, | list the community       | ed in the paper SA3 form<br>ty to which the station is licensed by the  |                          |
| FCC. For Mexican or <b>Note:</b> If you are utilizing   |                                    |                  |                   |                          | th which the station is identifed<br>n channel line-up.   |                          |
|   | •                                  | CHANN            | EL LINE-UP        | AI                       | ·   |                          |
| 1. CALL   | 2. B'CAST                          | 3. TYPE          | 4. DISTANT?       | 5. BASIS OF              | 6. LOCATION OF STATION  |                          |
| SIGN  | CHANNEL<br>NUMBER                  | OF<br>STATION    | (Yes or No)       | CARRIAGE<br>(If Distant) |   |                          |
|   |                                    |                  |                   |                          |   |                          |
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| LEGAL NAME OF OWN  | NER OF CABLE SY                   | STEM:                       |                      |                      | SYSTEM ID#  |                             |  |  |
|--|-----------------------------------|-----------------------------|----------------------|----------------------|---|-----------------------------|--|--|
| Cogeco US (Mi  | iami), LLC                        |                             |                      |                      | 025207  | Name                        |  |  |
| PRIMARY TRANSMITTERS: TELEVISION   |                                   |                             |                      |                      |   |                             |  |  |
| carried by your cable  | system during                     | the accountin               | g period except      | (1) stations carrie  | s and low power television stations)<br>d only on a part-time basis under | G                           |  |  |
|  |                                   |                             |                      |                      | tain network programs [section:<br>and (2) certain stations carried on a  | Primary                     |  |  |
| substitute program ba  | sis, as explaine                  | ed in the next              | paragraph            |                      | cable system on a substitute program                                      | Transmitters:<br>Television |  |  |
| basis under specifc F  |                                   | -                           | •                    | s camed by your      | cable system on a substitute program                                      | relevision                  |  |  |
|  | •                                 |                             | st it in space I (th | ne Special Statem    | nent and Program Log)—if the  |                             |  |  |
| <ul> <li>station was carried only on a substitute basis</li> <li>List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul> |                                   |                             |                      |                      |   |                             |  |  |
| Column 1: List eac   | ch station's call                 | -                           |                      |                      | es such as HBO, ESPN, etc. Identify                                       |                             |  |  |
|  |                                   |                             | -                    | -                    | ation. For example, report multi<br>ch stream separately; for example     |                             |  |  |
| WETA-simulcast).   |                                   |                             |                      | ,                    |   |                             |  |  |
|  |                                   |                             | 0                    |                      | tion for broadcasting over-the-air ir<br>may be different from the channe |                             |  |  |
| on which your cable s<br>Column 3: Indicate  | ystem carried t<br>e in each case | he station<br>whether the s | tation is a netwo    | ork station, an ind  | ependent station, or a noncommercia                                       |                             |  |  |
|  |                                   | •                           | ,                    | •                    | cast), "I" (for independent), "I-M<br>ommercial educational multicast)    |                             |  |  |
| For the meaning of the   | ese terms, see                    | page (v) of th              | e general instru     | ictions located in t | ,   |                             |  |  |
| planation of local serv  | rice area, see p                  | age (v) of the              | general instruc      | tions located in th  | e paper SA3 form  |                             |  |  |
|  |                                   |                             |                      |                      | stating the basis on which you<br>htering "LAC" if your cable syster      |                             |  |  |
| carried the distant sta  |                                   |                             |                      |                      |   |                             |  |  |
|  |                                   |                             |                      |                      | y payment because it is the subjec<br>/stem or an association representin |                             |  |  |
| the cable system and   | a primary trans                   | smitter or an a             | association repre    | esenting the prima   | ary transmitter, enter the designa  |                             |  |  |
| · · /  |                                   |                             |                      |                      | other basis, enter "O." For a furthe<br>ed in the paper SA3 form          |                             |  |  |
| Column 6: Give th  | e location of ea                  | ach station. Fo             | or U.S. stations,    | list the communit    | ty to which the station is licensed by the                                |                             |  |  |
| Note: If you are utilizing   |                                   |                             |                      |                      | h which the station is identifed<br>n channel line-up.                    |                             |  |  |
|  |                                   | CHANN                       | EL LINE-UP           | AJ                   |   |                             |  |  |
| 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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| LEGAL NAME OF OW   | NER OF CABLE SY  | STEM:           |                   |                      | SYSTEM ID#   |                             |  |  |
|--|------------------|-----------------|-------------------|----------------------|--|-----------------------------|--|--|
| Cogeco US (N   | liami), LLC      |                 |                   |                      | 025207   | Name                        |  |  |
| PRIMARY TRANSMITTERS: TELEVISION   |                  |                 |                   |                      |  |                             |  |  |
| carried by your cable  | system during    | the accountin   | g period except   | (1) stations carrie  | s and low power television stations)<br>d only on a part-time basis under<br>tain network programs [section: | G                           |  |  |
| -  |                  |                 |                   | -                    | and (2) certain stations carried on a  | Primary                     |  |  |
| substitute program b   |                  |                 |                   | s carried by your    | cable system on a substitute program   | Transmitters:<br>Television |  |  |
| basis under specifc F  |                  | -               | •                 | s carried by your o  | cable system on a substitute program   | relevision                  |  |  |
| • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the |                  |                 |                   |                      |  |                             |  |  |
| <ul> <li>station was carried</li> <li>List the station here</li> </ul>   |                  |                 | ation was carrie  | d both on a substi   | itute basis and also on some othe  |                             |  |  |
| basis. For further   | information con  |                 |                   |                      | of the general instructions located  |                             |  |  |
| in the paper SA3 f<br>Column 1: List ea  |                  | l sign. Do not  | report originatio | n program service    | es such as HBO, ESPN, etc. Identify  |                             |  |  |
| each multicast strear  | n associated wi  | th a station ac | cording to its ov | /er-the-air designa  | ation. For example, report multi   |                             |  |  |
| cast stream as "WET WETA-simulcast).   | A-2". Simulcast  | streams mus     | t be reported in  | column 1 (list eac   | h stream separately; for example   |                             |  |  |
| Column 2: Give t   |                  |                 | 0                 |                      | tion for broadcasting over-the-air ir  |                             |  |  |
| its community of licer<br>on which your cable  | •                |                 | annel 4 in Wasl   | hington, D.C. This   | may be different from the channe   |                             |  |  |
| Column 3: Indica   | te in each case  | whether the s   |                   |                      | ependent station, or a noncommercia  |                             |  |  |
|  |                  | •               | ,                 |                      | cast), "I" (for independent), "I-M<br>ommercial educational multicast)                                       |                             |  |  |
| For the meaning of the   | nese terms, see  | page (v) of th  | e general instru  | ictions located in t | he paper SA3 form  |                             |  |  |
|  |                  |                 |                   |                      | es". If not, enter "No". For an ex   |                             |  |  |
| planation of local ser<br>Column 5: If you   |                  |                 |                   |                      | stating the basis on which you   |                             |  |  |
| -  |                  | -               |                   | •                    | itering "LAC" if your cable syster   |                             |  |  |
| carried the distant sta<br>For the retransmis  | •                |                 |                   |                      | y payment because it is the subjec   |                             |  |  |
| v  |                  |                 |                   |                      | stem or an association representin   |                             |  |  |
|  |                  |                 | •                 | - ·                  | ry transmitter, enter the designa<br>ther basis, enter "O." For a furthe                                     |                             |  |  |
| explanation of these   | three categories | s, see page (v  | ) of the general  | instructions locate  | ed in the paper SA3 form   |                             |  |  |
|  |                  |                 |                   |                      | y to which the station is licensed by the<br>h which the station is identifed                                |                             |  |  |
| Note: If you are utiliz  |                  |                 |                   | •                    |  |                             |  |  |
|  |                  | CHANN           | EL 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)         |  |                             |  |  |
|  |                  |                 |                   |                      |  |                             |  |  |
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| LEGAL NAME OF OWN  | NER OF CABLE SY   | STEM:           |                    |                     | SYSTEM ID#   |                             |  |  |
|--|-------------------|-----------------|--------------------|---------------------|--|-----------------------------|--|--|
| Cogeco US (M   | iami), LLC        |                 |                    |                     | 025207   | Name                        |  |  |
| PRIMARY TRANSMITTERS: TELEVISION   |                   |                 |                    |                     |  |                             |  |  |
| carried by your cable  | system during     | the accountin   | g period except    | (1) stations carrie | s and low power television stations)<br>d only on a part-time basis under<br>tain network programs [section: | G                           |  |  |
| -  |                   |                 |                    | -                   | and (2) certain stations carried on a  | Primary                     |  |  |
| substitute program ba  |                   |                 |                    | s carried by your   | cable system on a substitute program   | Transmitters:<br>Television |  |  |
| basis under specifc F  |                   | -               | •                  | s carried by your   | cable system on a substitute program   | relevision                  |  |  |
| • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the |                   |                 |                    |                     |  |                             |  |  |
| <ul> <li>station was carried</li> <li>List the station here.</li> </ul>  |                   |                 | ation was carrie   | d both on a subst   | itute basis and also on some othe  |                             |  |  |
| basis. For further in  | nformation con    |                 |                    |                     | of the general instructions located  |                             |  |  |
| in the paper SA3 for<br>Column 1: List each  |                   | l sign. Do not  | report originatio  | n program service   | es such as HBO, ESPN, etc. Identify  |                             |  |  |
|  |                   | -               |                    |                     | ation. For example, report multi   |                             |  |  |
| cast stream as "WET/<br>WETA-simulcast).   | A-2". Simulcast   | streams mus     | t be reported in   | column 1 (list eac  | ch stream separately; for example  |                             |  |  |
|  | ne channel num    | ber the FCC     | has assigned to    | the television sta  | tion for broadcasting over-the-air ir  |                             |  |  |
| ,  | •                 |                 | annel 4 in Wasl    | hington, D.C. This  | may be different from the channe   |                             |  |  |
| on which your cable s<br>Column 3: Indicat   |                   |                 | station is a netwo | ork station, an ind | ependent station, or a noncommercia  |                             |  |  |
|  |                   | •               | ,                  | •                   | cast), "I" (for independent), "I-M   |                             |  |  |
| (for independent mult<br>For the meaning of th   | <i>//</i>         |                 | , ·                | ``                  | ommercial educational multicast)<br>the paper SA3 form   |                             |  |  |
| Column 4: If the s   | tation is outside | e the local ser | vice area, (i.e. " | distant"), enter "Y | es". If not, enter "No". For an ex   |                             |  |  |
| planation of local serv  |                   |                 |                    |                     | e paper SA3 form<br>stating the basis on which you   |                             |  |  |
|  |                   |                 |                    | •                   | ntering "LAC" if your cable syster   |                             |  |  |
| carried the distant sta  | •                 |                 |                    |                     |  |                             |  |  |
|  |                   |                 |                    |                     | y payment because it is the subjec<br>/stem or an association representin                                    |                             |  |  |
|  |                   |                 | •                  |                     | ary transmitter, enter the designa   |                             |  |  |
| · · · /  |                   |                 |                    |                     | other basis, enter "O." For a furthe<br>ed in the paper SA3 form   |                             |  |  |
|  |                   |                 |                    |                     | y to which the station is licensed by the  |                             |  |  |
| Note: If you are utilizi   |                   |                 |                    | •                   | h which the station is identifed<br>n channel line-up.   |                             |  |  |
|  | 0                 | •               | EL LINE-UP         | •                   | ·  |                             |  |  |
| 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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|  | <sup>1</sup>      |                 |                    |                     |  |                             |  |  |
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| LEGAL NAME OF OWN  | NER OF CABLE SY  | STEM:           |                    |                      | SYSTEM ID#   |                             |  |  |
|--|------------------|-----------------|--------------------|----------------------|--|-----------------------------|--|--|
| Cogeco US (M   | iami), LLC       |                 |                    |                      | 025207   | Name                        |  |  |
| PRIMARY TRANSMITTERS: TELEVISION   |                  |                 |                    |                      |  |                             |  |  |
| carried by your cable  | system during    | the accountin   | g period except    | (1) stations carrie  | s and low power television stations)<br>ed only on a part-time basis under | G                           |  |  |
| -  |                  |                 |                    | -                    | tain network programs [section:<br>and (2) certain stations carried on a   | Primary                     |  |  |
| substitute program ba  |                  |                 |                    | s carried by your    | cable system on a substitute program                                       | Transmitters:<br>Television |  |  |
| basis under specifc F  |                  | -               | •                  | s carried by your    | cable system on a substitute program                                       | relevision                  |  |  |
| • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the |                  |                 |                    |                      |  |                             |  |  |
| <ul> <li>station was carried</li> <li>List the station here,</li> </ul>  |                  |                 | ation was carrie   | d both on a subst    | itute basis and also on some othe  |                             |  |  |
|  |                  | cerning subst   | itute basis statio | ons, see page (v)    | of the general instructions located  |                             |  |  |
| in the paper SA3 for<br>Column 1: List each  |                  | l sign. Do not  | report originatio  | n program service    | es such as HBO, ESPN, etc. Identify  |                             |  |  |
|  |                  |                 | U U                | •                    | ation. For example, report multi   |                             |  |  |
| Cast stream as "WET/<br>WETA-simulcast).   | A-2". Simulcast  | streams mus     | t be reported in   | column 1 (list eac   | ch stream separately; for example  |                             |  |  |
| Column 2: Give th  |                  |                 | 0                  |                      | tion for broadcasting over-the-air ir                                      |                             |  |  |
| on which your cable s  | •                |                 | annel 4 in Wasl    | hington, D.C. This   | a may be different from the channe   |                             |  |  |
| Column 3: Indicat  | e in each case   | whether the s   |                    |                      | ependent station, or a noncommercia  |                             |  |  |
|  |                  | •               | ,                  | •                    | cast), "I" (for independent), "I-M<br>ommercial educational multicast)     |                             |  |  |
| For the meaning of th  | ese terms, see   | page (v) of th  | ne general instru  | ictions located in t | ,<br>the paper SA3 form  |                             |  |  |
| Column 4: If the s   |                  |                 |                    | ,                    | es". If not, enter "No". For an ex<br>e paper SA3 form                     |                             |  |  |
| Column 5: If you h   | nave entered "Y  | es" in columr   | n 4, you must co   | mplete column 5,     | stating the basis on which you   |                             |  |  |
| cable system carried<br>carried the distant sta  |                  | -               |                    | •                    | ntering "LAC" if your cable syster   |                             |  |  |
| For the retransmis   | sion of a distan | t multicast str | eam that is not    | subject to a royalt  | y payment because it is the subjec   |                             |  |  |
| °  |                  |                 |                    |                      | /stem or an association representin<br>ary transmitter, enter the designa  |                             |  |  |
| tion "E" (exempt). For   | simulcasts, als  | o enter "E". If | you carried the    | channel on any c     | other basis, enter "O." For a furthe                                       |                             |  |  |
|  |                  |                 |                    |                      | ed in the paper SA3 form<br>ty to which the station is licensed by the     |                             |  |  |
|  |                  |                 |                    |                      | h which the station is identified  |                             |  |  |
| Note: If you are utilizi   | ng multiple cha  | nnel line-ups,  | , use a separate   | space G for each     | n channel line-up.   |                             |  |  |
|  |                  | CHANN           | EL LINE-UP         | AM                   |  |                             |  |  |
| 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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| LEGAL NAME OF OWN  | NER OF CABLE SY  | STEM:           |                    |                      | SYSTEM ID#   |                             |  |  |
|--|------------------|-----------------|--------------------|----------------------|--|-----------------------------|--|--|
| Cogeco US (M   | iami), LLC       |                 |                    |                      | 025207   | Name                        |  |  |
| PRIMARY TRANSMITTERS: TELEVISION   |                  |                 |                    |                      |  |                             |  |  |
| carried by your cable  | system during    | the accountin   | g period except    | (1) stations carrie  | s and low power television stations)<br>ed only on a part-time basis under | G                           |  |  |
| -  |                  |                 |                    | -                    | tain network programs [section:<br>and (2) certain stations carried on a   | Primary                     |  |  |
| substitute program ba  |                  |                 |                    | s carried by your    | cable system on a substitute program                                       | Transmitters:<br>Television |  |  |
| basis under specifc F  |                  | -               | •                  | s carried by your    | cable system on a substitute program                                       | relevision                  |  |  |
| • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the |                  |                 |                    |                      |  |                             |  |  |
| <ul> <li>station was carried</li> <li>List the station here,</li> </ul>  |                  |                 | ation was carrie   | d both on a subst    | itute basis and also on some othe  |                             |  |  |
|  |                  | cerning subst   | itute basis statio | ons, see page (v)    | of the general instructions located  |                             |  |  |
| in the paper SA3 for<br>Column 1: List each  |                  | sign. Do not    | report originatio  | n program service    | es such as HBO, ESPN, etc. Identify  |                             |  |  |
|  |                  |                 | •                  | •                    | ation. For example, report multi   |                             |  |  |
| Cast stream as "WET/<br>WETA-simulcast).   | A-2". Simulcast  | streams mus     | t be reported in   | column 1 (list eac   | ch stream separately; for example  |                             |  |  |
| Column 2: Give th  |                  |                 | 0                  |                      | tion for broadcasting over-the-air ir                                      |                             |  |  |
| on which your cable s  | •                |                 | annel 4 in Wasl    | hington, D.C. This   | a may be different from the channe   |                             |  |  |
| Column 3: Indicat  | e in each case   | whether the s   |                    |                      | ependent station, or a noncommercia  |                             |  |  |
|  |                  | •               | ,                  | •                    | cast), "I" (for independent), "I-M<br>ommercial educational multicast)     |                             |  |  |
| For the meaning of th  | ese terms, see   | page (v) of th  | e general instru   | ictions located in t | ,<br>the paper SA3 form  |                             |  |  |
| Column 4: If the s   |                  |                 |                    | ,                    | es". If not, enter "No". For an ex<br>e paper SA3 form                     |                             |  |  |
| Column 5: If you h   | nave entered "Y  | es" in columr   | 1 4, you must co   | mplete column 5,     | stating the basis on which you   |                             |  |  |
| cable system carried<br>carried the distant sta  |                  | -               |                    | •                    | ntering "LAC" if your cable syster   |                             |  |  |
| For the retransmis   | sion of a distan | t multicast str | eam that is not    | subject to a royalt  | y payment because it is the subjec   |                             |  |  |
| °  |                  |                 |                    |                      | /stem or an association representin<br>ary transmitter, enter the designa  |                             |  |  |
| tion "E" (exempt). For   | simulcasts, als  | o enter "E". If | you carried the    | channel on any c     | other basis, enter "O." For a furthe                                       |                             |  |  |
|  |                  |                 |                    |                      | ed in the paper SA3 form<br>ty to which the station is licensed by the     |                             |  |  |
|  |                  |                 |                    |                      | h which the station is identified  |                             |  |  |
| Note: If you are utilizi   | ng multiple cha  | nnel line-ups,  | use a separate     | space G for each     | n channel line-up.   |                             |  |  |
|  |                  | CHANN           | EL LINE-UP         | AN                   |  |                             |  |  |
| 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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| LEGAL NAME OF OW  | NER OF CABLE SY   | STEM:           |                   |                      | SYSTEM ID#   |                             |  |  |
|---|---|-----------------|-------------------|----------------------|--|-----------------------------|--|--|
| Cogeco US (M  | iami), LLC  |                 |                   |                      | 025207   | Name                        |  |  |
| PRIMARY TRANSMITTERS: TELEVISION  |   |                 |                   |                      |  |                             |  |  |
| carried by your cable   | system during   | the accountin   | g period except   | (1) stations carrie  | s and low power television stations)<br>ed only on a part-time basis under | G                           |  |  |
| -   |   |                 |                   | -                    | tain network programs [section:<br>and (2) certain stations carried on a   | Primary                     |  |  |
| substitute program ba   |   |                 |                   | s carried by your    | cable system on a substitute program                                       | Transmitters:<br>Television |  |  |
| basis under specifc F   |   | -               | •                 | s carried by your    | cable system on a substitute program                                       | relevision                  |  |  |
| • 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 |   |                 |                   |                      |  |                             |  |  |
|   |   |                 | ation was carrie  | d both on a subst    | itute basis and also on some othe  |                             |  |  |
|   | basis. For further information concerning substitute basis stations, see page (v) of the general instructions located |                 |                   |                      |  |                             |  |  |
| in the paper SA3 for <b>Column 1:</b> List ea   |   | l sign. Do not  | report originatio | n program service    | es such as HBO, ESPN, etc. Identify  |                             |  |  |
|   |   |                 | •                 | •                    | ation. For example, report multi   |                             |  |  |
| WETA-simulcast).  | A-2". Simulcast   | streams mus     | t be reported in  | column 1 (list eac   | ch stream separately; for exampl∈  |                             |  |  |
| Column 2: Give th   |   |                 | 0                 |                      | tion for broadcasting over-the-air ir                                      |                             |  |  |
| on which your cable s   | •   |                 | annel 4 in Wasl   | hington, D.C. This   | a may be different from the channe   |                             |  |  |
| Column 3: Indicat   | e in each case  | whether the s   |                   |                      | ependent station, or a noncommercia  |                             |  |  |
|   |   | •               | ,                 | •                    | cast), "I" (for independent), "I-M<br>ommercial educational multicast)     |                             |  |  |
| For the meaning of th   | ese terms, see  | page (v) of th  | e general instru  | ictions located in t | ,<br>the paper SA3 form  |                             |  |  |
| Column 4: If the s  |   |                 |                   | ,                    | es". If not, enter "No". For an ex<br>e paper SA3 form                     |                             |  |  |
| Column 5: If you h  | nave entered "Y   | es" in columr   | 1 4, you must co  | mplete column 5,     | stating the basis on which you   |                             |  |  |
| cable system carried<br>carried the distant sta   |   | -               |                   | •                    | ntering "LAC" if your cable syster   |                             |  |  |
| For the retransmis  | sion of a distan  | t multicast str | eam that is not   | subject to a royalt  | y payment because it is the subjec   |                             |  |  |
| Ŭ   |   |                 |                   |                      | /stem or an association representin<br>ary transmitter, enter the designa  |                             |  |  |
|   |   |                 | •                 |                      | other basis, enter "O." For a furthe                                       |                             |  |  |
|   |   |                 |                   |                      | ed in the paper SA3 form<br>ty to which the station is licensed by the     |                             |  |  |
|   |   |                 |                   |                      | h which the station is identifed   |                             |  |  |
| Note: If you are utilizi  | ng multiple cha   | nnel line-ups,  | use a separate    | space G for each     | n channel line-up.   |                             |  |  |
|   |   | CHANN           | EL LINE-UP        | AO                   |  |                             |  |  |
| 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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|   |   |                 |                   |                      |  |                             |  |  |

| LEGAL NAME OF OWN   | IER OF CABLE SY   | STEM:         |                   |                          | SYSTEM ID#   |                             |  |  |
|---|---|---------------|-------------------|--------------------------|--|-----------------------------|--|--|
| Cogeco US (Mi   | iami), LLC  |               |                   |                          | 025207   | Name                        |  |  |
| PRIMARY TRANSMITTERS: TELEVISION  |   |               |                   |                          |  |                             |  |  |
| carried by your cable   | system during   | the accountin | g period except   | (1) stations carrie      | s and low power television stations)<br>ed only on a part-time basis under | G                           |  |  |
| -   |   |               |                   | -                        | tain network programs [section:<br>and (2) certain stations carried on a   | Primary                     |  |  |
| substitute program ba   |   |               |                   | s carried by your        | cable system on a substitute program                                       | Transmitters:<br>Television |  |  |
| basis under specifc F   |   | -             | •                 | s camed by your          | cable system on a substitute 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 the station was carried only on a substitute basis |   |               |                   |                          |  |                             |  |  |
|   |   |               | ation was carrie  | d both on a subst        | itute basis and also on some othe  |                             |  |  |
|   | basis. For further information concerning substitute basis stations, see page (v) of the general instructions located |               |                   |                          |  |                             |  |  |
| in the paper SA3 for<br>Column 1: List each   |   | sign. Do not  | report originatio | n program service        | es such as HBO, ESPN, etc. Identify  |                             |  |  |
|   |   |               | U U               | •                        | ation. For example, report multi   |                             |  |  |
| WETA-simulcast).  | A-2°. Simulcast   | streams mus   | t be reported in  | column 1 (list eac       | ch stream separately; for exampl∈  |                             |  |  |
|   |   |               | 0                 |                          | tion for broadcasting over-the-air ir                                      |                             |  |  |
| on which your cable s   | •   |               | iannel 4 in Wasi  | nington, D.C. This       | may be different from the channe   |                             |  |  |
|   |   |               |                   |                          | ependent station, or a noncommercia  |                             |  |  |
|   | -   | •             | ,                 | •                        | cast), "I" (for independent), "I-M<br>ommercial educational multicast)     |                             |  |  |
| For the meaning of the  |   |               |                   |                          |  |                             |  |  |
| planation of local serv   |   |               |                   | ,                        | es". If not, enter "No". For an ex<br>e paper SA3 form                     |                             |  |  |
| Column 5: If you h  | ave entered "Y  | es" in columr | n 4, you must co  | mplete column 5,         | stating the basis on which you   |                             |  |  |
| cable system carried t  |   | -             |                   | •                        | ntering "LAC" if your cable syster<br>capacity                             |                             |  |  |
|   |   |               |                   |                          | y payment because it is the subjec   |                             |  |  |
| °   |   |               |                   |                          | /stem or an association representin<br>ary transmitter, enter the designa  |                             |  |  |
| · · /   |   |               |                   |                          | other basis, enter "O." For a furthe                                       |                             |  |  |
|   |   |               |                   |                          | ed in the paper SA3 form<br>by to which the station is licensed by the     |                             |  |  |
|   |   |               |                   | •                        | h which the station is identifed   |                             |  |  |
| Note: If you are utilizing  | ng multiple cha   | •             | •                 | •                        | n channel line-up.   |                             |  |  |
|   | 1   | CHANN         | EL LINE-UP        | AP                       |  |                             |  |  |
| 1. CALL   | 2. B'CAST   | 3. TYPE       | 4. DISTANT?       | 5. BASIS OF              | 6. LOCATION OF STATION   |                             |  |  |
| SIGN  | CHANNEL<br>NUMBER   | OF<br>STATION | (Yes or No)       | CARRIAGE<br>(If Distant) |  |                             |  |  |
|   | NOWIDER   | UTATION       |                   | (ii Distant)             |  |                             |  |  |
|   |   |               |                   |                          |  |                             |  |  |
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|   |   |               |                   |                          |  | •                           |  |  |

| LEGAL NAME OF OWN                                | IER OF CABLE SY   | STEM:           |                            |                     | SYSTEM ID#  |               |  |  |
|--|---|-----------------|----------------------------|---------------------|---|---------------|--|--|
| Cogeco US (Mi                                    | iami), LLC  |                 |                            |                     | 025207  | Name          |  |  |
| PRIMARY TRANSMITT                                | ERS: TELEVISI   | ON              |                            |                     |   |               |  |  |
| carried by your cable                            | system during   | the accountin   | g period except            | (1) stations carrie | s and low power television stations)<br>d only on a part-time basis under     | G             |  |  |
|  |   |                 |                            |                     | tain network programs [section:<br>and (2) certain stations carried on a      | Primary       |  |  |
| substitute program ba                            | sis, as explaine  | ed in the next  | paragraph                  |                     |   | Transmitters: |  |  |
| basis under specifc F                            |   | -               | •                          | s carried by your   | cable system on a substitute progran  | Television    |  |  |
| Do not list the station                          | n here in space   | G-but do lis    |                            | ne Special Statem   | nent and Program Log)—if the  |               |  |  |
|  | <ul> <li>station was carried only on a substitute basis</li> <li>List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe</li> </ul> |                 |                            |                     |   |               |  |  |
| basis. For further in                            | basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  |                 |                            |                     |   |               |  |  |
|  |   | -               |                            |                     | es such as HBO, ESPN, etc. Identify   |               |  |  |
|  |   |                 | -                          | -                   | ation. For example, report multi<br>ch stream separately; for example         |               |  |  |
| WETA-simulcast).                                 |   |                 | haa aasimaad ka            | the television star | tion for broodcosting over the sin in   |               |  |  |
|  |   |                 | 0                          |                     | tion for broadcasting over-the-air ir<br>may be different from the channe     |               |  |  |
| on which your cable s                            | ystem carried t   | he station      |                            | 0                   | ependent station, or a noncommercia   |               |  |  |
|  | -   | •               | ,                          |                     | cast), "I" (for independent), "I-M  |               |  |  |
| (for independent multi<br>For the meaning of the | <i>//</i>   |                 | <i>, , , , , , , , , ,</i> | · ·                 | ommercial educational multicast)<br>the paper SA3 form                        |               |  |  |
| Column 4: If the st                              | tation is outside   | e the local ser | vice area, (i.e. "         | distant"), enter "Y | es". If not, enter "No". For an ex  |               |  |  |
| planation of local serv<br>Column 5: If you h    |   |                 |                            |                     | e paper SA3 form<br>stating the basis on which you                            |               |  |  |
| cable system carried t                           | he distant stati  | on during the   | accounting peri            | od. Indicate by er  | ntering "LAC" if your cable syster  |               |  |  |
| carried the distant stat                         | •   |                 |                            |                     | capacity<br>y payment because it is the subjec                                |               |  |  |
| of a written agreemen                            | t entered into c  | on or before J  | une 30, 2009, b            | etween a cable sy   | stem or an association representin  |               |  |  |
|  |   |                 |                            |                     | ary transmitter, enter the designa<br>other basis, enter "O." For a furthe    |               |  |  |
| explanation of these the                         | hree categories   | s, see page (v  | ) of the general           | instructions locate | ed in the paper SA3 form  |               |  |  |
|  |   |                 |                            |                     | y to which the station is licensed by the<br>h which the station is identifed |               |  |  |
| Note: If you are utilizin                        |   |                 |                            |                     |   |               |  |  |
|  |   | CHANN           | EL LINE-UP                 | AQ                  |   |               |  |  |
| 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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| LEGAL NAME OF OWN  | NER OF CABLE SY  | STEM:           |                    |                      | SYSTEM ID#   |                             |  |  |
|--|------------------|-----------------|--------------------|----------------------|--|-----------------------------|--|--|
| Cogeco US (M   | iami), LLC       |                 |                    |                      | 025207   | Name                        |  |  |
| PRIMARY TRANSMITTERS: TELEVISION   |                  |                 |                    |                      |  |                             |  |  |
| carried by your cable  | system during    | the accountin   | g period except    | (1) stations carrie  | s and low power television stations)<br>ed only on a part-time basis under | G                           |  |  |
| -  |                  |                 |                    | -                    | tain network programs [section:<br>and (2) certain stations carried on a   | Primary                     |  |  |
| substitute program ba  |                  |                 |                    | s carried by your    | cable system on a substitute program                                       | Transmitters:<br>Television |  |  |
| basis under specifc F  |                  | -               | •                  | s carried by your    | cable system on a substitute program                                       | relevision                  |  |  |
| • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the |                  |                 |                    |                      |  |                             |  |  |
| <ul> <li>station was carried</li> <li>List the station here,</li> </ul>  |                  |                 | ation was carrie   | d both on a subst    | itute basis and also on some othe  |                             |  |  |
|  |                  | cerning subst   | itute basis statio | ons, see page (v)    | of the general instructions located  |                             |  |  |
| in the paper SA3 for<br>Column 1: List each  |                  | l sign. Do not  | report originatio  | n program service    | es such as HBO, ESPN, etc. Identify  |                             |  |  |
|  |                  |                 | U U                | •                    | ation. For example, report multi   |                             |  |  |
| Cast stream as "WET/<br>WETA-simulcast).   | A-2". Simulcast  | streams mus     | t be reported in   | column 1 (list eac   | ch stream separately; for example  |                             |  |  |
| Column 2: Give th  |                  |                 | 0                  |                      | tion for broadcasting over-the-air ir                                      |                             |  |  |
| on which your cable s  | •                |                 | annel 4 in Wasl    | hington, D.C. This   | a may be different from the channe   |                             |  |  |
| Column 3: Indicat  | e in each case   | whether the s   |                    |                      | ependent station, or a noncommercia  |                             |  |  |
|  |                  | •               | ,                  | •                    | cast), "I" (for independent), "I-M<br>ommercial educational multicast)     |                             |  |  |
| For the meaning of th  | ese terms, see   | page (v) of th  | ne general instru  | ictions located in t | ,<br>the paper SA3 form  |                             |  |  |
| Column 4: If the s   |                  |                 |                    | ,                    | es". If not, enter "No". For an ex<br>e paper SA3 form                     |                             |  |  |
| Column 5: If you h   | nave entered "Y  | es" in columr   | n 4, you must co   | mplete column 5,     | stating the basis on which you   |                             |  |  |
| cable system carried<br>carried the distant sta  |                  | -               |                    | •                    | ntering "LAC" if your cable syster   |                             |  |  |
| For the retransmis   | sion of a distan | t multicast str | eam that is not    | subject to a royalt  | y payment because it is the subjec   |                             |  |  |
| °  |                  |                 |                    |                      | /stem or an association representin<br>ary transmitter, enter the designa  |                             |  |  |
|  |                  |                 | •                  |                      | other basis, enter "O." For a furthe                                       |                             |  |  |
|  |                  |                 |                    |                      | ed in the paper SA3 form<br>ty to which the station is licensed by the     |                             |  |  |
|  |                  |                 |                    |                      | h which the station is identifed   |                             |  |  |
| Note: If you are utilizi   | ng multiple cha  | nnel line-ups,  | , use a separate   | space G for each     | n channel line-up.   |                             |  |  |
|  |                  | CHANN           | EL LINE-UP         | AR                   |  |                             |  |  |
| 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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| LEGAL NAME OF OWN  | NER OF CABLE SY   | STEM:           |                    |                     | SYSTEM ID#  |                             |  |  |
|--|-------------------|-----------------|--------------------|---------------------|---|-----------------------------|--|--|
| Cogeco US (M   | iami), LLC        |                 |                    |                     | 025207  | Name                        |  |  |
| PRIMARY TRANSMITTERS: TELEVISION   |                   |                 |                    |                     |   |                             |  |  |
| carried by your cable  | system during     | the accountin   | g period except    | (1) stations carrie | s and low power television stations)<br>d only on a part-time basis under | G                           |  |  |
| -  |                   |                 |                    | -                   | tain network programs [section:<br>and (2) certain stations carried on a  | Primary                     |  |  |
| substitute program ba  |                   |                 |                    | s carried by your   | cable system on a substitute program                                      | Transmitters:<br>Television |  |  |
| basis under specifc F  |                   | -               | •                  | s carried by your   | cable system on a substitute program                                      | relevision                  |  |  |
| • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the |                   |                 |                    |                     |   |                             |  |  |
| <ul> <li>station was carried</li> <li>List the station here,</li> </ul>  |                   |                 | ation was carrie   | d both on a subst   | itute basis and also on some othe   |                             |  |  |
| basis. For further in  | nformation con    |                 |                    |                     | of the general instructions located                                       |                             |  |  |
| in the paper SA3 for<br>Column 1: List each  |                   | l sign. Do not  | report originatio  | n program service   | es such as HBO, ESPN, etc. Identify                                       |                             |  |  |
|  |                   | -               |                    |                     | ation. For example, report multi  |                             |  |  |
| cast stream as "WET/<br>WETA-simulcast).   | A-2". Simulcast   | streams mus     | t be reported in   | column 1 (list eac  | ch stream separately; for exampl€   |                             |  |  |
|  | e channel num     | ber the FCC     | has assigned to    | the television sta  | tion for broadcasting over-the-air ir                                     |                             |  |  |
|  |                   |                 | annel 4 in Wasl    | hington, D.C. This  | may be different from the channe  |                             |  |  |
| on which your cable s<br>Column 3: Indicate  |                   |                 | station is a netwo | ork station, an ind | ependent station, or a noncommercia                                       |                             |  |  |
|  |                   | •               | ,                  | •                   | cast), "I" (for independent), "I-M  |                             |  |  |
| (for independent multi<br>For the meaning of the   | <i>//</i>         |                 | , ·                | ``                  | ommercial educational multicast)<br>the paper SA3 form                    |                             |  |  |
| Column 4: If the s   | tation is outside | e the local ser | vice area, (i.e. " | distant"), enter "Y | es". If not, enter "No". For an ex  |                             |  |  |
| planation of local serv<br>Column 5: If you h  |                   |                 |                    |                     | e paper SA3 form<br>stating the basis on which you                        |                             |  |  |
|  |                   |                 |                    | •                   | ntering "LAC" if your cable syster  |                             |  |  |
| carried the distant sta  | •                 |                 |                    |                     | capacity<br>y payment because it is the subjec                            |                             |  |  |
|  |                   |                 |                    |                     | stem or an association representin  |                             |  |  |
| -  |                   |                 | •                  |                     | ary transmitter, enter the designa  |                             |  |  |
| · · /  |                   |                 |                    |                     | other basis, enter "O." For a furthe<br>ed in the paper SA3 form          |                             |  |  |
|  |                   |                 |                    |                     | y to which the station is licensed by the                                 |                             |  |  |
| Note: If you are utilizi   |                   |                 |                    | •                   | h which the station is identifed<br>n channel line-up.                    |                             |  |  |
|  |                   | CHANN           | EL LINE-UP         | 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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|  |                   | T               |                    |                     |   |                             |  |  |
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|  |                   |                 |                    |                     |   |                             |  |  |
|  |                   | I               |                    |                     |   | I                           |  |  |

| LEGAL NAME OF OWN                               | NER OF CABLE SY  | STEM:                       |                      |                      | SYSTEM ID#  |               |
|---|--|-----------------------------|----------------------|----------------------|---|---------------|
| Cogeco US (Mi                                   | iami), LLC   |                             |                      |                      | 025207  | Name          |
| PRIMARY TRANSMITT                               | ERS: TELEVISI  | ON                          |                      |                      |   |               |
| carried by your cable                           | system during  | the accountin               | g period except      | (1) stations carrie  | s and low power television stations)<br>d only on a part-time basis under | G             |
|   |  |                             |                      |                      | tain network programs [section:<br>and (2) certain stations carried on a  | Primary       |
| substitute program ba                           | sis, as explaine   | ed in the next              | paragraph            |                      | cable system on a substitute program                                      | Transmitters: |
| basis under specifc F                           |  | -                           | •                    | s carried by your    | cable system on a substitute program                                      | Television    |
|   | •  |                             | st it in space I (th | ne Special Statem    | nent and Program Log)—if the  |               |
| basis. For further in                           | and also in spanned and also in spanned also in spanned and also in the spanned and also in the spanned and also | ace I, if the st            |                      |                      | itute basis and also on some othe<br>of the general instructions located  |               |
| in the paper SA3 for <b>Column 1:</b> List each |  | sign. Do not                | report originatio    | n program service    | es such as HBO, ESPN, etc. Identify                                       |               |
|   |  |                             | -                    | -                    | ation. For example, report multi<br>h stream separately; for example      |               |
| WETA-simulcast).                                | -z . Simulcasi   | Streams mus                 | t be reported in     | column i (list eac   | in stream separately, for example   |               |
|   |  |                             | 0                    |                      | tion for broadcasting over-the-air ir<br>may be different from the channe |               |
| on which your cable s<br>Column 3: Indicate     | ystem carried t<br>e in each case  | he station<br>whether the s | tation is a netwo    | ork station, an ind  | ependent station, or a noncommercia                                       |               |
|   |  | •                           | ,                    | •                    | cast), "I" (for independent), "I-M<br>ommercial educational multicast)    |               |
| For the meaning of the                          | ese terms, see   | page (v) of th              | e general instru     | ictions located in t | ,   |               |
| planation of local serv                         | rice area, see p   | age (v) of the              | general instruc      | tions located in th  | e paper SA3 form  |               |
|   |  |                             |                      |                      | stating the basis on which you<br>htering "LAC" if your cable syster      |               |
| carried the distant sta                         |  |                             |                      |                      |   |               |
|   |  |                             |                      |                      | y payment because it is the subjec<br>/stem or an association representin |               |
| the cable system and                            | a primary trans  | smitter or an a             | association repre    | esenting the prima   | ary transmitter, enter the designa  |               |
| · · /   |  |                             |                      |                      | other basis, enter "O." For a furthe<br>ed in the paper SA3 form          |               |
| Column 6: Give th                               | e location of ea   | ach station. Fo             | or U.S. stations,    | list the communit    | y to which the station is licensed by the                                 |               |
| Note: If you are utilizing                      |  |                             |                      |                      | h which the station is identifed<br>n channel line-up.                    |               |
|   |  | CHANN                       | EL LINE-UP           | AT                   |   |               |
| 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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| LEGAL NAME OF OWN                           | NER OF CABLE SY  | STEM:                       |                      |                      | SYSTEM ID#  |                             |
|---|--|-----------------------------|----------------------|----------------------|---|-----------------------------|
| Cogeco US (Mi                               | iami), LLC   |                             |                      |                      | 025207  | Name                        |
| PRIMARY TRANSMITT                           | ERS: TELEVISI  | ON                          |                      |                      |   |                             |
| carried by your cable                       | system during  | the accountin               | g period except      | (1) stations carrie  | s and low power television stations)<br>d only on a part-time basis under | G                           |
|   |  |                             |                      |                      | tain network programs [section:<br>and (2) certain stations carried on a  | Primary                     |
| substitute program ba                       | sis, as explaine   | ed in the next              | paragraph            |                      | cable system on a substitute program                                      | Transmitters:<br>Television |
| basis under specifc F                       |  | -                           | •                    | s camed by your      | cable system on a substitute program                                      | relevision                  |
|   | •  |                             | st it in space I (th | ne Special Statem    | nent and Program Log)—if the  |                             |
|   | and also in spanned and also in spanned also in spanned and also in the spanned and also in the spanned and also | ace I, if the st            |                      |                      | itute basis and also on some othe<br>of the general instructions located  |                             |
|   |  | sign. Do not                | report originatio    | n program service    | es such as HBO, ESPN, etc. Identify                                       |                             |
|   |  |                             | -                    | -                    | ation. For example, report multi<br>ch stream separately; for example     |                             |
| WETA-simulcast).                            | -z . Simulcasi   | Streams mus                 | t be reported in     | column i (list eac   | in stream separately, for example   |                             |
|   |  |                             | 0                    |                      | tion for broadcasting over-the-air ir<br>may be different from the channe |                             |
| on which your cable s<br>Column 3: Indicate | ystem carried t<br>e in each case  | he station<br>whether the s | tation is a netwo    | ork station, an ind  | ependent station, or a noncommercia                                       |                             |
|   |  | •                           | ,                    | •                    | cast), "I" (for independent), "I-M<br>ommercial educational multicast)    |                             |
| For the meaning of the                      | ese terms, see   | page (v) of th              | e general instru     | ictions located in t | ,   |                             |
| planation of local serv                     | rice area, see p   | age (v) of the              | general instruc      | tions located in th  | e paper SA3 form  |                             |
|   |  |                             |                      |                      | stating the basis on which you<br>htering "LAC" if your cable syster      |                             |
| carried the distant sta                     |  |                             |                      |                      |   |                             |
|   |  |                             |                      |                      | y payment because it is the subjec<br>/stem or an association representin |                             |
| the cable system and                        | a primary trans  | smitter or an a             | association repre    | esenting the prima   | ary transmitter, enter the designa  |                             |
| · · /                                       |  |                             |                      |                      | other basis, enter "O." For a furthe<br>ed in the paper SA3 form          |                             |
| Column 6: Give th                           | e location of ea   | ach station. Fo             | or U.S. stations,    | list the communit    | ty to which the station is licensed by the                                |                             |
| Note: If you are utilizing                  |  |                             |                      |                      | h which the station is identifed<br>n channel line-up.                    |                             |
|   |  | CHANN                       | EL LINE-UP           | AU                   |   |                             |
| 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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| LEGAL NAME OF OWN   | NER OF CABLE SY   | STEM:           |                      |                     | SYSTEM ID#   |                             |
|---|-------------------|-----------------|----------------------|---------------------|--|-----------------------------|
| Cogeco US (M  | iami), LLC        |                 |                      |                     | 025207   | Name                        |
| PRIMARY TRANSMITT   | ERS: TELEVISI     | ON              |                      |                     |  |                             |
| carried by your cable   | system during     | the accountin   | g period except      | (1) stations carrie | s and low power television stations)<br>ed only on a part-time basis under | G                           |
| -   |                   |                 |                      | -                   | tain network programs [section:<br>and (2) certain stations carried on a   | Primary                     |
| substitute program ba   |                   |                 |                      | s carried by your   | cable system on a substitute program                                       | Transmitters:<br>Television |
| basis under specifc F   |                   | -               | •                    | s carried by your   | cable system on a substitute program                                       | relevision                  |
|   | •                 |                 | st it in space I (th | he Special Statem   | nent and Program Log)—if the   |                             |
| <ul> <li>station was carried</li> <li>List the station here.</li> </ul> |                   |                 | ation was carrie     | d both on a subst   | itute basis and also on some othe  |                             |
| basis. For further in   | nformation con    |                 |                      |                     | of the general instructions located  |                             |
| in the paper SA3 for<br>Column 1: List each                             |                   | l sian. Do not  | report originatio    | n program service   | es such as HBO, ESPN, etc. Identify  |                             |
|   |                   | -               |                      |                     | ation. For example, report multi   |                             |
| cast stream as "WET/<br>WETA-simulcast).                                | A-2". Simulcast   | streams mus     | t be reported in     | column 1 (list eac  | ch stream separately; for example  |                             |
|   | ne channel num    | ber the FCC     | has assigned to      | the television sta  | tion for broadcasting over-the-air ir                                      |                             |
| ,   | •                 |                 | annel 4 in Wasl      | hington, D.C. This  | may be different from the channe   |                             |
| on which your cable s<br>Column 3: Indicat                              |                   |                 | station is a netwo   | ork station, an ind | ependent station, or a noncommercia  |                             |
|   |                   | •               | ,                    | •                   | cast), "I" (for independent), "I-M   |                             |
| (for independent mult<br>For the meaning of th                          | <i>//</i>         |                 | , ·                  | ``                  | ommercial educational multicast)<br>the paper SA3 form                     |                             |
| Column 4: If the s  | tation is outside | e the local ser | vice area, (i.e. "   | distant"), enter "Y | es". If not, enter "No". For an ex   |                             |
| planation of local serv   |                   |                 |                      |                     | e paper SA3 form<br>stating the basis on which you                         |                             |
|   |                   |                 |                      | •                   | ntering "LAC" if your cable syster   |                             |
| carried the distant sta   | •                 |                 |                      |                     |  |                             |
|   |                   |                 |                      |                     | y payment because it is the subjec<br>/stem or an association representin  |                             |
|   |                   |                 | •                    |                     | ary transmitter, enter the designa   |                             |
| · · · /   |                   |                 |                      |                     | other basis, enter "O." For a furthe<br>ed in the paper SA3 form           |                             |
|   |                   |                 |                      |                     | y to which the station is licensed by the                                  |                             |
| Note: If you are utilizi  |                   |                 |                      | •                   | h which the station is identifed<br>n channel line-up.                     |                             |
|   | 0                 |                 | EL LINE-UP           | ·                   | ·  |                             |
| 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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|   | <sup>1</sup>      |                 |                      |                     |  |                             |
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|   |                   |                 |                      |                     |  |                             |

| LEGAL NAME OF OWN                                | NER OF CABLE SY   | STEM:            |                            |                     | SYSTEM ID#  |               |
|--|-------------------|------------------|----------------------------|---------------------|---|---------------|
| Cogeco US (Mi                                    | iami), LLC        |                  |                            |                     | 025207  | Name          |
| PRIMARY TRANSMITT                                | ERS: TELEVISI     | ON               |                            |                     |   |               |
| carried by your cable                            | system during     | the accountin    | g period except            | (1) stations carrie | s and low power television stations)<br>d only on a part-time basis under     | G             |
|  |                   |                  |                            |                     | tain network programs [section:<br>and (2) certain stations carried on a      | Primary       |
| substitute program ba                            | isis, as explaine | ed in the next   | paragraph                  |                     |   | Transmitters: |
| basis under specifc F                            |                   | -                | •                          | s carried by your   | cable system on a substitute program  | Television    |
| Do not list the station                          | n here in space   | G-but do lis     |                            | ne Special Statem   | nent and Program Log)—if the  |               |
|  | and also in sp    | ace I, if the st |                            |                     | itute basis and also on some othe<br>of the general instructions located      |               |
| in the paper SA3 for                             |                   | cerning subst    |                            | ins, see page (v)   |   |               |
|  |                   | -                |                            |                     | es such as HBO, ESPN, etc. Identify<br>ation. For example, report multi       |               |
|  |                   |                  | -                          | -                   | ch stream separately; for example   |               |
| WETA-simulcast).                                 |                   | bor the ECC      | has assigned to            | the television sta  | tion for broadcasting over the air in   |               |
|  |                   |                  | 0                          |                     | tion for broadcasting over-the-air ir<br>may be different from the channe     |               |
| on which your cable s<br>Column 3: Indicate      |                   |                  | station is a netwo         | ork station, an ind | ependent station, or a noncommercia   |               |
|  |                   | •                | ,                          | •                   | cast), "I" (for independent), "I-M  |               |
| (for independent multi<br>For the meaning of the | <i>,,</i> (       |                  | <i>, , , , , , , , , ,</i> | ``                  | ommercial educational multicast)<br>the paper SA3 form                        |               |
| Column 4: If the st                              | tation is outside | e the local ser  | vice area, (i.e. "         | distant"), enter "Y | es". If not, enter "No". For an ex  |               |
| planation of local serv<br>Column 5: If you h    |                   |                  |                            |                     | e paper SA3 form<br>stating the basis on which you                            |               |
| cable system carried t                           | the distant stati | on during the    | accounting peri            | od. Indicate by er  | ntering "LAC" if your cable syster  |               |
| carried the distant star                         | •                 |                  |                            |                     | capacity<br>y payment because it is the subjec                                |               |
| of a written agreemen                            | it entered into c | on or before J   | une 30, 2009, b            | etween a cable sy   | stem or an association representin  |               |
|  |                   |                  |                            | • •                 | ary transmitter, enter the designa<br>other basis, enter "O." For a furthe    |               |
| explanation of these t                           | hree categories   | s, see page (v   | ) of the general           | instructions locate | ed in the paper SA3 form  |               |
|  |                   |                  |                            |                     | y to which the station is licensed by the<br>h which the station is identifed |               |
| Note: If you are utilizi                         |                   |                  |                            |                     |   |               |
|  |                   | CHANN            | EL LINE-UP                 | AW                  |   | ]             |
| 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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| ACCOUNTING PER                    | IOD: 2023/2   |               |            |                                |           |          |     | FORM SA3E. PAGE 4.   |  |  |  |  |
|-----------------------------------|---|---------------|------------|--------------------------------|-----------|----------|-----|----------------------|--|--|--|--|
| Name                              | LEGAL NAME OF COGECO US   |               |            | M:                             |           |          |     | SYSTEM ID#<br>025207 |  |  |  |  |
| н                                 |   | t every radio | station ca | arried on a separate and discr |           |          |     |                      |  |  |  |  |
| Primary<br>Transmitters:<br>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.<br>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 the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form.<br>Column 1: Identify the call sign of each station carried.<br>Column 2: State whether the station is AM or FM.<br>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.<br>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 FM      | S/D        | LOCATION OF STATION            | CALL SIGN | AM or FM | S/D | LOCATION OF STATION  |  |  |  |  |
|                                   |   |               |            |                                |           |          |     |                      |  |  |  |  |
|                                   |   |               |            |                                |           |          |     |                      |  |  |  |  |
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| ACCOUNTING | PERIOD: | 2023/2 |
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| LEGAL NAME OF OWNER OF CA  | ABLE SYS  | TEM:   |  |  |  | S   | YSTEM ID#                         |                              |
|--|---|--|--|--|--|---|-----------------------------------|------------------------------|
| Cogeco US (Miami), LLC   |   |  |  |  |  |   | 025207                            | Name                         |
| SUBSTITUTE CARRIAGE:   | SPECI   | AL STATEME   | NT AND PROGRAM LO  | G  |  |   |                                   |                              |
| In General: In space I, identify<br>substitute basis during the accor<br>explanation of the programming<br>form.   | ounting pe  | eriod, under spe   | ecific present and former FC   | C rules, regul   | lations, or authori  | zations.  | For a further                     | <br>Substitute               |
| 1. SPECIAL STATEMENT   | CONCER  | RNING SUBS   | TITUTE CARRIAGE  |  |  |   |                                   | Carriage:<br>Special         |
| <ul> <li>During the accounting period<br/>broadcast by a distant station</li> </ul>  | •   | ur cable syster  | m carry, on a substitute ba  | sis, any nonr  |  |   | am<br>X No                        | Statement and<br>Program Log |
| <b>Note:</b> If your answer is "No", log in block 2.   | leave the   | e rest of this pa  | age blank. If your answer is   | s "Yes," you ı   | must complete th   | ne progr  | am                                |                              |
| <ol> <li>LOG OF SUBSTITUTE F<br/>In General: List each substitut<br/>clear. If you need more space<br/>Column 1: Give the title of<br/>period, was broadcast by a di<br/>under certain FCC rules, regu<br/>SA3 form for futher information<br/>titles, for example, "I Love Luc<br/>Column 2: If the program<br/>Column 3: Give the call sig<br/>Column 4: Give the broad<br/>the case of Mexican or Canad<br/>Column 5: Give the broad<br/>the case of Mexican or Canad<br/>Column 5: Give the month<br/>first. Example: for May 7 give<br/>Column 6: State the times<br/>to the nearest five minutes. E<br/>stated as "6:00–6:30 p.m."<br/>Column 7: Enter the letter<br/>to delete under FCC rules and<br/>gram was substituted for prog<br/>effect on October 19, 1976.</li> </ol> | ute progra<br>e, please<br>f every no<br>istant sta<br>ulations, o<br>on. Do no<br>cy" or "N<br>was broa<br>gn of the<br>lcast stati<br>dian stati<br>n and day<br>e "5/7."<br>s when th<br>ixample:<br>- "R" if the<br>d regulat | am on a separ<br>attach additio<br>connetwork tele<br>tion and that y<br>or authorizatio<br>ot use general<br>BA Basketball<br>adcast live, ent<br>station broadd<br>ion's location (<br>ons, if any, the<br>y when your sy<br>e substitute pr<br>a program car<br>e listed program<br>ions in effect of | nal pages.<br>evision program (substitute<br>your cable system substitute<br>ns. See page (vi) of the ge<br>categories like "movies", of<br>categories like "movies", of<br>categories like "movies", of<br>categories like "movies", of<br>casting the substitute program<br>the community to which the<br>community to which the<br>categories and the substitute<br>rogram was carried by you<br>ried by a system from 6:01<br>m was substituted for prog<br>during the accounting period | program) tha<br>ed for the pro-<br>meral instruc-<br>or "basketbal<br>'No."<br>aram.<br>e station is li-<br>e station is li-<br>e station is id<br>program. U<br>r cable syste<br>:15 p.m. to 6<br>ramming tha<br>d; enter the | at, during the acc<br>ogramming of ar<br>tions located in t<br>". List specific p<br>censed by the Fr<br>entified).<br>se numerals, wit<br>m. List the times<br>5:28:30 p.m. sho<br>t your system wa<br>letter "P" if the list | counting<br>nother st<br>the pape<br>program<br>CC or, in<br>th the m<br>s accurate<br>uld be<br>as require<br>sted pro | tation<br>er<br>n<br>onth<br>tely |                              |
|  |   |  |  | WHE  | N SUBSTITUT  | E   | 7. REASON                         |                              |
|  | BSTITUT<br>2. LIVE?   | E PROGRAM  |  | CARRI<br>5. MONTH  | AGE OCCURR<br>6. TIMES   |   | FOR<br>DELETION                   |                              |
|  | Z. LIVE?  | CALL SIGN  | 4. STATION'S LOCATION  | AND DAY  | FROM —   | то  | DELETION                          |                              |
|  |   |  |  |  |  |   |                                   |                              |
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| Name                              | LEGAL NAME OF  | OWNER OF CABLI                | E SYSTEM:             |  |  |           |      |                        | SYSTEM ID# |  |  |  |  |
|-----------------------------------|--|-------------------------------|-----------------------|--|--|-----------|------|------------------------|------------|--|--|--|--|
| Name                              | Cogeco US  | rogeco US (Miami), LLC 025207 |                       |  |  |           |      |                        |            |  |  |  |  |
| J<br>Part-Time<br>Carriage<br>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-<br>time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and<br>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<br>column 5 of space G. Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-<br>curred during the accounting period. • Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give<br>"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<br>television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation<br>"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<br>12:00 p.m." |                               |                       |  |  |           |      |                        |            |  |  |  |  |
|                                   | DATES AND HOURS OF PART-TIME CARRIAGE  |                               |                       |  |  |           |      |                        |            |  |  |  |  |
|                                   | CALL SIGN  | WHEN                          | I CARRIAGE OCCU       |  |  | CALL SIGN | WHEN | WHEN CARRIAGE OCCURRED |            |  |  |  |  |
|                                   | o, all oron  | DATE                          | HOURS<br>DATE FROM TO |  |  |           | DATE | HOI<br>FROM            | URS<br>TO  |  |  |  |  |
|                                   |  |                               | _                     |  |  |           |      | -                      | _          |  |  |  |  |
|                                   |  |                               |                       |  |  |           |      |                        | _          |  |  |  |  |
|                                   |  |                               |                       |  |  |           |      | -                      | -          |  |  |  |  |
|                                   |  |                               |                       |  |  |           |      |                        | -          |  |  |  |  |
|                                   |  |                               |                       |  |  |           |      |                        | -          |  |  |  |  |
|                                   |  |                               | <u> </u>              |  |  |           |      |                        | -          |  |  |  |  |
|                                   |  |                               |                       |  |  |           |      |                        |            |  |  |  |  |
|                                   |  |                               | _                     |  |  |           |      | -                      | _          |  |  |  |  |
|                                   |  |                               |                       |  |  |           |      |                        | -          |  |  |  |  |
|                                   |  |                               |                       |  |  |           |      |                        | -          |  |  |  |  |
|                                   |  |                               |                       |  |  |           |      |                        | -          |  |  |  |  |
|                                   |  |                               |                       |  |  |           |      |                        | -          |  |  |  |  |
|                                   |  |                               | <u> </u>              |  |  |           |      |                        | -          |  |  |  |  |
|                                   |  |                               |                       |  |  |           |      |                        |            |  |  |  |  |
|                                   |  |                               |                       |  |  |           |      |                        | _          |  |  |  |  |
|                                   |  |                               | _                     |  |  |           |      | -                      | _          |  |  |  |  |
|                                   |  |                               |                       |  |  |           |      |                        | -          |  |  |  |  |
|                                   |  |                               |                       |  |  |           |      | -                      | -          |  |  |  |  |
|                                   |  |                               |                       |  |  |           |      | -                      | -          |  |  |  |  |
|                                   |  |                               |                       |  |  |           |      |                        | -          |  |  |  |  |
|                                   |  |                               | <u> </u>              |  |  |           |      |                        | -          |  |  |  |  |
|                                   |  |                               |                       |  |  |           |      |                        |            |  |  |  |  |
|                                   |  |                               |                       |  |  |           |      |                        | _          |  |  |  |  |
|                                   |  |                               | _                     |  |  |           |      | -                      | -          |  |  |  |  |
|                                   |  |                               | _                     |  |  |           |      | -                      | -          |  |  |  |  |
|                                   |  |                               |                       |  |  |           |      | -                      | -          |  |  |  |  |
|                                   |  |                               |                       |  |  |           |      |                        | -          |  |  |  |  |

| FORM   | SA3E. PAGE 7.  |                                 |                |  |
|--|--|---------------------------------|----------------|--|
| LEGA   | AL NAME OF OWNER OF CABLE SYSTEM:  |                                 | SYSTEM ID#     | Name   |
| Co   | geco US (Miami), LLC   |                                 | 025207         | Humo   |
| Inst<br>all a<br>(as<br>pag  | OSS RECEIPTS<br>ructions: The figure you give in this space determines the form you fle and the amoun<br>mounts (gross receipts) paid to your cable system by subscribers for the system's sec<br>identifed in space E) during the accounting period. For a further explanation of how to de<br>e (vii) of the general instructions.<br>Gross receipts from subscribers for secondary transmission service(s)<br>during the accounting period.<br>ORTANT: You must complete a statement in space P concerning gross receipts.  | ondary transm<br>compute this a | ission service | K<br>Gross Receipts                                  |
|  |  |                                 |                |  |
| <ul> <li>Instru</li> <li>Con</li> <li>Con</li> <li>If you</li> <li>If you</li> <li>If you</li> </ul> | <b>(RIGHT ROYALTY FEE</b><br><b>ctions</b> : Use the blocks in this space L to determine the royalty fee you owe:<br>nplete block 1, showing your minimum fee.<br>nplete block 2, showing whether your system carried any distant television stations.<br>nur system did not carry any distant television stations, leave block 3 blank. Enter the and<br>from block 1 on line 1 of block 4, and calculate the total royalty fee.<br>nur system did carry any distant television stations, you must complete the applicable propanying this form and attach the schedule to your statement of account. |                                 |                | L<br>Copyright<br>Royalty Fee                        |
|  | rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b k 3 below.  | e entered on l                  | ine 1 of       |  |
|  | art 6 of the DSE schedule was completed, the amount from line 7 of block C should be slow.   | entered on line                 | e 2 in block   |  |
|  | rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho<br>block 4 below.   | ould be entered                 | d on line      |  |
|  | <b>MINIMUM FEE:</b> All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period.   |                                 |                |  |
|  | Line 1. Enter the amount of gross receipts from space K<br>Line 2. Multiply the amount in line 1 by 0.01064<br>Enter the result here.  | \$                              | 5,769,501.66   |  |
|  | This is your minimum fee.  | \$                              | 61,387.50      |  |
|  | DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colur "Yes" in this block.<br>• Did your cable system carry any distant television stations during the accounting period your cable system carry and distant television stations during the accounting period.  | nn 4, you mus<br>iod?           | t check        |  |
| Block  | Yes—Complete the DSE schedule. X No—Leave block 3 below blank and c<br>Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or<br>4, or part 9, block A of the DSE schedule. If none, enter zero   | somplete line 1,                | - DIOCK 4.     |  |
| 3  | Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE   |                                 | 0.00           |  |
|  | schedule. If none, enter zero  |                                 |                |  |
|  | Line 3. Add lines 1 and 2 and enter here   | \$                              | -              |  |
| Block<br>4   | Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger  | \$                              | 61,387.50      | Cable systems  |
|  | Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7<br>(block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, ente<br>zero.  |                                 | 0.00           | submitting<br>additional<br>deposits under           |
|  | Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)  |                                 | 0.00           | Section 111(d)(7)<br>should contact<br>the Licensing |
|  | Line 4. FILING FEE   | \$                              | 725.00         | additional fees.<br>Division for the<br>appropriate  |
|  | TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.<br>Add Lines 1, 2 and 3 of block 4 and enter total here   | \$                              | 62,112.50      | form for<br>submitting the<br>additional fees.       |
|  | Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (<br>general instructions located in the paper SA3 form for more information.)  | See page (i) o                  | f the          |  |

### 

| ACCOUNTING PERI            | FORM SA3E. P.  | AGE 8 |
|----------------------------|--|-------|
| Name                       | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM:   |       |
| Name                       | Cogeco US (Miami), LLC 02  | 25207 |
|                            | CHANNELS   |       |
| М                          |  |       |
| IVI                        | <b>Instructions:</b> You must give (1) the number of channels on which the cable system carried television broadcast stations  |       |
| Channels                   | to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.  |       |
| Channels                   | 1. Enter the total number of channels on which the cable   |       |
|                            | system carried television broadcast stations   |       |
|                            |  |       |
|                            | 2. Enter the total number of activated channels  |       |
|                            | on which the cable system carried television broadcast stations  |       |
|                            | and nonbroadcast services  |       |
|                            |  |       |
|                            |  |       |
| Ν                          | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual   |       |
| Individual to              | we can contact about this statement of account.)   |       |
|                            |  |       |
| Be Contacted               |  |       |
| for Further<br>Information | Name Patrick Bratton Telephone 617-786-8800  |       |
| mormation                  |  |       |
|                            | Address 2 Batterymarch Park, Suite 205<br>(Number, street, rural route, apartment, or suite number)  |       |
|                            | (Number, street, rural route, apartment, or suite number)  |       |
|                            | Quincy, MA 02169   |       |
|                            | (City, town, state, zip)   |       |
|                            |  |       |
|                            | Email pbratton@breezeline.com Fax (optional)   |       |
|                            |  |       |
|                            | CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)   |       |
| 0                          |  |       |
| •                          |  |       |
| Certifcation               | • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)   |       |
|                            | (Owner other than correction or partnership) I am the owner of the cable system as identified in line 1 of space Pi or   |       |
|                            | (Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or   |       |
|                            |  |       |
|                            | (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified   |       |
|                            | in line 1 of space B and that the owner is not a corporation or partnership; or  |       |
|                            | (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of the cable system   |       |
|                            | in line 1 of space B.  |       |
|                            | 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)]  |       |
|                            |  |       |
|                            |  |       |
|                            |  |       |
|                            | /s/ Patrick Bratton  |       |
|                            | X Normalian  |       |
|                            | 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 "F2"  |       |
|                            | button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.   |       |
|                            |  |       |
|                            | Typed or printed name: Patrick Bratton   |       |
|                            |  |       |
|                            |  |       |
|                            |  |       |
|                            | Title: Chief Financial Officer<br>(Title of official position held in corporation or partnership)  |       |
|                            |  |       |
|                            |  |       |
|                            | Date: March 1, 2024  |       |
|                            |  |       |
| Privacy Act Notice         | e: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on th  |       |
| form in order to pro       | press your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telepho  |       |
|                            | ding PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and<br>pared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in t |       |
|                            | of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of lay   |       |

| FORM SA3E. PAGE9 | FORM | SA3E. | PAGE9 |
|------------------|------|-------|-------|
|------------------|------|-------|-------|

| Cogecc US (Miami), LLC       025207       The method is a set with the interest rate* and enter the sum here   | ient<br>ning<br>ceipts |
|--|------------------------|
| The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the follow: P   With the determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."   For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.   During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?   Image   Mame   Maling Address   Maling Address   Line 1 Enter the amount of late payment or underpayment.   Line 2 Multiply line 1 by the interest rate* and enter the sum here   x   x   x   Line 3 Multiply line 2 by the number of days late and enter the sum here  | ient<br>ning<br>ceipts |
| For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.       Gross Reference         During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?       Image: Sate Sate Sate Sate Sate Sate Sate Sate   | ceipts                 |
| During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?   No   YES. Enter the total here and list the satellite carrier(s) below.   Name   Mailing Address   INTEREST ASSESSMENTS You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form. Line 1 Enter the amount of late payment or underpayment. Line 2 Multiply line 1 by the interest rate* and enter the sum here   |                        |
| YES. Enter the total here and list the satellite carrier(s) below.       \$         Name       Name         Mailing Address       Name         Mailing Address       Mailing Address         INTEREST ASSESSMENTS       You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.       Interest assessment, see page (viii) of the general instructions in the paper SA3 form.         Line 1       Enter the amount of late payment or underpayment .       -       -       Assess         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 .       - |                        |
| Name       Name         Mailing Address       Mailing Address         INTEREST ASSESSMENTS       You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.       Intern Assess         Line 1       Enter the amount of late payment or underpayment  |                        |
| Mailing Address       Mailing Address         INTEREST ASSESSMENTS       You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.       Interval         Line 1       Enter the amount of late payment or underpayment   |                        |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Interpayment         For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.       Interpayment         Line 1       Enter the amount of late payment or underpayment   |                        |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Interpayment         For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.       Interpayment         Line 1       Enter the amount of late payment or underpayment   |                        |
| Line 1       Enter the amount of late payment of underpayment  |                        |
| x  |                        |
| Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274   |                        |
|  |                        |
| Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,<br>space L, (page 7)  |                        |
| (interest charge)  |                        |
| * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.   |                        |
| ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.   |                        |
| NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce,<br>please list below the owner, address, first community served, accounting period, and ID number as given in the original<br>filing.   |                        |
| Owner<br>Address   |                        |
| First community served   |                        |
| Accounting period  |                        |
| ID number  |                        |

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

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

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

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

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

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

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

| • Independent: its type-value is                                   | 1.00 |
|--|------|
| • Network: its type-value is                                       | 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 station slisted in space G is 1.0.

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

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

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

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

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

#### TOTAL OF DSEs

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

#### THE ROYALTY FEE

The total royalty fee is determined by calculating the minimum fee anc the base rate fee. In addition, cable systems located within certain television market areas may be required to calculate the 3.75 fee and/or the Syndicated Exclusivity Surcharge. Note: Distant multicast streams are nor subject to the 3.75 fee or the Syndicated Exclusivity Surcharge. Distant simulcast streams are not subject to any royalty payment

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

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

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

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

to June 25, 1981, pursuant to the former FCC rules. 2) A station first carried after June 24, 1981, which could have been

carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.

3) A station of the same type substituted for a carried network, noncommercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 767.63 (a) [referring to 76.61 (b),(d)] in effect on June 24, 1981.

4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.

5) In the case of a station carried prior to June 25, 1981, on a part-tim∉ and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

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

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

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

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

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

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

# DSE SCHEDULE. PAGE 11.

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

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

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

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

 The fifth and each additional DSE
 0.330% of gross receipts

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

If any of the stations were partially distant:

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

Identify the communities/areas represented by each subscriber group.
 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 (1) the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) the amount of gross receipts attributable to that group.

6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.

7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

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

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

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

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

#### COMPUTATION OF COPYRIGHT ROYALTY FEE FOR CABLE SYSTEM CARRYING PARTIALLY DISTANT STATIONS Distant Stations Carried Identification of Subscriber Groups OUTSIDE LOCAL In most cases under current FCC STATION DSE CITY GROSS RECEIPTS rules, all of Fairvale would be within A (independent) 1.0 SERVICE AREA OF FROM SUBSCRIBERS the local service area of both stations B (independent) 1.0 Santa Rosa Stations A, B, C, D ,E \$310,000.00 0.083 Rapid City Stations A and C 100,000.00 A and C and all of Rapid City and Bo-C (part-time) 0.139 Bodega Bay Stations A and C 70,000.00 dega Bay would be within the local D (part-time) Fairvale 120,000.00 service areas of stations B, D, and E. E (network) 0.25 Stations B, D, and E TOTAL DSEs 2.472 TOTAL GROSS RECEIPTS \$600,000.00 Minimum Fee Total Gross Receipts \$600.000.00 Santa Rosa Stations A and C x .01064 35 mile zone \$6,384.00 First Subscriber Group Second Subscriber Group Third Subscriber Group (Santa Rosa) (Rapid City and Bodega Bay) (Fairvale) Fairvale Gross receipts \$310,000.00 Gross receipts \$170,000.00 Gross receipts \$120,000.00 DSEs 2.472 DSEs 1.083 DSEs Rapid City 1.389 Base rate fee \$6,497.20 Base rate fee \$1,907.71 Base rate fee \$1,604.03 \$310,000 x .01064 x 1.0 = 3,298.40 \$170,000 x .01064 x 1.0 = 1,808.80 \$120,000 x .01064 x 1.0 = 1,276.80 Bodega 3,198.80 327.23 \$310,000 x .00701 x 1.472 = \$170,000 x .00701 x .083 = 98.91 \$120,000 x .00701 x .389 = Bav \$6,497.20 \$1,604.03 Base rate fee Base rate fee \$1.907.71 Base rate fee ۱ Stations B. D.

EXAMPLE:

Total Base Rate Fee: \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94

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

and E

📢 35 mile zone 🖊

## ACCOUNTING PERIOD: 2023/2

# DSE SCHEDULE. PAGE 11. (CONTINUED)

| 1   | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYS  |      |  |  |  |  |  |  |  |  |
|---|---|------|--|--|--|--|--|--|--|--|
|   | Cogeco US (Miami), LLC 025207   |      |  |  |  |  |  |  |  |  |
|   | SUM OF DSEs OF CATEGOR<br>• Add the DSEs of each statior<br>Enter the sum here and in line  | 0.00 |  |  |  |  |  |  |  |  |
| 2<br>Computation                                  | Instructions:<br>In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5<br>of space G (page 3).<br>In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom- |      |  |  |  |  |  |  |  |  |
| of DSEs for<br>Category "O"                       | mercial educational station, give the DSE as ".25."<br>CATEGORY "O" STATIONS: DSEs  |      |  |  |  |  |  |  |  |  |
| Stations  | CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE   |      |  |  |  |  |  |  |  |  |
| Add rows as necessary.                            |   |      |  |  |  |  |  |  |  |  |
| Remember to copy<br>all formula into new<br>rows. |   |      |  |  |  |  |  |  |  |  |
|   |   |      |  |  |  |  |  |  |  |  |
|   |   |      |  |  |  |  |  |  |  |  |
|   |   |      |  |  |  |  |  |  |  |  |
|   |   |      |  |  |  |  |  |  |  |  |
|   |   |      |  |  |  |  |  |  |  |  |
|   |   |      |  |  |  |  |  |  |  |  |
|   |   |      |  |  |  |  |  |  |  |  |

|  |  |  |                            |  |                                 |                             | DSE SCHEDU                      | JLE. PAGE 12.       |  |  |
|--|--|--|----------------------------|--|---------------------------------|-----------------------------|---------------------------------|---------------------|--|--|
| Name   |  | OWNER OF CABLE SYSTEM<br>(Miami), LLC  |                            |  |                                 |                             | S                               | YSTEM ID#<br>025207 |  |  |
| <b>3</b><br>Computation<br>of DSEs for<br>Stations<br>Carried Part<br>Time Due to<br>Lack of<br>Activated<br>Channel<br>Capacity | Column 1: Li<br>Column 2<br>figure should<br>Column 2<br>be carried our<br>Column 8<br>give the type-<br>Column 6  | Instructions: CAPACITY<br>Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3).<br>Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This<br>figure should correspond with the information given in space J. Calculate only one DSE for each station.<br>Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period.<br>Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must<br>be carried out at least to the third decimal point. This is the "basis of carriage value" for the station.<br>Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station,<br>give the type-value as ".25."<br>Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the<br>third decimal point. This is the station on rounding, see page (viii) of the general instructions in the paper |                            |  |                                 |                             |                                 |                     |  |  |
|  | 1. CALL<br>SIGN  | 2. NUME<br>OF HO<br>CARR<br>SYST   | BER<br>DURS<br>HED BY      | 3. NUMBER<br>OF HOURS<br>STATION<br>ON AIR | 4. BASIS OF<br>CARRIAG<br>VALUE | 5. TYPE                     | 6. DS                           | ÈE                  |  |  |
| 1  |  |  | ÷                          |  | =                               | x                           | =                               |                     |  |  |
|  |  |  |                            |  | =                               | x                           | =                               |                     |  |  |
|  |  |  | ·····                      |  |                                 |                             |                                 |                     |  |  |
|  |  |  | ·····                      |  | =                               | x                           |                                 |                     |  |  |
|  |  |  | ÷                          |  | =                               | x                           |                                 |                     |  |  |
|  |  |  | -<br>-                     |  | =                               | x<br>x                      | =                               |                     |  |  |
|  |  |  | ÷                          |  | =                               | x                           | =                               |                     |  |  |
|  |  |  | -<br>-                     |  | =                               | x                           | =                               |                     |  |  |
|  | Add the DSEs<br>Enter the su   | S OF CATEGORY LAC<br>of each station.<br>um here and in line 2 of  |                            | chedule,                                   |                                 | 0.00                        |                                 |                     |  |  |
| <b>4</b><br>Computation<br>of DSEs for<br>Substitute-<br>Basis Stations  | <ul> <li>Instructions:</li> <li>Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station:</li> <li>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</li> <li>Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I).</li> <li>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.</li> <li>Column 3: Enter the number of days in the calendar year: 365, except in a leap year.</li> <li>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).</li> </ul> |  |                            |  |                                 |                             |                                 |                     |  |  |
| 1  |  | S  | UBSTITUTE                  | -BASIS STATION                             | S: COMPUTA                      | TION OF DSEs                | 1                               |                     |  |  |
|  | 1. CALL<br>SIGN  | 2. NUMBER<br>OF<br>PROGRAMS  | 3. NUMB<br>OF DA<br>IN YEA | YS   | 1. CALL<br>SIGN                 | 2. NUMBER<br>OF<br>PROGRAMS | 3. NUMBER<br>OF DAYS<br>IN YEAR | 4. DSE              |  |  |
|  |  |  | ÷                          |  |                                 | ÷                           |                                 |                     |  |  |
|  |  |  | ÷                          | =  |                                 | -                           |                                 | =                   |  |  |
|  |  |  | ÷                          | =  |                                 | +                           |                                 | =                   |  |  |
|  |  |  | ÷                          | =  |                                 | ÷                           |                                 | =                   |  |  |
|  |  |  | ÷                          | =  |                                 | ÷                           |                                 | =                   |  |  |
|  | Add the DSEs   | S OF SUBSTITUTE-BA<br>of each station.<br>Im here and in line 3 of   |                            | =<br>3:<br>chedule,                        | ······                          | 0.00                        |                                 | =                   |  |  |
| 5  |  | ER OF DSEs: Give the a sapplicable to your syst  |                            | e boxes in parts 2, 3, and                 | 4 of this schedule              | e and add them to provide   | the total                       |                     |  |  |
| Total Number   | 1. Number o  | of DSEs from part 2 ●  |                            |  |                                 | •                           | 0.00                            |                     |  |  |
| of DSEs  |  | f DSEs from part 3 ●   |                            |  |                                 | ▶                           | 0.00                            |                     |  |  |
|  |  | f DSEs from part 4 •   |                            |  |                                 | ►                           | 0.00                            |                     |  |  |
|  | TOTAL NUMBE  | R OF DSEs  |                            |  |                                 |                             |                                 | 0.00                |  |  |

|  | PERIOD: 20                                      | ACCOUNTIN   |                        |              |               |  |                                   |  | PAGE 13.  | DSE SCHEDULE. P.                                 |
|--|---|---|------------------------|--------------|---------------|--|-----------------------------------|--|---|--|
| hick k:     if Your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the schedule.     if Your answer if "No," complete blocks B and C below.         BLOCK A: TELEVISION MARKETS         BLOCK A: TELEVISION MARKETS         Com         BLOCK B: CARRIAGE OF PERMITTED DSEs         Com         BLOCK B: CARRIAGE OF PERMITTED DSEs         Column 1: List the call signs of distant stations listed in part 2, 3, and 4 of this schedule that your system was permitted to carry         under FCC rules and regulations prior to June 25, 1981. For further explanation of parmitted stations, see the         fistuctions for the DSE Schedule, Note: The letter Melow refers to an exempt multicast stream as set forth in the         Satellist station and Localism Act of 2010.)         Column 1: List the call signs of distant station side dow partial to those in effect on June 24, 1981.)         Per MITTED         Subcock the TCC rules and regulations prior to June 25, 1981. For further explanation of parmitted stations, see the         satellist correct prior burned by our carried on a permitted station.         BASIS OF         (Note the FCC rules and regulations cide below partial to those in effect on June 24, 1981.)         Per MITTED         Subcock the station with or 76.61(e)(f).         C ARRIAGE         Subcock the station on the FCC rules and regulations (fc.50; (fc.61(e), fc.63(e)) referring to 76.61(e)(f)         C ARRIAGE         Subcock the station of fm 55(kk) (fc.56(c)), fc.61(e), fc.63(e) referring to 76.61(e)(f)         C Commercial burne is folded waver of FCC rules (fc.7)         F. A station pervicusly carried on a part-line or substitute basis prior to June 25, 1981         Gommercial Unit station with grade-Boronice, ff.65(c), fc.61(e), fc.63(e) referring to 76.61(e)(5)         M. Retransmission of a distant multicast stream.         Column 3: List the DSE for each distant multicast stream.         BLOCK C: COMPUTATION OF 3.75 FEE         L       | Name  |   |                        |              |               |  |                                   |  |   |  |
| bit cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in fifted on June 24, 1981?  | 6   | the   | art 8, (page 16) of th | complete pa  |               |  | below.                            | emainder of p<br>ocks B and C  | "Yes," leave the re                             | n block A:<br>• If your answer if '<br>schedule. |
| s the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in fifet on June 24, 1981?<br>Yes—Complete blocks B and C below.      BLOCK B: CARRIAGE OF PERMITTED DSES  Column 1: List the call signs of distant stations listed in part 2, 3, and 4 of this schedule that your system was permitted to carry CAL SIGN DEC rules and regulations prior to June 27, 1981. For further explanation of permitted stations, see the instructions for the DSE Schedule. (Note: The letter M below refers to an exempt multicast stream as set forth in the Satellite Television Extension and Localiam Act 0210.)  Column 2: Enter the appropriate letter indicating the basis on which you carried a permitted station. See the instructions for the DSE Schedule. (Note: The letter M below refers to an exempt multicast stream as set forth in the Satellite Television Extension and Localiam Act 0210.)  Column 3: Enter the appropriate letter indicating the basis on which you carried a permitted station. See the instructions for the DSE Schedule. (Note: The ISE Schedule). (T6.59(c), 7.6.59(c), 7.6.59(c)), 7.6.59(c),     | omputatio<br>3.75 Fe                            |   |                        |              | ARKETS        | ELEVISION M                                | BLOCK A:                          |  |   |  |
| Column 1:       List the call signs of distant stations listed in part 2, 3, and 4 of this schedule that your system was permitted to carry under FCC rules and regulations prior to June 25, 1981. For further explanation of permitted stations, see the instructions for the DSE Schedule. (Note: The FCC rules and regulations etide below refers to an exempt multicast stream as set forth in the Satellite Television Extension and Localism Act of 2010.)         Column 2:       Enter the appropriate letter indicating the basis on which you carried a permitted station.         BASIS OF       (Note the FCC rules and regulations cide below perfain to those in effect on June 24, 1981.)         PERMITTED       A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.61(c)(1)         C Americal education station (76.659(d)(7.76.61(c), 76.63(a) referring to 76.61(c)(1)       C Noncommercial educations station (76.659(c)(7.616(c)(7.63.63(a) referring to 76.61(c)(1))         C Commercial education station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule).       E Carrifed pursuant to individual waiver of FCC rules (76.7)         * F A station previously carried on a part-time or substitute basis prior to June 25, 1981       G Commercial UHF station within grade-B contour, (76.59(d)(5), 76.61(c), 76.63(a) referring to 76.61(e)(5))         M Retransmission of a distant station listed in parts 2, 3, and 4 of the schedule.       *(Note: For those stations identified by the letter 'F' in column 2, you must complete the worksheet on page 14 of this schedule to determine the DSE.)         1. CALL       2. PERMITTED <t< td=""><td>3.75 Fe</td><td>ulations in</td><td>· ·</td><td></td><td></td><td></td><td></td><td>schedule—[</td><td>1981?<br/>plete part 8 of the</td><td>effect on June 24,</td></t<>   | 3.75 Fe   | ulations in   | · ·                    |              |               |  |                                   | schedule—[   | 1981?<br>plete part 8 of the                    | effect on June 24,                               |
| CALL SIGN under FCC rules and regulations prior to June 25, 1981. For further explanation of permitted stations, see the instructions for the DSE Schedule. (Note: The letter M below refers to an exempt multicast stream as set forth in the Satellite Television Extension and Localism Act of 2010.) Column 2: Enter the appropriate letter indicating the basis on which you carried a permitted station. BASIS OF (Note the FCC rules and regulations cited below perfain to those in effect on June 24, 1981.) PERMITTED A Stations carried pursuant to the FCC market quota rules (76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(e)(1) C Noncommercial educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(e)(1) C Noncommercial educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(e)(1) C Noncommercial educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(e)(1) C Noncommercial educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(e)(1) C Noncommercial educational station [76.59(c), 76.61(c), 76.63(a) referring to 76.61(e)(5)] D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered station (76.50) (see paragraph regarding substitution of grandfathered station (76.50) (see paragraph regarding substitution of grandfathered station (76.51) (see paragraph regarding substitution of grandfathered station (76.51(e)(5)] M Retransmission of a distant multicast stream. Column 3: List the DSE for each distant station listed in parts 2, 3, and 4 of the schedule.         "(Note: For those stations identified by the letter TF' in column 2, you must complete the worksheet on page 14 of this schedule to determine the DSE.)  I. CALL           2. PERMITTED         3. DSE         1. CALL         2. PERMITTED         3. DSE         0.000   BLOCK C: COMPUTATION OF 3.75 FEE ine 1: Enter the total number of DSEs from part 5 of this schedule   |   |   |                        | s            | /ITTED DS     | IAGE OF PERM                               | CK B: CARF                        | BLOO   |   |  |
| BASIS OF (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) PERMITTED CARRIAGE A Stations carried pursuant to the FCC market quota rules (76.57, 76.59(b), 76.61(e)(c), 76.61(a) (referring to 76.61(e)(1) C ARRIAGE CARRIAGE CARRIAGE CARRIAGE CARRIAGE CARRIAGE A Stations as defined in 76.5(kk) (76.59(d)(1), 76.61(a) (referring to 76.61(e)(1) C Noncommercial education (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule). E Carried pursuant to individual waiver of FCC rules (76.7) F A station previously carried on a part-time or substitute basis prior to June 25, 1981 C Commercial UHF station within grade-B contour, (76.59(d)(5), 76.61(e)(5), 76.63(a) referring to 76.61(e)(5)] M Retransmission of a distant multicast stream. Column 3: List the DSE for each distant station listed in parts 2, 3, and 4 of the schedule. '(Note: For those stations identified by the letter "F" in column 2, you must complete the worksheet on page 14 of this schedule to determine the DSE.)  1. CALL 2. PERMITTED 3. DSE 1. CALL 3. PERMITTED 3. DSE 3. DS |   | ie  | ed stations, see the   | on of permit | rther explana | ne 25, 1981. For fu<br>ne letter M below r | ons prior to Ju<br>dule. (Note: T | and regulations of the second se | under FCC rules instructions for th             |  |
| *(Note: For those stations identified by the letter "F" in column 2, you must complete the worksheet on page 14 of<br>this schedule to determine the DSE.)          1. CALL       2. PERMITTED       3. DSE       1. CALL       2. PERMITTED       3. DSE       1. CALL       2. PERMITTED       3. DSE         SIGN       BASIS       3       DSE       1. CALL       2. PERMITTED       3. DSE       1. CALL       2. PERMITTED       3. DSE       1. CALL       2. PERMITTED       3. DSE         SIGN       BASIS       3       DSE       1. CALL       2. PERMITTED       3. DSE       1. CALL       2. PERMITTED       3. DSE         BASIS       BASIS       IIIIII       IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII  |   | <ul> <li>BASIS OF (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.)</li> <li>PERMITTED A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)]</li> <li>B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1) C Noncommerical educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)]</li> <li>D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule).</li> <li>E Carried pursuant to individual waiver of FCC rules (76.7)</li> <li>*F A station previously carried on a part-time or substitute basis prior to June 25, 1981</li> <li>G Commercial UHF station within grade-B contour, [76.59(d)(5), 76.61(e)(5), 76.63(a) referring to 76.61(e)(5)]</li> </ul> |                        |              |               |  |                                   |  |   |  |
| SIGN       BASIS       SIGN       BASIS       SIGN       BASIS         Image: Sign       Image: Sig  |   |   |                        | mplete the v | 2, you must o | etter "F" in column                        | entified by the<br>e DSE.)        | e stations ide<br>determine the  | *( <b>Note:</b> For those<br>this schedule to e |  |
| BLOCK C: COMPUTATION OF 3.75 FEE         .ine 1: Enter the total number of DSEs from part 5 of this schedule         .ine 2: Enter the sum of permitted DSEs from block B above         .ine 3: Subtract line 2 from line 1. This is the total number of DSEs subject to the 3.75 rate.  |   | 3. DSE  |                        |              | 3. DSE        |  |                                   | 3. DSE   |   |  |
| BLOCK C: COMPUTATION OF 3.75 FEE         ine 1: Enter the total number of DSEs from part 5 of this schedule         -         ine 2: Enter the sum of permitted DSEs from block B above         -         ine 3: Subtract line 2 from line 1. This is the total number of DSEs subject to the 3.75 rate.   |   |   |                        |              |               |  |                                   |  |   |  |
| BLOCK C: COMPUTATION OF 3.75 FEE         ine 1: Enter the total number of DSEs from part 5 of this schedule         -         ine 2: Enter the sum of permitted DSEs from block B above         -         ine 3: Subtract line 2 from line 1. This is the total number of DSEs subject to the 3.75 rate.   |   |   |                        |              |               |  |                                   |  |   |  |
| BLOCK C: COMPUTATION OF 3.75 FEE         ine 1: Enter the total number of DSEs from part 5 of this schedule         ine 2: Enter the sum of permitted DSEs from block B above         ine 3: Subtract line 2 from line 1. This is the total number of DSEs subject to the 3.75 rate.   |   |   |                        |              |               |  |                                   |  |   |  |
| BLOCK C: COMPUTATION OF 3.75 FEE         ine 1: Enter the total number of DSEs from part 5 of this schedule         .ine 2: Enter the sum of permitted DSEs from block B above         .ine 3: Subtract line 2 from line 1. This is the total number of DSEs subject to the 3.75 rate.   |   |   |                        |              |               |  |                                   |  |   |  |
| BLOCK C: COMPUTATION OF 3.75 FEE         .ine 1: Enter the total number of DSEs from part 5 of this schedule         .ine 2: Enter the sum of permitted DSEs from block B above         .ine 3: Subtract line 2 from line 1. This is the total number of DSEs subject to the 3.75 rate.  |   |   |                        |              |               |  |                                   |  |   |  |
| ine 1: Enter the total number of DSEs from part 5 of this schedule - ine 2: Enter the sum of permitted DSEs from block B above - ine 3: Subtract line 2 from line 1. This is the total number of DSEs subject to the 3.75 rate.  |   | 0.00  |                        |              |               |  |                                   |  |   |  |
| ine 2: Enter the sum of permitted DSEs from block B above  |   |   |                        |              | 3.75 FEE      | MPUTATION OF                               | LOCK C: CC                        | В  |   |  |
| ine 3: Subtract line 2 from line 1. This is the total number of DSEs subject to the 3.75 rate.   |   |   |                        |              |               | schedule                                   | part 5 of this                    | DSEs from  | e total number of                               | ine 1: Enter the                                 |
| ,  |   | -   |                        |              |               | ove  | m block B ab                      | d DSEs fro   | e sum of permitte                               | ine 2: Enter the                                 |
|  |   | 0.00  | <u></u>                | ate.         |               | •  |                                   |  |   |  |
|  | Do any of<br>SEs repre                          | 75  | <u> </u>               |              |               |  | age 7)                            | space K (p   | oss receipts from                               | ine 4: Enter gro                                 |
| ine 5: Multiply line 4 by 0.0375 and enter sum here  | partially<br>permited<br>partially<br>nonpermit |   |                        |              |               |  | um here                           | and enter s  | ine 4 by 0.0375                                 | ine 5: Multiply li.                              |
| Line 6: Enter total number of DSEs from line 3 - If years - If yea | carriage<br>f yes, see<br>instructio            | -   | X                      |              |               |  | 93                                | Es from line   | al number of DS                                 | _ine 6: Enter tota                               |

Line 7: Multiply line 6 by line 5 and enter here and on line 2, block 3, space L (page 7)\_\_\_\_\_

0.00

| LEGAL NAME OF OWNER OF CABLE SYSTEM:       SYSTEM ID#         Cogeco US (Miami), LLC       025207 |                       |        |                 |                       |           |                 |                       |        |                         |
|---|-----------------------|--------|-----------------|-----------------------|-----------|-----------------|-----------------------|--------|-------------------------|
|   | -                     | BLOCK  | A: TELEVI       | SION MARKET           | S (CONTIN | UED)            | -                     | •      |                         |
| 1. CALL<br>SIGN   | 2. PERMITTED<br>BASIS | 3. DSE | 1. CALL<br>SIGN | 2. PERMITTED<br>BASIS | 3. DSE    | 1. CALL<br>SIGN | 2. PERMITTED<br>BASIS | 3. DSE | 6                       |
|   |                       |        |                 |                       |           |                 |                       |        | Computation<br>3.75 Fee |
|   |                       |        |                 |                       |           |                 |                       |        | 3.75 Fee                |
|   |                       |        |                 |                       |           |                 |                       |        |                         |
|   |                       |        |                 |                       |           |                 |                       |        |                         |
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|   |                       |        |                 |                       |           |                 |                       |        |                         |
|   |                       |        | •               |                       |           |                 |                       |        |                         |
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|   |                       |        | •               |                       |           |                 |                       |        |                         |

|   |   |  |                            |  |                        | DSE SCHEDULE. PAGE 14. |  |  |  |  |  |
|---|---|--|----------------------------|--|------------------------|------------------------|--|--|--|--|--|
| Name  |   | NER OF CABLE SYSTEM                                  | 1:                         |  |                        | SYSTEM ID#             |  |  |  |  |  |
| Name  | Cogeco US (Mi   | iami), LLC   |                            |  |                        | 025207                 |  |  |  |  |  |
| Worksheet for<br>Computating<br>the DSE<br>Schedule for<br>Permitted<br>Part-Time and<br>Substitute<br>Carriage | Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.)         Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule.         Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981.         Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1).         Column 4: Indicate the basis of carriage on which the station was carriade by listing one of the following letters:         (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.)         A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)).         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  |  |                            |  |                        |                        |  |  |  |  |  |
|   |   | PERMITTED DSE  | FOR STATIONS CARRI         | ED ON A PART-TIME AN   | ID SUBSTITUTE BASIS    |                        |  |  |  |  |  |
|   | 1. CALL   | 2. PRIOR   | 3. ACCOUNTING              | 4. BASIS OF  | 5. PRESENT             | 6. PERMITTED           |  |  |  |  |  |
|   | SIGN  | DSE  | PERIOD                     | CARRIAGE   | DSE                    | DSE                    |  |  |  |  |  |
|   |   |  |                            |  |                        |                        |  |  |  |  |  |
|   |   |  |                            |  |                        |                        |  |  |  |  |  |
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|   |   |  |                            |  |                        |                        |  |  |  |  |  |
| <b>7</b><br>Computation<br>of the   | Instructions: Block A must be completed.<br>In block A:<br>If your answer is "Yes," complete blocks B and C, below.<br>If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.  |  |                            |  |                        |                        |  |  |  |  |  |
| Syndicated  | BLOCK A: MAJOR TELEVISION MARKET  |  |                            |  |                        |                        |  |  |  |  |  |
| Exclusivity   |   |  |                            |  |                        |                        |  |  |  |  |  |
| Surcharge   | <ul> <li>Is any portion of the one of the o</li></ul> | cable system within a to                             | p 100 major television mar |  |                        | June 24, 1981?         |  |  |  |  |  |
|   | Yes—Complete  | e blocks B and C .                                   |                            | X No—Proceed to  | o part 8               |                        |  |  |  |  |  |
|   | BLOCK B: C  | arriage of VHF/Grade                                 | B Contour Stations         | BLOCK C: Computation of Exempt DSEs  |                        |                        |  |  |  |  |  |
|   |   |  |                            |  |                        |                        |  |  |  |  |  |
|   |   | n block B of part 6 the p<br>ion that places a grade |                            | Was any station listed in block B of part 7 carried in any commu-<br>nity served by the cable system prior to March 31, 1972? (refer |                        |                        |  |  |  |  |  |
|   | or in part, over the ca   |  |                            | to former FCC rule 76.159)   |                        |                        |  |  |  |  |  |
|   | Yes—List each s   | tation below with its appr                           | opriate permitted DSE      | Yes—List each station below with its appropriate permitted DSE   |                        |                        |  |  |  |  |  |
|   | X No—Enter zero a   | and proceed to part 8.                               |                            | X No—Enter zero a  | and proceed to part 8. |                        |  |  |  |  |  |
|   | CALL SIGN   | DSE CAL  | L SIGN DSE                 | CALL SIGN  | DSE CALL S             | IGN DSE                |  |  |  |  |  |
|   | CALL SIGN   |  | L SIGN DSE                 | CALL SIGN  | DSE CALLS              | IGN DSE                |  |  |  |  |  |
|   |   |  |                            |  |                        |                        |  |  |  |  |  |
|   |   |  |                            |  |                        |                        |  |  |  |  |  |
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|   |   |  |                            |  |                        |                        |  |  |  |  |  |
|   |   |  |                            |  |                        |                        |  |  |  |  |  |
|   |   | TOT  | AL DSEs 0.00               |  | TOTAL                  | DSEs <b>0.00</b>       |  |  |  |  |  |

| LEGAL NA      | ME OF OWNER OF CABLE SYSTEM:<br>Cogeco US (Miami), LLC  | SYSTEM ID#<br>025207 | Name                      |
|---------------|---|----------------------|---------------------------|
|               | BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE  |                      |                           |
| Section<br>1  | Enter the amount of gross receipts from space K (page 7)  | 5,769,501.66         | 7                         |
| Section<br>2  | A. Enter the total DSEs from block B of part 7  | 0.00                 | Computation<br>of the     |
|               | B. Enter the total number of exempt DSEs from block C of part 7   | 0.00                 | Syndicated<br>Exclusivity |
|               | C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8  | 0.00                 | Surcharge                 |
| • Is an       | y portion of the cable system within a top 50 television market as defined by the FCC?<br>Yes—Complete section 3 below. X No—Complete section 4 below.  |                      |                           |
|               | SECTION 3: TOP 50 TELEVISION MARKET   |                      |                           |
| Section<br>3a | Did your cable system retransmit the signals of any partially distant television stations during the accounting period?     Tes—Complete part 9 of this schedule.     X No—Complete the applicable section below.   |                      |                           |
|               | If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.  | ⊳⊏                   |                           |
|               | A. Enter 0.00599 of gross receipts (the amount in section1)   |                      |                           |
|               | B. Enter 0.00377 of gross receipts (the amount in section.1)  | _                    |                           |
|               | C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here  |                      |                           |
|               | D. Multiply line B by line C and enter here   | _                    |                           |
|               | E. Add lines A and D. This is your surcharge.<br>Enter here and on line 2 of block 4 in space L (page 7)<br>Syndicated Exclusivity Surcharge  |                      |                           |
| Section<br>3b | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.  |                      |                           |
|               | A. Enter 0.00599 of gross receipts (the amount in section 1)  |                      |                           |
|               | B. Enter 0.00377 of gross receipts (the amount in section 1)  |                      |                           |
|               | C. Multiply line B by 3.000 and enter here  |                      |                           |
|               | D. Enter 0.00178 of gross receipts (the amount in section 1)  |                      |                           |
|               | E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here   |                      |                           |
|               | F. Multiply line D by line E and enter here   |                      |                           |
|               | G. Add lines A, C, and F. This is your surcharge.<br>Enter here and on line 2 of block 4 in space L (page 7)<br>Syndicated Exclusivity Surcharge  |                      |                           |
|               | SECTION 4: SECOND 50 TELEVISION MARKET  |                      |                           |
| Section       | Did your cable system retransmit the signals of any partially distant television stations during the accounting period?          Image: Complete part 9 of this schedule.         Image: Complete part 9 of this schedule.  |                      |                           |
| 4a            | 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.<br>A. Enter 0.00300 of gross receipts (the amount in section 1) | BE                   |                           |
|               | B. Enter 0.00189 of gross receipts (the amount in section 1)  |                      |                           |
|               | C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2)<br>and enter here   |                      |                           |
|               | D. Multiply line B by line C and enter here   |                      |                           |
|               | E. Add lines A and D. This is your surcharge.<br>Enter here and on line 2 of block 4 in space L (page 7)<br>Syndicated Exclusivity Surcharge  |                      |                           |

## ACCOUNTING PERIOD: 2023/2

| ACCOUNTING PERIOD                              |   |  | EDULE. PAGE 16.      |  |  |  |  |  |  |  |
|--|---|--|----------------------|--|--|--|--|--|--|--|
| Name   |   | ME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#<br>025207 |  |  |  |  |  |  |  |
|  |   | Cogeco US (Miami), LLC   | 025207               |  |  |  |  |  |  |  |
| 7<br>Computation<br>of the<br>Syndicated       | Section       4b       If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.         A. Enter 0.00300 of gross receipts (the amount in section 1).       \$         B. Enter 0.00189 of gross receipts (the amount in section 1).       \$ |  |                      |  |  |  |  |  |  |  |
| Exclusivity<br>Surcharge                       |   | C. Multiply line B by 3.000 and enter here   |                      |  |  |  |  |  |  |  |
|  |   | D. Enter 0.00089 of gross receipts (the amount in section 1)   |                      |  |  |  |  |  |  |  |
|  |   | E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here   |                      |  |  |  |  |  |  |  |
|  |   | F. Multiply line D by line E and enter here  |                      |  |  |  |  |  |  |  |
|  |   | G. Add lines A, C, and F. This is your surcharge.<br>Enter here and on line 2, block 4, space L (page 7)   |                      |  |  |  |  |  |  |  |
|  |   | Syndicated Exclusivity Surcharge   | ·····                |  |  |  |  |  |  |  |
| <b>8</b><br>Computation<br>of<br>Base Rate Fee | You m<br>6 was<br>• In blo<br>• If you<br>• If you<br>blank<br>What i<br>were lo  | And the set of the set | elow                 |  |  |  |  |  |  |  |
|  |   |  |                      |  |  |  |  |  |  |  |
|  | • Did y   | BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS<br>your cable system retransmit the signals of any partially distant television stations during the accounting period?   |                      |  |  |  |  |  |  |  |
|  |   | Yes—Complete part 9 of this schedule. X No—Complete the following sections.  |                      |  |  |  |  |  |  |  |
|  |   | BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE  |                      |  |  |  |  |  |  |  |
|  | Section<br>1  | Enter the amount of gross receipts from space K (page 7)   | .66                  |  |  |  |  |  |  |  |
|  | Section<br>2  | Enter the total number of permitted DSEs from block B, part 6 of this schedule.<br>(If block A of part 6 was checked "Yes,"<br>use the total number of DSEs from part 5.)  | 0.00                 |  |  |  |  |  |  |  |
|  | Section<br>3  | If the figure in section 2 is <b>4.000 or less</b> , compute your base rate fee here and leave section 4 blank.<br>NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.<br>A. Enter 0.01064 of gross receipts<br>(the amount in section 1)  | -                    |  |  |  |  |  |  |  |
|  |   | B. Enter 0.00701 of gross receipts<br>(the amount in section 1)  |                      |  |  |  |  |  |  |  |
|  |   | C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here   |                      |  |  |  |  |  |  |  |
|  |   | D. Multiply line B by line C and enter here  | <u>-</u>             |  |  |  |  |  |  |  |
|  |   | E. Add lines A, and D. This is your base rate fee. Enter here<br>and in block 3, line 1, space L (page 7)  |                      |  |  |  |  |  |  |  |
|  |   | Base Rate Fee  | l '                  |  |  |  |  |  |  |  |

| EGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#             | Name                                  |
|--|------------------------|---------------------------------------|
| Cogeco US (Miami), LLC   | 025207                 | Name                                  |
| Section If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.  |                        |                                       |
|  |                        | 8                                     |
| A. Enter 0.01064 of gross receipts (the amount in section 1) ►\$   |                        | •                                     |
| ` '''''''''''''''''''''''''''''''''''''  |                        |                                       |
| B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ \$  |                        | Computation                           |
|  |                        | of<br>Base Rate Fee                   |
| C. Multiply line B by 3.000 and enter here <b>\$</b>   |                        |                                       |
| D. Enter 0.00330 of gross receipts (the amount in section 1) ▶ \$  |                        |                                       |
| E. Subtract 4.000 from total DSEs  |                        |                                       |
| (the figure in section 2) and enter here   |                        |                                       |
| F. Multiply line D by line E and enter here  |                        |                                       |
| G. Add lines A, C, and F. This is your base rate fee   |                        |                                       |
| Enter here and in block 3, line 1, space L (page 7)  |                        |                                       |
| Base Rate Fee \$   | 0.00                   |                                       |
|  |                        |                                       |
| IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television bro<br>shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multi   | 0                      | •                                     |
| ups in Space G.  |                        | 9                                     |
| n General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rat   |                        | Computation                           |
| receipts from subscribers located within the station's local service area, from your system's total gross receipts. To ta<br>his exclusion, you must:  | ake advantage of       | of                                    |
| First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are dist  |                        | Base Rate Fee<br>and                  |
| station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Deter<br>of DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate  |                        | Syndicated                            |
| group.   |                        | Exclusivity                           |
| Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system   | ı.                     | Surcharge<br>for                      |
| NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exemp<br>must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block<br>However, if your cable system is wholly located outside all major television markets, complete block A only.  |                        | Partially<br>Distant<br>Stations, and |
| How to Identify a Subscriber Group for Partially Distant Stations  |                        | for Partially                         |
| Step 1: For each community served, determine the local service area of each wholly distant and each partially distant  | nt station you         | Permitted<br>Stations                 |
| carried to that community.   |                        |                                       |
| Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers we<br>outside the station's local service area. A subscriber located outside the local service area of a station is distant to the<br>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 dis<br>subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. No<br>system will have only one subscriber group when the distant stations it carried have local service areas that coincide   | ote that a cable       |                                       |
| Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your<br>subscriber groups.  | r system's             |                                       |
| n each section:  |                        |                                       |
| <ul> <li>Identify the communities/areas represented by each subscriber group.</li> <li>Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant subscribers in the group.</li> </ul>   | to all of the          |                                       |
|  |                        |                                       |
| 1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gav<br>and 4 of this schedule; or,   | ve it in parts 2, 3,   |                                       |
| 2) any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave<br>part 6 of this schedule.   | it in block B,         |                                       |
| Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.  |                        |                                       |
| • Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the gen in the paper SA3 form.  | eral instructions      |                                       |
| <ul> <li>Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule or<br/>page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber grou<br/>DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do no<br/>your actual calculations on the form.</li> </ul> | ıp (that is, the total |                                       |

|      |   | STEM ID# |
|------|---|----------|
| Name | Cogeco US (Miami), LLC  | 025207   |
|      | 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.<br>Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams                |          |
|      | <b>Step 1:</b> 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   | 9        |
|      | 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.   |          |
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| FORM SA3E. P | AGE 19. |
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| EGAL NAME OF OWNE         |           | LL 3131EWI.           |              |  |            |                | VSTEM ID#<br>025207 |  |
|---------------------------|-----------|-----------------------|--------------|--|------------|----------------|---------------------|--|
| В                         |           |                       |              | TE FEES FOR EAG  |            |                |                     |  |
| OMMUNITY/ AREA            |           | SUBSCRIBER GRO        | UP           | SECOND SUBSCRIBER GROUP       COMMUNITY/ AREA <b>0</b> |            |                |                     |  |
| CALL SIGN                 | DSE       | CALL SIGN             | DSE          | CALL SIGN  | DSE        | CALL SIGN      | DSE                 |  |
|                           |           |                       |              |  |            |                |                     |  |
|                           |           |                       |              |  |            |                |                     |  |
|                           |           |                       |              |  |            |                |                     |  |
|                           |           | -                     |              |  |            |                |                     |  |
|                           |           |                       |              |  |            |                |                     |  |
|                           |           |                       |              |  |            |                |                     |  |
|                           |           |                       |              |  |            |                |                     |  |
|                           |           |                       |              |  |            |                |                     |  |
|                           |           |                       |              |  |            |                |                     |  |
|                           |           |                       |              |  |            |                |                     |  |
|                           |           |                       |              |  |            |                |                     |  |
|                           |           |                       |              |  |            |                |                     |  |
|                           |           |                       |              |  |            |                |                     |  |
| al DSEs                   |           |                       | 0.00         | Total DSEs 0.00  |            |                | 0.00                |  |
| s Receipts First G        | roup      | \$ 5,76               | 9,501.66     | Gross Receipts Sec                                     | cond Group | \$             | 0.00                |  |
| <b>e Rate Fee</b> First G | roup      | \$                    | 0.00         | Base Rate Fee Sec                                      | cond Group | \$             | 0.00                |  |
|                           | THIRD     | SUBSCRIBER GRO        | UP           |  | FOURTH     | SUBSCRIBER GRO | UP                  |  |
| IMUNITY/ AREA             |           |                       | 0            |  |            |                |                     |  |
| LL SIGN                   | DSE       | CALL SIGN             | DSE          | CALL SIGN  | DSE        | CALL SIGN      | DSE                 |  |
|                           |           | -                     |              |  |            |                |                     |  |
|                           |           |                       |              |  |            |                |                     |  |
|                           |           |                       |              |  |            |                |                     |  |
|                           |           |                       |              |  |            |                |                     |  |
|                           |           |                       |              |  |            |                |                     |  |
|                           |           |                       |              |  |            |                |                     |  |
|                           |           |                       |              |  |            |                |                     |  |
|                           |           |                       |              |  |            |                |                     |  |
|                           |           |                       |              |  |            |                |                     |  |
|                           |           |                       |              |  |            |                |                     |  |
|                           |           |                       |              |  |            |                |                     |  |
|                           |           |                       |              |  |            |                |                     |  |
| al DSEs                   |           |                       | 0.00         | Total DSEs   |            |                | 0.00                |  |
| oss Receipts Third (      | Group     | \$                    | 0.00         | Gross Receipts For                                     | urth Group | \$             | 0.00                |  |
|                           |           |                       |              |  |            |                |                     |  |
| se Rate Fee Third (       | Group     | \$                    | 0.00         | Base Rate Fee Fou                                      | irth Group | \$             | 0.00                |  |
|                           |           |                       |              | 11   |            |                |                     |  |
|                           |           | te fees for each subs | criber group | as shown in the boxe                                   | s above.   | ¢              | 0.00                |  |
|                           | s, ine 1, | space L (page 7)      |              |  |            | \$             | 0.00                |  |

| LEGAL NAME OF OWNE<br>Cogeco US (Miami   |                                 | LE SYSTEM:      |      |                       |          | S              | 025207 | Name                      |
|--|---------------------------------|-----------------|------|-----------------------|----------|----------------|--------|---------------------------|
| BL   |                                 |                 |      | TE FEES FOR EACH      |          |                |        |                           |
|  | FIFTH                           | SUBSCRIBER GROU |      |                       | SIXTH    | SUBSCRIBER GRO |        | 9                         |
| COMMUNITY/ AREA  |                                 |                 | 0    | COMMUNITY/ AREA       |          |                | 0      | Computation               |
| CALL SIGN  | DSE                             | CALL SIGN       | DSE  | CALL SIGN             | DSE      | CALL SIGN      | DSE    | of                        |
|  |                                 |                 |      |                       |          |                |        | Base Rate Fe              |
|  |                                 |                 |      |                       |          |                |        | and                       |
|  |                                 |                 |      |                       |          |                |        | Syndicated<br>Exclusivity |
|  |                                 |                 |      |                       |          |                |        | Surcharge                 |
|  |                                 |                 |      |                       |          |                |        | for                       |
|  |                                 |                 |      |                       |          |                |        | Partially                 |
|  |                                 |                 |      |                       |          |                |        | Distant<br>Stations       |
|  |                                 |                 |      |                       |          |                |        | Stations                  |
|  |                                 |                 |      |                       |          |                |        |                           |
|  |                                 |                 |      |                       |          |                |        |                           |
|  |                                 |                 |      |                       |          |                |        |                           |
|  |                                 |                 |      |                       |          |                |        |                           |
| Fotal DSEs   |                                 |                 | 0.00 | Total DSEs            |          |                | 0.00   |                           |
| Gross Receipts First Gr  | oup                             | \$              | 0.00 | Gross Receipts Secor  | nd Group | \$             | 0.00   |                           |
| Base Rate Fee First Gr   | oup                             | \$              | 0.00 | Base Rate Fee Secor   | nd Group | \$             | 0.00   |                           |
| S  | EVENTH                          | SUBSCRIBER GROU |      |                       | EIGHTH   | SUBSCRIBER GRO | UP     |                           |
| 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 G   | roup                            | \$              | 0.00 | Gross Receipts Fourth | n Group  | \$             | 0.00   |                           |
| Base Rate Fee Third G  | roup                            | \$              | 0.00 | Base Rate Fee Fourth  | n Group  | \$             | 0.00   |                           |
| roup \$ 0.00<br>e base rate fees for each subscriber grou<br>3, line 1, space L (page 7) | te fees for each subscriber gro |                 | _    |                       |          | \$             | 0.00   |                           |

|                 |      |                  |         |                       |         | LE SYSTEM:     | i), LLC | Cogeco US (Miam        |
|-----------------|------|------------------|---------|-----------------------|---------|----------------|---------|------------------------|
|                 |      |                  |         | TE FEES FOR EACH      |         |                |         | В                      |
| 9               | P    | SUBSCRIBER GROUP | IENTH   | COMMUNITY/ AREA       | JP<br>0 | SUBSCRIBER GRO | NINTH   | COMMUNITY/ AREA        |
| Computat        |      |                  |         |                       |         |                |         |                        |
| of<br>Base Rate | DSE  | CALL SIGN        | DSE     | CALL SIGN             | DSE     | CALL SIGN      | DSE     | CALL SIGN              |
| and             |      |                  |         |                       |         |                |         |                        |
| Syndicat        |      |                  |         |                       |         |                |         |                        |
| Exclusiv        |      |                  |         |                       |         | -              |         |                        |
| Surchar         |      |                  |         |                       |         |                |         |                        |
| Partiall        |      | -                |         |                       |         |                |         |                        |
| Distan          |      | _                |         |                       |         |                |         |                        |
| Station         |      |                  |         |                       |         |                |         |                        |
|                 |      |                  |         |                       |         |                |         |                        |
|                 |      |                  |         |                       |         |                |         |                        |
|                 |      |                  |         |                       |         |                |         |                        |
|                 |      |                  |         |                       |         |                |         |                        |
| -               | 0.00 |                  |         | Total DSEs            | 0.00    |                |         | otal DSEs              |
|                 | 0.00 |                  |         |                       |         |                |         |                        |
|                 | 0.00 | \$               | a Group | Gross Receipts Secon  | 0.00    | \$             | roup    | Fross Receipts First G |
|                 | 0.00 | \$               | d Group | Base Rate Fee Secon   | 0.00    | \$             | roup    | ase Rate Fee First G   |
|                 | P    | SUBSCRIBER GROUP | TWELVTH |                       |         | SUBSCRIBER GRO | LEVENTH | E                      |
|                 | 0    |                  |         | COMMUNITY/ AREA       | 0       |                |         | OMMUNITY/ AREA         |
|                 | DSE  | CALL SIGN        | DSE     | CALL SIGN             | DSE     | CALL SIGN      | DSE     | CALL SIGN              |
|                 |      |                  |         |                       |         |                |         |                        |
|                 |      |                  |         |                       |         | -              |         |                        |
|                 |      |                  |         |                       |         |                |         |                        |
|                 |      |                  |         |                       |         |                |         |                        |
|                 |      | -                |         |                       |         |                |         |                        |
|                 |      | ]                |         |                       |         | <b>[</b> ]     |         |                        |
|                 |      |                  |         |                       |         |                |         |                        |
|                 |      |                  |         |                       |         |                |         |                        |
| 1               |      | -                |         |                       |         |                |         |                        |
|                 |      |                  |         |                       |         |                |         |                        |
|                 |      |                  |         |                       |         |                |         |                        |
| 1               | 0.00 |                  |         | Total DSEs            | 0.00    |                | 1       | otal DSEs              |
|                 | 0.00 | \$               | Group   | Gross Receipts Fourth | 0.00    | \$             | Group   | Gross Receipts Third C |
|                 | 0.00 |                  |         |                       |         |                |         |                        |

| FORM SA3E. P | AGE 19. |
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| LEGAL NAME OF OWI     |           | LE SYSTEM:     |            |                       |           | 2                | 025207 | Name               |
|-----------------------|-----------|----------------|------------|-----------------------|-----------|------------------|--------|--------------------|
|                       |           |                |            | TE FEES FOR EAC       |           |                  |        |                    |
| IF<br>COMMUNITY/ AREA |           | SUBSCRIBER GRO | <u>900</u> | FO<br>COMMUNITY/ AREA |           | I SUBSCRIBER GRO | 0<br>0 | 9                  |
|                       |           |                | •          |                       |           |                  | •      | Computatio         |
| CALL SIGN             | DSE       | CALL SIGN      | DSE        | CALL SIGN             | DSE       | CALL SIGN        | DSE    | of                 |
|                       |           |                |            |                       |           |                  |        | Base Rate F<br>and |
|                       |           |                |            |                       |           |                  |        | Syndicated         |
|                       |           |                |            |                       |           |                  |        | Exclusivity        |
|                       |           |                |            |                       |           |                  |        | Surcharge          |
|                       |           |                |            |                       |           |                  |        | for<br>Partially   |
|                       |           |                |            |                       |           |                  |        | Distant            |
|                       |           |                |            |                       |           |                  |        | Stations           |
|                       |           |                |            |                       |           |                  |        |                    |
|                       |           |                |            |                       |           |                  |        |                    |
|                       |           |                |            |                       |           |                  |        |                    |
|                       |           |                |            |                       |           |                  |        |                    |
|                       |           |                |            |                       |           |                  |        |                    |
| Fotal 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   |                    |
|                       | FIFTEENTH | SUBSCRIBER GRO | OUP        | :                     | SIXTEENTH | I SUBSCRIBER GRO | UP     |                    |
| COMMUNITY/ AREA       | <i>۱</i>  |                | 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  | l Group   | \$             | 0.00       | Gross Receipts Fourt  | h Group   | \$               | 0.00   |                    |
|                       |           |                |            |                       |           |                  |        |                    |
| Base Rate Fee Third   | Group     | \$             | 0.00       | Base Rate Fee Fourt   | n Group   | \$               | 0.00   |                    |
|                       |           |                |            | as shown in the boxes |           |                  |        |                    |

| FORM SA3E. P | AGE 19. |
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|                         | i), LLC | E SYSTEM:      |          |                              |          | S                | 025207   | Name              |
|-------------------------|---------|----------------|----------|------------------------------|----------|------------------|----------|-------------------|
|                         |         |                |          | TE FEES FOR EAC              |          |                  |          |                   |
| COMMUNITY/ AREA         | IIEENIH | SUBSCRIBER GRC | 0<br>0   | COMMUNITY/ AREA              |          | I SUBSCRIBER GRO | 0P<br>0  | 9                 |
|                         |         |                |          |                              |          |                  |          | Computatio        |
| CALL SIGN               | DSE     | CALL SIGN      | DSE      | CALL SIGN                    | DSE      | CALL SIGN        | DSE      | of<br>Base Rate F |
|                         |         |                |          |                              |          | n                |          | and               |
|                         |         |                |          |                              |          |                  |          | Syndicated        |
|                         |         |                |          |                              |          |                  |          | Exclusivity       |
|                         |         |                |          |                              |          |                  |          | Surcharge<br>for  |
|                         |         |                |          |                              |          |                  |          | Partially         |
|                         |         |                |          |                              |          |                  |          | Distant           |
|                         |         |                |          |                              |          |                  |          | Stations          |
|                         |         |                |          |                              |          |                  |          |                   |
|                         |         | -              |          |                              |          |                  |          |                   |
|                         |         |                |          |                              |          |                  |          |                   |
|                         |         |                |          |                              |          |                  |          |                   |
| otal DSEs               | 11      |                | 0.00     | Total DSEs                   |          | 11               | 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     |                   |
| NIN                     | ITEENTH | SUBSCRIBER GRO | UP       | Т                            | WENTIETH | SUBSCRIBER GRO   | IID      |                   |
|                         |         |                |          | 11                           |          | CODOCINELITORIO  |          |                   |
| COMMUNITY/ AREA         |         |                | 0        | COMMUNITY/ AREA              |          |                  | 0        |                   |
| COMMUNITY/ AREA         | DSE     | CALL SIGN      | 0<br>DSE | COMMUNITY/ AREA<br>CALL SIGN |          | CALL SIGN        |          |                   |
|                         | DSE     | CALL SIGN      | ······   |                              |          |                  | 0        |                   |
|                         | DSE     | CALL SIGN      | ······   |                              |          |                  | 0        |                   |
|                         | DSE     | CALL SIGN      | ······   |                              |          |                  | 0        |                   |
|                         | DSE     | CALL SIGN      | ······   |                              |          |                  | 0        |                   |
|                         | DSE     | CALL SIGN      | ······   |                              |          |                  | 0        |                   |
|                         | DSE     | CALL SIGN      | ······   |                              |          |                  | 0        |                   |
|                         | DSE     | CALL SIGN      | ······   |                              |          |                  | 0        |                   |
|                         | DSE     | CALL SIGN      | ······   |                              |          |                  | 0        |                   |
| CALL SIGN               | DSE     | CALL SIGN      | ······   |                              |          |                  | 0        |                   |
|                         | DSE     | CALL SIGN      | ······   |                              |          |                  | 0        |                   |
|                         | DSE     | CALL SIGN      | ······   |                              |          |                  | 0        |                   |
| CALL SIGN               | DSE     |                | ······   |                              |          |                  | 0        |                   |
|                         |         | CALL SIGN      |          | CALL SIGN                    |          |                  | 0<br>DSE |                   |

| FORM SA3E. P | AGE 19. |
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| LEGAL NAME OF OWNE<br>Cogeco US (Miam |          | LE SYSTEM:     |                 |                    |           | 5              | O25207  | Name               |
|---------------------------------------|----------|----------------|-----------------|--------------------|-----------|----------------|---------|--------------------|
|                                       |          |                |                 | TE FEES FOR EAC    |           |                |         |                    |
| COMMUNITY/ AREA                       | IY-FIRSI | SUBSCRIBER GRO | <u>סטף</u><br>0 | COMMUNITY/ ARE     |           | SUBSCRIBER GRO | 0P<br>0 | 9                  |
|                                       |          |                |                 |                    |           |                |         | Computatio         |
| CALL SIGN                             | DSE      | CALL SIGN      | DSE             | CALL SIGN          | DSE       | CALL SIGN      | DSE     | of                 |
|                                       |          |                |                 |                    |           |                |         | Base Rate F<br>and |
|                                       |          |                |                 |                    |           |                |         | Syndicate          |
|                                       |          |                |                 |                    |           |                |         | Exclusivity        |
|                                       |          |                |                 |                    |           |                |         | Surcharge<br>for   |
|                                       |          |                |                 |                    |           |                |         | Partially          |
|                                       |          |                |                 |                    |           |                |         | Distant            |
|                                       |          | -              |                 |                    |           |                |         | Stations           |
|                                       |          |                |                 |                    |           |                |         |                    |
|                                       |          |                |                 |                    |           |                |         |                    |
|                                       |          |                |                 |                    |           |                |         |                    |
|                                       |          |                |                 |                    |           |                |         |                    |
| otal DSEs                             |          |                | 0.00            | Total DSEs         |           |                | 0.00    |                    |
| Gross Receipts First G                | roup     | \$             | 0.00            | Gross Receipts Sec | ond Group | \$             | 0.00    |                    |
|                                       |          | ·              |                 |                    | <b>-</b>  | ·              |         |                    |
| <b>3ase Rate Fee</b> First G          | roup     | \$             | 0.00            | Base Rate Fee Sec  | ond Group | \$             | 0.00    |                    |
|                                       | ry-third | SUBSCRIBER GRO |                 |                    |           | SUBSCRIBER GRO |         |                    |
| COMMUNITY/ AREA                       |          |                | 0               | COMMUNITY/ ARE     | A         |                | 0       |                    |
| CALL SIGN                             | DSE      | CALL SIGN      | DSE             | CALL SIGN          | DSE       | CALL SIGN      | DSE     |                    |
|                                       |          |                |                 |                    |           |                |         |                    |
|                                       |          |                |                 |                    |           |                |         |                    |
|                                       |          |                |                 |                    |           |                |         |                    |
|                                       |          |                |                 |                    |           |                |         |                    |
|                                       |          |                |                 |                    |           |                |         |                    |
|                                       |          | -              |                 |                    |           |                |         |                    |
|                                       |          |                |                 |                    |           |                |         |                    |
|                                       |          | _              |                 |                    |           |                |         |                    |
|                                       |          |                |                 |                    |           |                |         |                    |
|                                       |          |                |                 |                    |           |                |         |                    |
|                                       |          |                |                 |                    |           |                |         |                    |
| Total DSEs                            |          |                | 0.00            | Total DSEs         |           |                | 0.00    |                    |
| Gross Receipts Third C                | Group    | \$             | 0.00            | Gross Receipts Fou | rth Group | \$             | 0.00    |                    |
|                                       |          |                |                 |                    |           |                |         |                    |
| Base Rate Fee Third G                 | Group    | \$             | 0.00            | Base Rate Fee Fou  | rth Group | \$             | 0.00    |                    |
| Base Rate Fee Third C                 |          | <u>.</u>       |                 |                    |           | s              | 0.00    |                    |

| DSE of<br>Base Rate<br>and<br>Syndicat<br>Exclusiv<br>Surchar<br>for<br>Partiall<br>Distan              | UBSCRIBER GROUP |          | TE FEES FOR EACH<br>TWEN<br>COMMUNITY/ AREA<br>CALL SIGN |      | COMPUTATION OI<br>SUBSCRIBER GRO |         |                              |
|---|-----------------|----------|--|------|----------------------------------|---------|------------------------------|
| Computat<br>DSE of<br>Base Rate<br>and<br>Syndicat<br>Exclusiv<br>Surchard<br>for<br>Partiall<br>Distan |                 |          | COMMUNITY/ AREA  | 0    |                                  |         |                              |
| DSE of<br>Base Rate<br>and<br>Syndicate<br>Exclusive<br>Surcharg<br>for<br>Partially<br>Distant         | CALL SIGN DS    | DSE      | CALL SIGN  | DSE  | CALL SIGN                        |         |                              |
| Syndicate<br>Exclusivi<br>Surcharg<br>for<br>Partially<br>Distant                                       |                 |          |  |      |                                  | DSE     | CALL SIGN                    |
| Syndicate<br>Exclusivi<br>Surcharg<br>for<br>Partially<br>Distant                                       |                 |          |  |      |                                  |         |                              |
| Exclusivi<br>Surcharg<br>for<br>Partially<br>Distant  |                 |          |  |      |                                  |         |                              |
| Partially<br>Distant  |                 |          |  |      | -                                |         |                              |
| Partially<br>Distant  |                 |          |  |      |                                  |         |                              |
| Distant   |                 |          |  |      |                                  |         |                              |
| Stations  |                 |          |  |      | -                                |         |                              |
|   |                 |          |  |      |                                  |         |                              |
|   |                 |          |  |      |                                  |         |                              |
|   |                 |          |  |      |                                  |         |                              |
|   |                 |          |  |      |                                  |         |                              |
|   |                 |          |  |      |                                  |         |                              |
| 0.00  | 0.0             |          | Total DSEs   | 0.00 |                                  |         | otal DSEs                    |
| 0.00  | \$ 0.0          | d Group  | Gross Receipts Secon                                     | 0.00 | \$                               | roup    | Gross Receipts First Gr      |
|   |                 | Carry    | Dees Dete Fee Course                                     | 0.00 |                                  |         | and Bate Fee First Cr        |
| 0.00  |                 |          | Base Rate Fee Secon                                      | 0.00 | \$                               |         | Base Rate Fee First Gr       |
|   | UBSCRIBER GROUP | /-EIGHTH |  |      | SUBSCRIBER GRO                   | SEVENTH |                              |
| 0   |                 |          | COMMUNITY/ AREA  | 0    |                                  |         | COMMUNITY/ AREA              |
| DSE   | CALL SIGN DS    | DSE      | CALL SIGN  | DSE  | CALL SIGN                        | DSE     | CALL SIGN                    |
|   |                 |          |  |      |                                  |         |                              |
|   |                 |          |  |      |                                  |         |                              |
|   |                 |          |  |      | -                                |         |                              |
|   |                 |          |  |      |                                  |         |                              |
|   |                 |          |  |      |                                  |         |                              |
|   |                 |          |  |      | -                                |         |                              |
|   |                 |          |  |      |                                  |         |                              |
|   |                 |          |  |      |                                  | -       |                              |
|   |                 |          |  |      |                                  |         |                              |
|   |                 |          |  |      |                                  |         |                              |
|   |                 |          | ·····  |      |                                  |         |                              |
| 0.00  | 0.0             |          | Total DSEs   | 0.00 |                                  |         | otal DSEs                    |
| 0.00  | \$ 0.0          | Group    | Gross Receipts Fourth                                    | 0.00 | \$                               | Group   | Gross Receipts Third G       |
| 0.00  | \$ 0.0          | Group    | Base Rate Fee Fourth                                     | 0.00 | \$                               | Group   | <b>3ase Rate Fee</b> Third G |

| ogeco US (Miami), LLC          | BLE SYSTEM:    |                 |                          |          | 5              | O25207         | Name             |
|--------------------------------|----------------|-----------------|--------------------------|----------|----------------|----------------|------------------|
|                                |                |                 | TE FEES FOR EACH         |          |                |                |                  |
| TWENTY-NINTH<br>OMMUNITY/ AREA | SUBSCRIBER GRC | 0<br>0          | COMMUNITY/ AREA          |          | SUBSCRIBER GRO | 0<br>0         | 9                |
|                                |                | •               |                          |          |                | v              | Computatio       |
| CALL SIGN DSE                  | CALL SIGN      | DSE             | CALL SIGN                | DSE      | CALL SIGN      | DSE            | of               |
|                                |                |                 |                          |          |                |                | Base Rate F      |
|                                |                |                 |                          |          |                |                | Syndicated       |
|                                |                |                 |                          |          |                |                | Exclusivity      |
|                                |                |                 |                          |          |                |                | Surcharge        |
|                                |                |                 |                          |          |                |                | for<br>Partially |
|                                |                |                 |                          |          |                |                | Distant          |
|                                |                |                 |                          |          |                |                | Stations         |
|                                |                |                 |                          |          |                |                |                  |
|                                |                |                 |                          |          |                |                |                  |
|                                |                |                 |                          |          |                |                |                  |
|                                |                |                 |                          |          |                |                |                  |
|                                |                |                 |                          |          |                |                |                  |
| otal DSEs                      |                | 0.00            | Total DSEs               |          |                | 0.00           |                  |
| ross Receipts First Group      | \$             | 0.00            | Gross Receipts Seco      | nd Group | \$             | 0.00           |                  |
| ase Rate Fee First Group       | <u>,</u>       | 0.00            |                          |          |                |                |                  |
|                                | \$             | 0.00            | Base Rate Fee Seco       | nd Group | \$             | 0.00           |                  |
| THIRTY-FIRS                    | SUBSCRIBER GRC | OUP             |                          |          | SUBSCRIBER GRO | UP             |                  |
| THIRTY-FIRS                    | ·              |                 |                          | Y-SECOND | Ľ              |                |                  |
|                                | ·              | OUP             | THIRT                    | Y-SECOND | Ľ              | UP             |                  |
| OMMUNITY/ AREA                 | SUBSCRIBER GRC | 0<br>0          | THIRT<br>COMMUNITY/ AREA | Y-SECOND | SUBSCRIBER GRO | UP<br>0        |                  |
| OMMUNITY/ AREA                 | SUBSCRIBER GRC | 0<br>0          | THIRT<br>COMMUNITY/ AREA | Y-SECOND | SUBSCRIBER GRO | UP<br>0        |                  |
| OMMUNITY/ AREA                 | SUBSCRIBER GRC | 0<br>0          | THIRT<br>COMMUNITY/ AREA | Y-SECOND | SUBSCRIBER GRO | UP<br>0        |                  |
| OMMUNITY/ AREA                 | SUBSCRIBER GRC | 0<br>0          | THIRT<br>COMMUNITY/ AREA | Y-SECOND | SUBSCRIBER GRO | UP<br>0        |                  |
| OMMUNITY/ AREA                 | SUBSCRIBER GRC | 0<br>0          | THIRT<br>COMMUNITY/ AREA | Y-SECOND | SUBSCRIBER GRO | UP<br>0        |                  |
| OMMUNITY/ AREA                 | SUBSCRIBER GRC | 0<br>0          | THIRT<br>COMMUNITY/ AREA | Y-SECOND | SUBSCRIBER GRO | UP<br>0        |                  |
| OMMUNITY/ AREA                 | SUBSCRIBER GRC | 0<br>0          | THIRT<br>COMMUNITY/ AREA | Y-SECOND | SUBSCRIBER GRO | UP<br>0        |                  |
| OMMUNITY/ AREA                 | SUBSCRIBER GRC | 0<br>0          | THIRT<br>COMMUNITY/ AREA | Y-SECOND | SUBSCRIBER GRO | UP<br>0        |                  |
| OMMUNITY/ AREA                 | SUBSCRIBER GRC | 0<br>0          | THIRT<br>COMMUNITY/ AREA | Y-SECOND | SUBSCRIBER GRO | UP<br>0        |                  |
| OMMUNITY/ AREA                 | SUBSCRIBER GRC | 0<br>0          | THIRT<br>COMMUNITY/ AREA | Y-SECOND | SUBSCRIBER GRO | UP<br>0        |                  |
| OMMUNITY/ AREA                 | SUBSCRIBER GRC | 0<br>0          | THIRT<br>COMMUNITY/ AREA | Y-SECOND | SUBSCRIBER GRO | UP<br>0        |                  |
| OMMUNITY/ AREA                 | SUBSCRIBER GRC | 0<br>0          | THIRT<br>COMMUNITY/ AREA | Y-SECOND | SUBSCRIBER GRO | UP<br>0        |                  |
| OMMUNITY/ AREA                 | SUBSCRIBER GRC | DUP<br>0<br>DSE | CALL SIGN                | Y-SECOND | SUBSCRIBER GRO | UP<br>0<br>DSE |                  |

| mi), LLC   | 025207              | Name                |  |  |  |  |
|--|---------------------|---------------------|--|--|--|--|
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP<br>RTY-THIRD SUBSCRIBER GROUP THIRTY-FOURTH SUBSCRIBER GRO  | UP                  |                     |  |  |  |  |
| 0 COMMUNITY/ AREA  |                     |                     |  |  |  |  |
| DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN  | DSE                 | Computati<br>of     |  |  |  |  |
|  |                     | Base Rate<br>and    |  |  |  |  |
|  |                     | Syndicate           |  |  |  |  |
|  |                     | Exclusivi           |  |  |  |  |
|  |                     | Surcharg<br>for     |  |  |  |  |
|  |                     | Partially           |  |  |  |  |
|  |                     | Distant<br>Stations |  |  |  |  |
|  |                     | oution              |  |  |  |  |
|  |                     |                     |  |  |  |  |
|  |                     |                     |  |  |  |  |
|  |                     |                     |  |  |  |  |
|  |                     |                     |  |  |  |  |
| 0.00 Total DSEs  | 0.00                |                     |  |  |  |  |
| Group <u>\$ 0.00</u> Gross Receipts Second Group <u>\$</u>   | 0.00                |                     |  |  |  |  |
| Group \$ 0.00 Base Rate Fee Second Group \$  | 0.00                |                     |  |  |  |  |
|  | 0.00                |                     |  |  |  |  |
| IRTY-FIFTH SUBSCRIBER GROUP THIRTY-SIXTH SUBSCRIBER GRO  |                     |                     |  |  |  |  |
|  |                     |                     |  |  |  |  |
| IRTY-FIFTH SUBSCRIBER GROUP THIRTY-SIXTH SUBSCRIBER GRO  | UP                  |                     |  |  |  |  |
| IRTY-FIFTH SUBSCRIBER GROUP THIRTY-SIXTH SUBSCRIBER GRO  | UP<br>0             |                     |  |  |  |  |
| IRTY-FIFTH SUBSCRIBER GROUP THIRTY-SIXTH SUBSCRIBER GRO  | UP<br>0             |                     |  |  |  |  |
| IRTY-FIFTH SUBSCRIBER GROUP THIRTY-SIXTH SUBSCRIBER GRO  | UP<br>0             |                     |  |  |  |  |
| IRTY-FIFTH SUBSCRIBER GROUP THIRTY-SIXTH SUBSCRIBER GRO  | UP<br>0             |                     |  |  |  |  |
| IRTY-FIFTH SUBSCRIBER GROUP THIRTY-SIXTH SUBSCRIBER GRO  | UP<br>0             |                     |  |  |  |  |
| IRTY-FIFTH SUBSCRIBER GROUP THIRTY-SIXTH SUBSCRIBER GRO  | UP<br>0             |                     |  |  |  |  |
| IRTY-FIFTH SUBSCRIBER GROUP THIRTY-SIXTH SUBSCRIBER GRO  | UP<br>0             |                     |  |  |  |  |
| IRTY-FIFTH SUBSCRIBER GROUP THIRTY-SIXTH SUBSCRIBER GRO  | UP<br>0             |                     |  |  |  |  |
| IRTY-FIFTH SUBSCRIBER GROUP THIRTY-SIXTH SUBSCRIBER GRO  | UP<br>0             |                     |  |  |  |  |
| IRTY-FIFTH SUBSCRIBER GROUP THIRTY-SIXTH SUBSCRIBER GRO  | UP<br>0             |                     |  |  |  |  |
| IRTY-FIFTH SUBSCRIBER GROUP THIRTY-SIXTH SUBSCRIBER GRO  | UP<br>0             |                     |  |  |  |  |
| IRTY-FIFTH SUBSCRIBER GROUP INTY-SIXTH SUBSCRIBER GRO COMMUNITY/ AREA DSE CALL SIGN DS |                     |                     |  |  |  |  |
| IRTY-FIFTH SUBSCRIBER GROUP INTY-SIXTH SUBSCRIBER GROUP INTY-SIXTH SUBSCRIBER GROUP IDSE CALL SIGN DSE CALL SIGN D | UP<br>0<br>DSE<br>0 |                     |  |  |  |  |

| FORM SA3E. P | AGE 19. |
|--------------|---------|
|--------------|---------|

| LEGAL NAME OF OWNE<br>Cogeco US (Miam |             | LE SYSTEM:           |               |                       |           | S                | WSTEM ID#<br>025207 | Name              |
|---------------------------------------|-------------|----------------------|---------------|-----------------------|-----------|------------------|---------------------|-------------------|
|                                       |             |                      |               | TE FEES FOR EAC       |           | RIBER GROUP      |                     |                   |
| COMMUNITY/ AREA                       | SEVENTH     | SUBSCRIBER GRO       | 0<br>0        |                       | 9         |                  |                     |                   |
|                                       |             |                      |               |                       |           |                  |                     | Computatio        |
| CALL SIGN                             | DSE         | CALL SIGN            | DSE           | CALL SIGN             | DSE       | CALL SIGN        | DSE                 | of<br>Data Data D |
|                                       |             |                      |               |                       |           |                  |                     | Base Rate F       |
|                                       |             | -                    |               |                       |           |                  |                     | Syndicated        |
|                                       |             |                      |               |                       |           |                  |                     | Exclusivity       |
|                                       |             | _                    |               |                       |           |                  |                     | Surcharge<br>for  |
|                                       |             |                      |               |                       |           |                  |                     | Partially         |
|                                       |             |                      |               |                       |           |                  |                     | Distant           |
|                                       |             | -                    |               |                       |           |                  |                     | Stations          |
|                                       |             |                      |               |                       |           |                  |                     |                   |
|                                       |             |                      |               |                       |           |                  |                     |                   |
|                                       |             |                      |               |                       |           |                  |                     |                   |
|                                       |             |                      |               |                       |           |                  |                     |                   |
| Fotal DSEs                            |             |                      | 0.00          | Total DSEs            |           |                  | 0.00                | 1                 |
|                                       | 50110       |                      | 0.00          |                       | and Crown | <u> </u>         | 0.00                |                   |
| Gross Receipts First G                | roup        | \$                   | 0.00          | Gross Receipts Seco   | ond Group | \$               | 0.00                |                   |
| 3ase Rate Fee First G                 | roup        | \$                   | 0.00          | Base Rate Fee Seco    | ond Group | \$               | 0.00                |                   |
| THIR                                  | TY-NINTH    | SUBSCRIBER GRO       |               |                       | FORTIETH  | I SUBSCRIBER GRO |                     |                   |
| 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                |                   |
| Page Bate East Add th                 | ne base rat | te fees for each sub | scriber group | as shown in the boxes | s above.  |                  |                     |                   |

| FORM SA3E. P | AGE 19. |
|--------------|---------|
|--------------|---------|

| LEGAL NAME OF OWN<br>Cogeco US (Mian |                              | E SYSTEM:   |               |                         |   | S              | YSTEM ID#<br>025207 | Name             |  |  |
|--------------------------------------|------------------------------|---|---------------|-------------------------|---|----------------|---------------------|------------------|--|--|
|                                      |                              |   |               | TE FEES FOR EACH        |   |                |                     |                  |  |  |
| COMMUNITY/ AREA                      | FORTY-FIRST SUBSCRIBER GROUP |   |               |                         | FORTY-SECOND SUBSCRIBER GROUP COMMUNITY/ AREA 0 |                |                     |                  |  |  |
|                                      |                              |   |               |                         |   |                |                     |                  |  |  |
| CALL SIGN                            | DSE                          | CALL SIGN   | DSE           | CALL SIGN               | DSE   | CALL SIGN      | DSE                 | of               |  |  |
|                                      |                              |   |               |                         |   |                |                     | Base Rate For    |  |  |
|                                      |                              | -   |               |                         |   |                |                     | Syndicated       |  |  |
|                                      |                              |   |               |                         |   |                |                     | Exclusivity      |  |  |
|                                      |                              | -   |               |                         |   |                |                     | Surcharge        |  |  |
|                                      |                              |   |               |                         |   | n <b>-</b>     |                     | for<br>Partially |  |  |
|                                      |                              |   |               |                         |   |                |                     | Distant          |  |  |
|                                      |                              |   |               |                         |   |                |                     | Stations         |  |  |
|                                      |                              |   |               |                         |   |                |                     |                  |  |  |
|                                      |                              | -   |               |                         |   |                |                     |                  |  |  |
|                                      |                              |   |               |                         |   |                |                     |                  |  |  |
|                                      |                              |   |               |                         |   |                |                     |                  |  |  |
|                                      |                              |   |               |                         |   |                |                     |                  |  |  |
| Fotal DSEs                           |                              |   | 0.00          | Total DSEs              |   |                | 0.00                |                  |  |  |
| Gross Receipts First C               | Group                        | \$  | 0.00          | Gross Receipts Secon    | d Group   | \$             | 0.00                |                  |  |  |
| Base Rate Fee First G                | Group                        | \$  | 0.00          | Base Rate Fee Secon     | d Group   | \$             | 0.00                |                  |  |  |
|                                      | TY-THIRD                     | SUBSCRIBER GRO                                    |               |                         | /-FOURTH  | SUBSCRIBER GRO |                     |                  |  |  |
| COMMUNITY/ AREA                      |                              |   | 0             | COMMUNITY/ AREA 0       |   |                |                     |                  |  |  |
| CALL SIGN                            | DSE                          | CALL SIGN   | DSE           | CALL SIGN               | DSE   | CALL SIGN      | DSE                 |                  |  |  |
|                                      |                              |   |               |                         |   |                |                     |                  |  |  |
|                                      |                              | -   |               |                         |   |                |                     |                  |  |  |
|                                      |                              |   |               |                         |   |                |                     |                  |  |  |
|                                      |                              |   |               |                         |   |                |                     |                  |  |  |
|                                      |                              |   |               |                         |   |                |                     |                  |  |  |
|                                      |                              | -   |               |                         |   |                |                     |                  |  |  |
|                                      |                              |   |               |                         |   |                |                     |                  |  |  |
|                                      |                              |   |               |                         |   |                |                     |                  |  |  |
|                                      |                              |   |               |                         |   |                |                     |                  |  |  |
|                                      |                              |   |               |                         |   |                |                     |                  |  |  |
|                                      |                              |   |               |                         |   |                |                     |                  |  |  |
| lotal DSEs                           |                              |   | 0.00          | Total DSEs              |   |                | 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                |                  |  |  |
|                                      |                              | t <b>e fees</b> for each subs<br>space L (page 7) | scriber group | as shown in the boxes a | above.  | \$             |                     |                  |  |  |

| - 0                     |                   |                                |          |                         |         |                              | I), LLO | Cogeco US (Miami        |
|-------------------------|-------------------|--------------------------------|----------|-------------------------|---------|------------------------------|---------|-------------------------|
| <b>9</b><br>Computation | Þ                 | IBER GROUP<br>SUBSCRIBER GROUI |          | TE FEES FOR EACH        |         |                              |         |                         |
|                         | COMMUNITY/ AREA 0 |                                |          |                         |         | FORTY-FIFTH SUBSCRIBER GROUP |         |                         |
| -                       | DSE               | CALL SIGN                      | DSE      | CALL SIGN               | DSE     | CALL SIGN                    | DSE     | CALL SIGN               |
| Base Rate               |                   |                                |          |                         |         |                              |         |                         |
| and<br>Syndicate        |                   |                                |          |                         |         |                              |         |                         |
| Exclusivi               |                   |                                |          |                         |         |                              |         |                         |
| Surcharg                |                   |                                |          |                         |         |                              |         |                         |
| for<br>Partially        |                   |                                |          |                         |         |                              |         |                         |
| Distant                 |                   | -                              |          |                         |         |                              |         |                         |
| Stations                |                   |                                |          |                         |         | -                            |         |                         |
|                         |                   |                                |          |                         |         |                              |         |                         |
|                         |                   |                                |          |                         |         |                              |         |                         |
|                         |                   |                                |          |                         |         |                              |         |                         |
|                         |                   |                                |          |                         |         |                              |         |                         |
|                         | 0.00              |                                |          | Total DSEs              | 0.00    |                              |         | otal DSEs               |
|                         | 0.00              | \$                             | d Group  | Gross Receipts Secon    | 0.00    | \$                           | oup     | Gross Receipts First Gr |
|                         |                   |                                |          |                         |         |                              |         |                         |
| =                       | 0.00              | \$                             |          | Base Rate Fee Secon     | 0.00    | \$                           |         | Base Rate Fee First Gr  |
| -                       | P <b>n</b>        | SUBSCRIBER GROUP               | Y-EIGHTH | FORT<br>COMMUNITY/ AREA | IP<br>0 | SUBSCRIBER GROU              | SEVENTH | FORTY-S                 |
|                         | v                 |                                |          | COMMONT I/ AREA         | U       |                              |         | SOMMONT T/ AREA         |
| -                       | DSE               | CALL SIGN                      | DSE      | CALL SIGN               | DSE     | CALL SIGN                    | DSE     | CALL SIGN               |
|                         |                   |                                |          |                         |         |                              |         |                         |
|                         |                   |                                |          |                         |         |                              |         |                         |
|                         |                   | -                              |          |                         |         |                              |         |                         |
|                         |                   |                                |          |                         |         | -                            |         |                         |
|                         |                   |                                |          |                         |         |                              |         |                         |
|                         |                   |                                |          |                         |         |                              |         |                         |
|                         |                   |                                |          |                         |         |                              |         |                         |
|                         |                   |                                |          |                         |         |                              |         |                         |
|                         |                   |                                |          |                         |         |                              |         |                         |
|                         |                   |                                |          |                         |         |                              |         |                         |
| -                       |                   |                                |          |                         |         |                              |         |                         |
|                         | 0.00              |                                |          | Total DSEs              | 0.00    |                              |         | otal DSEs               |
|                         | 0.00              | \$                             | Group    | Gross Receipts Fourth   | 0.00    | \$                           | iroup   | Gross Receipts Third G  |
|                         |                   |                                |          | 1                       |         |                              |         |                         |

| LEGAL NAME OF OWN<br>Cogeco US (Mian |                              | LE SYSTEM:     |      |                         |   | 5              | 025207 | Name             |  |  |
|--------------------------------------|------------------------------|----------------|------|-------------------------|---|----------------|--------|------------------|--|--|
|                                      |                              |                |      | TE FEES FOR EACH        |   |                |        |                  |  |  |
| FOR<br>COMMUNITY/ AREA               | FORTY-NINTH SUBSCRIBER GROUP |                |      |                         | FIFTIETH SUBSCRIBER GROUP COMMUNITY/ AREA 0 |                |        |                  |  |  |
|                                      |                              |                | •    |                         |   |                | •      | Computatio       |  |  |
| CALL SIGN                            | DSE                          | CALL SIGN      | DSE  | CALL SIGN               | DSE   | CALL SIGN      | DSE    | of               |  |  |
|                                      |                              |                |      |                         |   |                |        | Base Rate F      |  |  |
|                                      |                              |                |      |                         |   |                |        | Syndicated       |  |  |
|                                      |                              | _              |      |                         |   |                |        | Exclusivity      |  |  |
|                                      |                              | -              |      |                         |   |                |        | Surcharge<br>for |  |  |
|                                      |                              |                |      |                         |   |                |        | Partially        |  |  |
|                                      |                              | -              |      |                         |   |                |        | Distant          |  |  |
|                                      |                              |                |      |                         |   |                |        | Stations         |  |  |
|                                      |                              |                |      |                         |   |                |        |                  |  |  |
|                                      |                              | -              |      |                         |   |                |        |                  |  |  |
|                                      |                              |                |      |                         |   |                |        |                  |  |  |
|                                      |                              |                |      |                         |   |                |        |                  |  |  |
| otal DSEs                            |                              |                | 0.00 | Total DSEs              |   |                | 0.00   | -                |  |  |
|                                      | <b>N</b>                     |                | 0.00 |                         |   |                |        |                  |  |  |
| Gross Receipts First (               | Foup                         | \$             | 0.00 | Gross Receipts Secon    | a Group                                     | \$             | 0.00   |                  |  |  |
| Base Rate Fee First C                | Group                        | \$             | 0.00 | Base Rate Fee Second    | d Group                                     | \$             | 0.00   |                  |  |  |
|                                      | TY-FIRST                     | SUBSCRIBER GRO |      |                         | -SECOND                                     | SUBSCRIBER GRO |        |                  |  |  |
| COMMUNITY/ AREA                      |                              |                | 0    | COMMUNITY/ AREA 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 Fourth   | Group                                       | \$             | 0.00   |                  |  |  |
|                                      |                              |                |      |                         |   |                |        |                  |  |  |
| Base Rate Fee Third                  | Group                        | \$             | 0.00 | Base Rate Fee Fourth    | Group                                       | \$             | 0.00   |                  |  |  |
|                                      |                              |                |      | as shown in the boxes a |   |                |        |                  |  |  |

| FORM SA3E. P | AGE 19. |
|--------------|---------|
|--------------|---------|

| Name               | 02520 | S                |           |                        |                              |                 |          | LEGAL NAME OF OWNE<br>Cogeco US (Miam |
|--------------------|-------|------------------|-----------|------------------------|------------------------------|-----------------|----------|---------------------------------------|
|                    |       |                  |           | TE FEES FOR EAC        |                              |                 |          |                                       |
| 9                  | UP    | SUBSCRIBER GRO   | Y-FOURTH  | FIF<br>COMMUNITY/ AREA | FIFTY-THIRD SUBSCRIBER GROUP |                 |          |                                       |
| Computatio         |       |                  |           |                        |                              |                 |          |                                       |
| of                 | DSE   | CALL SIGN        | DSE       | CALL SIGN              | DSE                          | CALL SIGN       | DSE      | CALL SIGN                             |
| Base Rate F<br>and |       |                  |           |                        |                              |                 |          |                                       |
| Syndicate          |       |                  |           |                        |                              |                 |          |                                       |
| Exclusivit         |       |                  |           |                        |                              |                 |          |                                       |
| Surcharge<br>for   |       |                  |           |                        |                              |                 |          |                                       |
| Partially          |       |                  |           |                        |                              |                 |          |                                       |
| Distant            |       |                  |           |                        |                              |                 |          |                                       |
| Stations           |       |                  |           |                        |                              |                 |          |                                       |
|                    |       |                  |           |                        |                              |                 |          |                                       |
|                    |       |                  |           |                        |                              |                 |          |                                       |
|                    |       |                  |           |                        |                              |                 |          |                                       |
|                    |       |                  |           |                        |                              |                 |          |                                       |
| 1                  | 0.00  |                  |           | Total DSEs             | 0.00                         |                 |          | otal DSEs                             |
|                    | 0.00  | \$               | nd Group  | Gross Receipts Seco    | 0.00                         | \$              | oup      | Gross Receipts First Gr               |
|                    |       |                  |           |                        |                              |                 |          |                                       |
| -                  | 0.00  | \$               | id Group  | Base Rate Fee Seco     | 0.00                         | \$              | oup      | Base Rate Fee First Gr                |
|                    |       | SUBSCRIBER GRO   |           |                        | JP                           | SUBSCRIBER GROU | -        |                                       |
|                    |       |                  |           |                        |                              |                 | -        | FIF"                                  |
|                    | UP    |                  |           | F                      | JP                           |                 | -        | FIF"                                  |
|                    | DUP   | I SUBSCRIBER GRO | FTY-SIXTH | F<br>COMMUNITY/ AREA   | JP<br>0                      | SUBSCRIBER GROU | TY-FIFTH | FIF<br>COMMUNITY/ AREA                |
|                    | DUP   | I SUBSCRIBER GRO | FTY-SIXTH | F<br>COMMUNITY/ AREA   | JP<br>0                      | SUBSCRIBER GROU | TY-FIFTH | FIF<br>COMMUNITY/ AREA                |
|                    | DUP   | I SUBSCRIBER GRO | FTY-SIXTH | F<br>COMMUNITY/ AREA   | JP<br>0                      | SUBSCRIBER GROU | TY-FIFTH | FIF<br>COMMUNITY/ AREA                |
|                    | DUP   | I SUBSCRIBER GRO | FTY-SIXTH | F<br>COMMUNITY/ AREA   | JP<br>0                      | SUBSCRIBER GROU | TY-FIFTH | FIF<br>COMMUNITY/ AREA                |
|                    | DUP   | I SUBSCRIBER GRO | FTY-SIXTH | F<br>COMMUNITY/ AREA   | JP<br>0                      | SUBSCRIBER GROU | TY-FIFTH | FIF<br>COMMUNITY/ AREA                |
|                    | DUP   | I SUBSCRIBER GRO | FTY-SIXTH | F<br>COMMUNITY/ AREA   | JP<br>0                      | SUBSCRIBER GROU | TY-FIFTH | FIF<br>COMMUNITY/ AREA                |
|                    | DUP   | I SUBSCRIBER GRO | FTY-SIXTH | F<br>COMMUNITY/ AREA   | JP<br>0                      | SUBSCRIBER GROU | TY-FIFTH | FIF<br>COMMUNITY/ AREA                |
|                    | DUP   | I SUBSCRIBER GRO | FTY-SIXTH | F<br>COMMUNITY/ AREA   | JP<br>0                      | SUBSCRIBER GROU | TY-FIFTH | FIF<br>COMMUNITY/ AREA                |
|                    | DUP   | I SUBSCRIBER GRO | FTY-SIXTH | F<br>COMMUNITY/ AREA   | JP<br>0                      | SUBSCRIBER GROU | TY-FIFTH | COMMUNITY/ AREA                       |
|                    | DUP   | I SUBSCRIBER GRO | FTY-SIXTH | F<br>COMMUNITY/ AREA   | JP<br>0                      | SUBSCRIBER GROU | TY-FIFTH | FIF<br>COMMUNITY/ AREA                |
|                    | DUP   | I SUBSCRIBER GRO | FTY-SIXTH | F<br>COMMUNITY/ AREA   | JP<br>0                      | SUBSCRIBER GROU | TY-FIFTH | FIF<br>COMMUNITY/ AREA                |
|                    | DUP   | I SUBSCRIBER GRO | FTY-SIXTH | F<br>COMMUNITY/ AREA   | JP<br>0                      | SUBSCRIBER GROU | TY-FIFTH | FIF<br>COMMUNITY/ AREA                |
|                    | DUP   | I SUBSCRIBER GRO | FTY-SIXTH | COMMUNITY/ AREA        | JP<br>0<br>DSE               | SUBSCRIBER GROU | DSE      | FIF<br>COMMUNITY/ AREA                |

| FORM SA3E. P | AGE 19. |
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| LEGAL NAME OF OWNER<br>Cogeco US (Miami           |                                   | E SYSTEM:                                       |             |                         |          | S              | YSTEM ID#<br>025207 | Name                 |
|---|-----------------------------------|---|-------------|-------------------------|----------|----------------|---------------------|----------------------|
|   |                                   |   |             | TE FEES FOR EACH        |          |                |                     |                      |
|   | EVENTH                            | SUBSCRIBER GROU                                 |             |                         | Y-EIGHTH | SUBSCRIBER GRO |                     | 9                    |
| COMMUNITY/ AREA                                   |                                   |   | 0           | COMMUNITY/ AREA         |          |                | 0                   | Computation          |
| CALL SIGN   | DSE                               | CALL SIGN                                       | DSE         | CALL SIGN               | DSE      | CALL SIGN      | DSE                 | of                   |
|   |                                   |   |             |                         |          |                |                     | Base Rate Fee        |
|   |                                   |   |             |                         |          |                |                     | and<br>Syndicated    |
|   |                                   |   |             |                         |          |                |                     | Exclusivity          |
|   |                                   |   |             |                         |          |                |                     | Surcharge            |
|   |                                   |   |             |                         |          |                |                     | for                  |
|   |                                   |   |             |                         |          |                |                     | Partially<br>Distant |
|   |                                   |   |             |                         |          |                |                     | Stations             |
|   |                                   |   |             |                         |          |                |                     |                      |
|   |                                   |   |             |                         |          |                |                     |                      |
|   |                                   |   |             |                         |          |                |                     |                      |
|   |                                   |   |             |                         |          |                |                     |                      |
|   |                                   |   |             |                         |          |                |                     |                      |
| Total DSEs  |                                   |   | 0.00        | Total DSEs              |          |                | 0.00                |                      |
| Gross Receipts First Gr                           | oup                               | \$  | 0.00        | Gross Receipts Secon    | d Group  | \$             | 0.00                |                      |
| Base Rate Fee First Gr                            | oup                               | \$  | 0.00        | Base Rate Fee Secon     | d Group  | \$             | 0.00                |                      |
| FIFT  | Y-NINTH                           | SUBSCRIBER GROU                                 | JP          |                         | SIXTIETH | SUBSCRIBER GRO | UP                  |                      |
| COMMUNITY/ AREA                                   |                                   |   | 0           | COMMUNITY/ AREA         |          |                | 0                   |                      |
| CALL SIGN   | DSE                               | CALL SIGN                                       | DSE         | CALL SIGN               | DSE      | CALL SIGN      | DSE                 |                      |
|   |                                   |   |             |                         |          |                |                     |                      |
|   |                                   |   |             |                         |          |                |                     |                      |
|   |                                   |   |             |                         |          |                |                     |                      |
|   |                                   |   |             |                         |          |                |                     |                      |
|   |                                   |   |             |                         |          |                |                     |                      |
|   |                                   |   |             |                         |          |                |                     |                      |
|   |                                   |   |             |                         |          |                |                     |                      |
|   |                                   |   |             |                         |          |                |                     |                      |
|   |                                   |   |             |                         |          |                |                     |                      |
|   |                                   |   |             |                         |          |                |                     |                      |
|   |                                   |   |             |                         |          |                |                     |                      |
| Total DSEs  | II                                |   | 0.00        | Total DSEs              | 1        |                | 0.00                |                      |
| Gross Receipts Third G                            | roup                              | \$  | 0.00        | Gross Receipts Fourth   | Group    | \$             | 0.00                |                      |
|   |                                   |   |             |                         | -        |                |                     |                      |
| Base Rate Fee Third G                             | roup                              | \$  | 0.00        | Base Rate Fee Fourth    | Group    | \$             | 0.00                |                      |
| Base Rate Fee: Add the<br>Enter here and in block | e <b>base rat</b><br>3, line 1, s | <b>e fees</b> for each subsc<br>pace L (page 7) | riber group | as shown in the boxes a | above.   | \$             |                     |                      |

| <b>9</b><br>Computat | IP                | IBER GROUP<br>SUBSCRIBER GROUI |                 | TE FEES FOR EACH      |  |                 |          |                        |  |
|----------------------|-------------------|--------------------------------|-----------------|-----------------------|--|-----------------|----------|------------------------|--|
|                      | 0                 |                                | COMMUNITY/ AREA | 0                     | SIXTY-FIRST SUBSCRIBER GROUP COMMUNITY/ AREA 0 |                 |          |                        |  |
| of                   | DSE               | CALL SIGN                      | DSE             | CALL SIGN             | DSE  | CALL SIGN       | DSE      | CALL SIGN              |  |
| Base Rate            |                   |                                |                 |                       |  |                 |          |                        |  |
| and<br>Syndicate     |                   |                                |                 |                       |  |                 |          |                        |  |
| Exclusivi            |                   |                                |                 |                       |  | -               |          |                        |  |
| Surcharg             |                   |                                |                 |                       |  |                 |          |                        |  |
| for<br>Partially     |                   |                                |                 |                       |  |                 |          |                        |  |
| Distant              |                   |                                |                 |                       |  |                 |          |                        |  |
| Stations             |                   |                                |                 |                       |  |                 |          |                        |  |
|                      |                   |                                |                 |                       |  |                 |          |                        |  |
|                      |                   |                                |                 |                       |  | -               |          |                        |  |
|                      |                   |                                |                 |                       |  |                 |          |                        |  |
|                      |                   |                                |                 |                       |  |                 |          |                        |  |
|                      | 0.00              |                                |                 | Total DSEs            | 0.00   |                 |          | otal DSEs              |  |
| _                    | 0.00              | \$                             | d Group         | Gross Receipts Secon  | 0.00   | \$              | roup     | Gross Receipts First G |  |
| 1                    |                   |                                |                 |                       |  |                 |          |                        |  |
| ] <br>=              | 0.00              | \$                             |                 | Base Rate Fee Secon   | 0.00   | \$              |          | Base Rate Fee First G  |  |
| _                    | JP<br><b>0</b>    | SUBSCRIBER GROU                | -FOURTH         |                       | JP<br>0  | SUBSCRIBER GROU | TY-THIRD | SIXT                   |  |
|                      | COMMUNITY/ AREA 0 |                                |                 |                       | U  |                 |          | COMMONIT IT AREA       |  |
|                      | DSE               | CALL SIGN                      | DSE             | CALL SIGN             | DSE  | CALL SIGN       | DSE      | CALL SIGN              |  |
|                      |                   |                                |                 |                       |  |                 |          |                        |  |
|                      |                   |                                |                 |                       |  |                 |          |                        |  |
|                      |                   | -                              |                 |                       |  | -               |          |                        |  |
|                      |                   |                                |                 |                       |  |                 |          |                        |  |
|                      |                   |                                |                 |                       |  |                 |          |                        |  |
|                      |                   | -                              |                 |                       |  | -               |          |                        |  |
|                      |                   |                                |                 |                       |  |                 |          |                        |  |
|                      |                   |                                |                 |                       |  |                 |          |                        |  |
|                      |                   |                                |                 |                       |  |                 |          |                        |  |
|                      |                   |                                |                 |                       |  |                 |          |                        |  |
|                      |                   |                                |                 |                       |  |                 |          |                        |  |
| _                    | 0.00              | ···                            | -               | Total DSEs            | 0.00   |                 | - I      | otal DSEs              |  |
|                      | 0.00              | \$                             | Group           | Gross Receipts Fourth | 0.00   | \$              | Group    | Gross Receipts Third G |  |
| -                    |                   |                                |                 |                       |  |                 |          |                        |  |

| FORM SA3E. P | AGE 19. |
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| LEGAL NAME OF OWNER<br>Cogeco US (Miami           |                                   | E SYSTEM:  |             |                           |                   | S              | VSTEM ID#<br>025207 | Name              |
|---|-----------------------------------|--|-------------|---------------------------|-------------------|----------------|---------------------|-------------------|
|   |                                   |  |             | TE FEES FOR EACH          |                   |                |                     |                   |
| SIXT<br>COMMUNITY/ AREA                           | ry-fifth                          | SUBSCRIBER GROU                                  | JP<br>0     |                           | KTY-SIXTH         | SUBSCRIBER GRO |                     | 9                 |
| COMMUNITY AREA                                    |                                   |  | U           | COMMUNITY AREA            | COMMUNITY/ AREA 0 |                |                     |                   |
| CALL SIGN   | DSE                               | CALL SIGN  | DSE         | CALL SIGN                 | DSE               | CALL SIGN      | DSE                 | Computation<br>of |
|   |                                   |  |             |                           |                   |                |                     | Base Rate Fee     |
|   |                                   |  |             |                           |                   |                |                     | and<br>Syndicated |
|   |                                   |  |             |                           |                   |                |                     | Exclusivity       |
|   |                                   |  |             |                           |                   |                |                     | Surcharge         |
|   |                                   |  |             |                           |                   |                |                     | for<br>Partially  |
|   |                                   |  |             |                           |                   |                |                     | Distant           |
|   |                                   |  |             |                           |                   |                |                     | Stations          |
|   |                                   |  |             |                           |                   |                |                     |                   |
|   |                                   |  |             |                           |                   |                |                     |                   |
|   |                                   |  |             |                           |                   |                |                     |                   |
|   |                                   |  |             |                           |                   |                |                     |                   |
| Total DSEs  | 1                                 |  | 0.00        | Total DSEs                | 1                 |                | 0.00                |                   |
| Gross Receipts First Gr                           | oup                               | \$   | 0.00        | Gross Receipts Secon      | d Group           | \$             | 0.00                |                   |
| Base Rate Fee First Gr                            | oup                               | \$   | 0.00        | Base Rate Fee Secon       | d Group           | \$             | 0.00                |                   |
| SIXTY-S   | EVENTH                            | SUBSCRIBER GROU                                  | JP          | SIXT                      | Y-EIGHTH          | SUBSCRIBER GRO | UP                  |                   |
| 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 G                            | roup                              | \$   | 0.00        | Gross Receipts Fourth     | Group             | \$             | 0.00                |                   |
| Base Rate Fee Third G                             | roup                              | \$   | 0.00        | Base Rate Fee Fourth      | Group             | \$             | 0.00                |                   |
| Base Rate Fee: Add the<br>Enter here and in block | e <b>base rat</b><br>3, line 1, s | <b>e fees</b> for each subsc<br>space L (page 7) | riber group | u as shown in the boxes a | above.            | \$             |                     |                   |

| N                    | YSTEM ID#<br>025207 | S               |          |                       |                              | LE SYSTEM:  |         | LEGAL NAME OF OWNER<br>Cogeco US (Miami |  |
|----------------------|---------------------|-----------------|----------|-----------------------|------------------------------|---|---------|---|--|
| _                    |                     |                 |          | TE FEES FOR EACH      |                              |   |         |   |  |
| 0 9<br>Computation   |                     | SUBSCRIBER GROU | VENTIETH | COMMUNITY/ AREA       | SIXTY-NINTH SUBSCRIBER GROUP |   |         |   |  |
|                      | DSE                 | CALL SIGN       | DSE      | CALL SIGN             | DSE                          | CALL SIGN   | DSE     | CALL SIGN                               |  |
| Base Rate F          |                     |                 |          |                       |                              |   |         |   |  |
| and Syndicate        |                     |                 |          |                       |                              |   |         |   |  |
| Exclusivit           |                     |                 |          |                       |                              |   |         |   |  |
| Surcharg             |                     |                 |          |                       |                              |   |         |   |  |
| for                  |                     |                 |          |                       |                              |   |         |   |  |
| Partially<br>Distant |                     |                 |          |                       |                              |   |         |   |  |
| Stations             |                     | -               |          |                       |                              |   |         |   |  |
|                      |                     |                 |          |                       |                              |   |         |   |  |
|                      |                     |                 |          |                       |                              |   |         |   |  |
|                      |                     |                 |          |                       |                              |   |         |   |  |
|                      |                     |                 |          |                       |                              |   |         |   |  |
|                      |                     |                 |          |                       |                              |   |         |   |  |
|                      | 0.00                |                 |          | Total DSEs            | 0.00                         |   |         | lotal DSEs                              |  |
| 0                    | 0.00                | \$              | d Group  | Gross Receipts Secor  | 0.00                         | \$  | oup     | Gross Receipts First Gr                 |  |
| 0                    | 0.00                | \$              | d Group  | Base Rate Fee Secor   | 0.00                         | \$  | oup     | Base Rate Fee First Gr                  |  |
|                      | JP                  | SUBSCRIBER GROU | -SECOND  | SEVENT                | IP                           | SUBSCRIBER GROU                                   | Y-FIRST | SEVENT                                  |  |
| 0                    | COMMUNITY/ AREA 0   |                 |          |                       | 0                            |   |         | COMMUNITY/ AREA                         |  |
| E                    | DSE                 | CALL SIGN       | DSE      | CALL SIGN             | DSE                          | CALL SIGN   | DSE     | CALL SIGN                               |  |
|                      |                     |                 |          |                       |                              |   |         |   |  |
|                      |                     |                 |          |                       |                              | -   |         |   |  |
|                      |                     |                 |          |                       |                              |   |         |   |  |
|                      |                     |                 |          |                       |                              |   |         |   |  |
|                      |                     | -               |          |                       |                              | -   |         |   |  |
|                      |                     |                 |          |                       |                              |   |         |   |  |
|                      |                     |                 |          |                       |                              |   |         |   |  |
|                      |                     |                 |          |                       |                              | -   |         |   |  |
|                      |                     |                 |          |                       |                              | ]   |         |   |  |
|                      |                     |                 |          |                       |                              |   |         |   |  |
|                      |                     |                 |          |                       |                              |   |         |   |  |
| 0                    | 0.00                |                 |          | Total DSEs            | 0.00                         |   | ·       | lotal DSEs                              |  |
| 0                    | 0.00                | \$              | Group    | Gross Receipts Fourth | 0.00                         | \$  | roup    | Gross Receipts Third G                  |  |
| 0                    | 0.00                | \$              | Group    | Base Rate Fee Fourth  | 0.00                         | \$  | roup    | <b>3ase Rate Fee</b> Third G            |  |
|                      |                     | \$              | bove.    | as shown in the boxes | riber group                  | <b>te fees</b> for each subsc<br>space L (page 7) |         |   |  |

| FORM SA3E. P | AGE 19. |
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|                        | 025207 |                 |           |                                    |      | LE SYSTEM:                      | ni), LLC  |                                     |
|------------------------|--------|-----------------|-----------|------------------------------------|------|---------------------------------|-----------|-------------------------------------|
|                        | IP     | RIBER GROUP     |           | TE FEES FOR EAC                    |      | COMPUTATION C<br>SUBSCRIBER GRO |           |                                     |
| <b>9</b><br>Computatio | 0      | COMMUNITY/ AREA |           |                                    |      |                                 |           | COMMUNITY/ AREA                     |
| of                     | DSE    | CALL SIGN       | DSE       | CALL SIGN                          | DSE  | CALL SIGN                       | DSE       | CALL SIGN                           |
| Base Rate F<br>and     |        |                 |           |                                    |      |                                 |           |                                     |
| Syndicate              |        |                 |           |                                    |      |                                 |           |                                     |
| Exclusivit             |        |                 |           |                                    |      |                                 |           |                                     |
| Surcharg<br>for        |        |                 |           |                                    |      |                                 |           |                                     |
| Partially              |        |                 |           |                                    |      |                                 |           |                                     |
| Distant                |        |                 |           |                                    |      |                                 |           |                                     |
| Stations               |        |                 |           |                                    |      |                                 |           |                                     |
|                        |        |                 |           |                                    |      |                                 |           |                                     |
|                        |        |                 |           |                                    |      | -                               |           |                                     |
|                        |        |                 |           |                                    |      |                                 |           |                                     |
|                        |        |                 |           |                                    |      |                                 |           |                                     |
|                        | 0.00   |                 |           | Total DSEs                         | 0.00 |                                 |           | otal DSEs                           |
|                        | 0.00   | \$              | nd Group  | Gross Receipts Seco                | 0.00 | \$                              | Group     | Gross Receipts First G              |
|                        | 0.00   | \$              | nd Group  | Base Rate Fee Seco                 | 0.00 | \$                              | Group     | <b>3ase Rate Fee</b> First G        |
|                        | JP     | SUBSCRIBER GROU | NTY-SIXTH | SEVE                               | UP   | SUBSCRIBER GRO                  | NTY-FIFTH | SEVEN                               |
|                        | 0      |                 |           | COMMUNITY/ AREA                    | 0    |                                 |           | COMMUNITY/ AREA                     |
|                        | DSE    | CALL SIGN       | DSE       | CALL SIGN                          | DSE  | CALL SIGN                       | DSE       | CALL SIGN                           |
|                        |        |                 |           |                                    |      |                                 |           |                                     |
|                        |        |                 |           |                                    |      |                                 |           |                                     |
|                        |        |                 |           |                                    |      |                                 |           |                                     |
|                        |        |                 |           |                                    |      |                                 |           |                                     |
|                        |        |                 |           |                                    |      |                                 |           |                                     |
|                        |        |                 |           |                                    |      |                                 |           |                                     |
|                        |        |                 |           |                                    |      |                                 |           |                                     |
|                        |        |                 |           |                                    |      |                                 |           |                                     |
|                        |        |                 |           |                                    |      |                                 |           |                                     |
|                        |        |                 |           |                                    |      |                                 |           |                                     |
|                        |        |                 |           |                                    |      |                                 |           |                                     |
|                        | 0.00   |                 |           | Total DSEs                         | 0.00 |                                 |           | Fotal DSEs                          |
|                        | 0.00   | S               | n Group   | Total DSEs<br>Gross Receipts Fourt | 0.00 | \$                              | Group     | otal DSEs<br>Gross Receipts Third ( |

| LEGAL NAME OF OWN<br>Cogeco US (Mian |          | E SYSTEM:   |                      |                          |           | S                  | WSTEM ID#<br>025207 | Name                 |
|--------------------------------------|----------|---|----------------------|--------------------------|-----------|--------------------|---------------------|----------------------|
|                                      |          |   |                      | TE FEES FOR EACH         |           |                    |                     |                      |
| SEVENTY-<br>COMMUNITY/ AREA          | SEVENTH  | SUBSCRIBER GRO                                    | 0<br>0               | SEVEN<br>COMMUNITY/ AREA |           | I SUBSCRIBER GRO   | UP<br>0             | 9                    |
|                                      |          |   | •                    |                          |           |                    | •                   | Computatio           |
| CALL SIGN                            | DSE      | CALL SIGN   | DSE                  | CALL SIGN                | DSE       | CALL SIGN          | DSE                 | of                   |
|                                      |          |   |                      |                          |           | <b></b>            |                     | Base Rate F          |
|                                      |          |   |                      |                          |           | n <b>-</b>         |                     | and<br>Syndicated    |
|                                      |          |   |                      |                          |           |                    |                     | Exclusivity          |
|                                      |          |   |                      |                          |           |                    |                     | Surcharge            |
|                                      |          |   |                      |                          |           |                    |                     | for<br>Derticily     |
|                                      |          |   |                      |                          |           | n <b>-</b>         |                     | Partially<br>Distant |
|                                      |          | _   |                      |                          |           |                    |                     | Stations             |
|                                      |          | -   |                      |                          |           |                    |                     |                      |
|                                      |          |   |                      |                          |           |                    |                     |                      |
|                                      |          |   |                      |                          |           |                    |                     |                      |
|                                      |          |   |                      |                          |           |                    |                     |                      |
|                                      |          |   |                      |                          |           |                    |                     |                      |
| Total DSEs                           |          |   | 0.00                 | Total DSEs               |           |                    | 0.00                |                      |
| Gross Receipts First G               | Group    | \$  | 0.00                 | Gross Receipts Seco      | nd Group  | \$                 | 0.00                |                      |
| Base Rate Fee First G                | Group    | \$  | 0.00                 | Base Rate Fee Second     | nd Group  | \$                 | 0.00                |                      |
| SEVEN                                | TY-NINTH | SUBSCRIBER GRO                                    | UP                   |                          | EIGHTIETH | I SUBSCRIBER GRO   | UP                  |                      |
| COMMUNITY/ AREA                      |          |   | 0                    | COMMUNITY/ AREA          |           |                    | 0                   |                      |
| CALL SIGN                            | DSE      | CALL SIGN   | DSE                  | CALL SIGN                | DSE       | CALL SIGN          | DSE                 |                      |
|                                      |          | -   |                      |                          |           |                    |                     |                      |
|                                      |          |   |                      |                          |           |                    |                     |                      |
|                                      |          |   |                      |                          |           |                    |                     |                      |
|                                      |          | -   |                      |                          |           |                    |                     |                      |
|                                      |          |   |                      |                          |           |                    |                     |                      |
|                                      |          |   |                      |                          |           |                    |                     |                      |
|                                      |          | -   |                      |                          |           |                    |                     |                      |
|                                      |          |   |                      |                          |           |                    |                     |                      |
|                                      |          |   |                      |                          |           | n <mark>-</mark> 1 |                     |                      |
|                                      |          |   |                      |                          |           |                    |                     |                      |
|                                      |          |   |                      |                          |           |                    |                     |                      |
| Total DSEs                           |          |   | 0.00                 | Total DSEs               |           |                    | 0.00                |                      |
| Gross Receipts Third Group \$ 0.00   |          | 0.00  | Gross Receipts Fourt | th Group                 | \$        | 0.00               |                     |                      |
|                                      |          |   |                      |                          |           |                    |                     |                      |
| Base Rate Fee Third (                | Group    | \$  | 0.00                 | Base Rate Fee Fourt      | h Group   | \$                 | 0.00                |                      |
|                                      |          | t <b>e fees</b> for each subs<br>space L (page 7) | scriber group        | as shown in the boxes    | above.    | \$                 |                     |                      |

| FORM SA3E. P | AGE 19. |
|--------------|---------|
|--------------|---------|

| LEGAL NAME OF OWN<br>Cogeco US (Mian |                               | E SYSTEM:   |               |                       |  | S              | O25207     | Name             |  |  |
|--------------------------------------|-------------------------------|---|---------------|-----------------------|--|----------------|------------|------------------|--|--|
|                                      |                               |   |               | TE FEES FOR EACH      |  |                |            |                  |  |  |
| EIGI<br>COMMUNITY/ AREA              | EIGHTY-FIRST SUBSCRIBER GROUP |   |               |                       | EIGHTY-SECOND SUBSCRIBER GROUP COMMUNITY/ AREA 0 |                |            |                  |  |  |
|                                      |                               |   | •             |                       |  |                | Computatio |                  |  |  |
| CALL SIGN                            | DSE                           | CALL SIGN   | DSE           | CALL SIGN             | DSE  | CALL SIGN      | DSE        | of               |  |  |
|                                      |                               |   |               |                       |  |                |            | Base Rate F      |  |  |
|                                      |                               |   |               |                       |  |                |            | Syndicated       |  |  |
|                                      |                               |   |               |                       |  |                |            | Exclusivity      |  |  |
|                                      |                               |   |               |                       |  |                |            | Surcharge        |  |  |
|                                      |                               |   |               |                       |  |                |            | for<br>Partially |  |  |
|                                      |                               |   |               |                       |  |                |            | Distant          |  |  |
|                                      |                               |   |               |                       |  |                |            | Stations         |  |  |
|                                      |                               |   |               |                       |  |                |            |                  |  |  |
|                                      |                               |   |               |                       |  |                |            |                  |  |  |
|                                      |                               |   |               |                       |  |                |            |                  |  |  |
|                                      |                               |   |               |                       |  |                |            |                  |  |  |
|                                      |                               |   | 0.00          | T ( 1005              |  |                | 0.00       |                  |  |  |
| Fotal DSEs                           | _                             |   | 0.00          | Total DSEs            |  |                | 0.00       |                  |  |  |
| Gross Receipts First (               | Group                         | \$  | 0.00          | Gross Receipts Secor  | nd Group   | \$             | 0.00       |                  |  |  |
| Base Rate Fee First (                | Group                         | \$  | 0.00          | Base Rate Fee Secor   | nd Group   | \$             | 0.00       |                  |  |  |
|                                      | ITY-THIRD                     | SUBSCRIBER GRO                                    |               |                       | Y-FOURTH   | SUBSCRIBER GRO |            |                  |  |  |
| COMMUNITY/ AREA                      |                               |   | 0             | COMMUNITY/ AREA 0     |  |                |            |                  |  |  |
| CALL SIGN                            | DSE                           | CALL SIGN   | DSE           | CALL SIGN             | DSE  | CALL SIGN      | DSE        |                  |  |  |
|                                      |                               |   |               |                       |  |                |            |                  |  |  |
|                                      |                               | _   |               |                       |  |                |            |                  |  |  |
|                                      |                               |   |               |                       |  |                |            |                  |  |  |
|                                      |                               |   |               |                       |  |                |            |                  |  |  |
|                                      |                               | -   |               |                       |  |                |            |                  |  |  |
|                                      |                               |   |               |                       |  |                |            |                  |  |  |
|                                      |                               |   |               |                       |  |                |            |                  |  |  |
|                                      |                               | _   |               |                       |  |                |            |                  |  |  |
|                                      |                               |   |               |                       |  |                |            |                  |  |  |
|                                      |                               |   |               |                       |  |                |            |                  |  |  |
|                                      |                               |   |               |                       |  |                |            |                  |  |  |
| lotal DSEs                           | -                             |   | 0.00          | Total DSEs            |  |                | 0.00       |                  |  |  |
| Gross Receipts Third                 | Group                         | \$  | 0.00          | Gross Receipts Fourth | n Group  | \$             | 0.00       |                  |  |  |
|                                      |                               |   |               |                       |  |                |            |                  |  |  |
| Base Rate Fee Third                  | Group                         | \$  | 0.00          | Base Rate Fee Fourth  | n Group  | \$             | 0.00       |                  |  |  |
|                                      |                               | t <b>e fees</b> for each subs<br>space L (page 7) | scriber group | as shown in the boxes | above.   | \$             |            |                  |  |  |

| FORM SA3E. PAGE |
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|-----------------|

| Name                   | 025207            |                  |  |                       |      |   | I), LLC | Cogeco US (Miam               |  |
|------------------------|-------------------|------------------|--|-----------------------|------|---|---------|-------------------------------|--|
|                        | 5                 |                  |  | TE FEES FOR EACH      |      |   |         |                               |  |
| 9<br>Computation<br>of | COMMUNITY/ AREA 0 |                  |  |                       |      | EIGHTY-FIFTH SUBSCRIBER GROUP IMUNITY/ AREA 0 |         |                               |  |
|                        | DSE               | CALL SIGN        | DSE  | CALL SIGN             | DSE  | CALL SIGN                                     | DSE     | CALL SIGN                     |  |
| Base Rate              |                   |                  |  |                       |      |   |         |                               |  |
| and<br>Syndicat        |                   |                  |  |                       |      |   |         |                               |  |
| Exclusivi              |                   |                  |  |                       |      |   |         |                               |  |
| Surcharg               |                   |                  |  |                       |      | -   |         |                               |  |
| for<br>Dortiolly       |                   |                  |  |                       |      |   |         |                               |  |
| Partially<br>Distant   |                   |                  |  |                       |      |   |         |                               |  |
| Stations               |                   | _                |  |                       |      |   |         |                               |  |
|                        |                   |                  |  |                       |      |   |         |                               |  |
|                        |                   |                  |  |                       |      |   |         |                               |  |
|                        |                   | -                |  |                       |      |   |         |                               |  |
|                        |                   |                  |  |                       |      |   |         |                               |  |
|                        |                   |                  |  |                       |      |   |         |                               |  |
|                        | 0.00              |                  |  | Total DSEs            | 0.00 |   |         | otal DSEs                     |  |
|                        | 0.00              | \$               | d Group                                      | Gross Receipts Secon  | 0.00 | \$  | roup    | Gross Receipts First Gr       |  |
| l                      | 0.00              | \$               | d Group                                      | Base Rate Fee Secon   | 0.00 | \$  | roup    | <b>Base Rate Fee</b> First Gr |  |
|                        | 5                 | SUBSCRIBER GROUP | Y-EIGHTH                                     | EIGHT                 | IP   | SUBSCRIBER GROU                               | SEVENTH | EIGHTY-S                      |  |
|                        | 0                 |                  |  |                       |      | 0   |         | COMMUNITY/ AREA               |  |
|                        | DSE               | CALL SIGN        | DSE  | CALL SIGN             | DSE  | CALL SIGN                                     | DSE     | CALL SIGN                     |  |
|                        |                   |                  |  |                       |      |   |         |                               |  |
|                        |                   |                  |  |                       |      |   |         |                               |  |
|                        |                   |                  |  |                       |      |   |         |                               |  |
|                        |                   |                  |  |                       |      |   |         |                               |  |
|                        |                   |                  |  |                       |      |   |         |                               |  |
|                        |                   |                  |  |                       |      |   |         |                               |  |
|                        |                   |                  |  |                       |      |   |         |                               |  |
|                        |                   |                  |  |                       |      |   |         |                               |  |
|                        |                   |                  |  |                       |      |   |         |                               |  |
|                        |                   |                  |  |                       |      |   |         |                               |  |
|                        |                   |                  |  |                       |      |   |         |                               |  |
|                        | 0.00              |                  | <u>                                     </u> | Total DSEs            | 0.00 |   | 1       | otal DSEs                     |  |
|                        |                   |                  |  | 1                     |      |   |         |                               |  |
|                        | <u>\$ 0.00</u>    |                  | Group  | Gross Receipts Fourth | 0.00 | \$  | Group   | Gross Receipts Third G        |  |

| FORM SA3E. P | AGE 19. |
|--------------|---------|
|--------------|---------|

| 7 Name      | 025207  | -                     |                 |                        |  |                       |          | LEGAL NAME OF OWNE<br>Cogeco US (Miam |  |
|-------------|---------|-----------------------|-----------------|------------------------|--|-----------------------|----------|---------------------------------------|--|
| _           |         |                       |                 | TE FEES FOR EAC        |  | COMPUTATION OF        |          |                                       |  |
| 9           | 0P<br>0 | SUBSCRIBER GRO        | NINTIETH        | COMMUNITY/ ARE         | EIGHTY-NINTH SUBSCRIBER GROUP MUNITY/ AREA 0 |                       |          | EIGH I                                |  |
| Computatio  |         |                       |                 |                        |  |                       |          |                                       |  |
| of          | DSE     | CALL SIGN             | DSE             | CALL SIGN              | DSE  | CALL SIGN             | DSE      | CALL SIGN                             |  |
| Base Rate F |         |                       |                 |                        |  |                       |          |                                       |  |
| Syndicated  |         |                       |                 |                        |  | _                     |          |                                       |  |
| Exclusivity |         |                       |                 |                        |  |                       |          |                                       |  |
| Surcharge   |         |                       |                 |                        |  |                       |          |                                       |  |
| Partially   |         |                       |                 |                        |  |                       |          |                                       |  |
| Distant     |         |                       |                 |                        |  | -                     |          |                                       |  |
| Stations    |         |                       |                 |                        |  |                       |          |                                       |  |
|             |         |                       |                 |                        |  | -                     |          |                                       |  |
|             |         |                       |                 |                        |  |                       |          |                                       |  |
|             |         |                       |                 |                        |  |                       |          |                                       |  |
|             |         |                       |                 |                        |  |                       |          |                                       |  |
|             | 0.00    |                       |                 | Total DSEs             | 0.00   |                       |          | otal DSEs                             |  |
|             | 0.00    | \$                    | id Group        | Gross Receipts Sec     | 0.00   | \$                    | roup     | Gross Receipts First Gr               |  |
|             | 0.00    |                       |                 |                        |  | [                     |          |                                       |  |
|             | 0.00    | \$                    | d Group         | Base Rate Fee Sec      | 0.00   | \$                    | roup     | ase Rate Fee First Gr                 |  |
| =           |         | \$<br>SUBSCRIBER GROU |                 |                        | UP   | \$<br>SUBSCRIBER GROU | -        |                                       |  |
| -           |         |                       |                 |                        |  |                       | -        | NINE                                  |  |
| -           | UP      |                       |                 | NINE                   | UP   |                       | -        | NINE                                  |  |
|             | UP<br>0 | SUBSCRIBER GRO        | Y-SECOND        | NINE<br>COMMUNITY/ ARE | UP<br>0                                      | SUBSCRIBER GROU       | TY-FIRST | NINE <sup>-</sup><br>COMMUNITY/ AREA  |  |
|             | UP<br>0 | SUBSCRIBER GRO        | Y-SECOND        | NINE<br>COMMUNITY/ ARE | UP<br>0                                      | SUBSCRIBER GROU       | TY-FIRST | NINE <sup>-</sup><br>COMMUNITY/ AREA  |  |
|             | UP<br>0 | SUBSCRIBER GRO        | Y-SECOND        | NINE<br>COMMUNITY/ ARE | UP<br>0                                      | SUBSCRIBER GROU       | TY-FIRST | NINE <sup>-</sup><br>COMMUNITY/ AREA  |  |
|             | UP<br>0 | SUBSCRIBER GRO        | Y-SECOND        | NINE<br>COMMUNITY/ ARE | UP<br>0                                      | SUBSCRIBER GROU       | TY-FIRST | NINE <sup>-</sup><br>COMMUNITY/ AREA  |  |
|             | UP<br>0 | SUBSCRIBER GRO        | Y-SECOND        | NINE<br>COMMUNITY/ ARE | UP<br>0                                      | SUBSCRIBER GROU       | TY-FIRST | NINE <sup>-</sup><br>COMMUNITY/ AREA  |  |
|             | UP<br>0 | SUBSCRIBER GRO        | Y-SECOND        | NINE<br>COMMUNITY/ ARE | UP<br>0                                      | SUBSCRIBER GROU       | TY-FIRST | NINE <sup>-</sup><br>COMMUNITY/ AREA  |  |
|             | UP<br>0 | SUBSCRIBER GRO        | Y-SECOND        | NINE<br>COMMUNITY/ ARE | UP<br>0                                      | SUBSCRIBER GROU       | TY-FIRST | NINE <sup>-</sup><br>COMMUNITY/ AREA  |  |
|             | UP<br>0 | SUBSCRIBER GRO        | Y-SECOND        | NINE<br>COMMUNITY/ ARE | UP<br>0                                      | SUBSCRIBER GROU       | TY-FIRST | NINE <sup>-</sup><br>COMMUNITY/ AREA  |  |
|             | UP<br>0 | SUBSCRIBER GRO        | Y-SECOND        | NINE<br>COMMUNITY/ ARE | UP<br>0                                      | SUBSCRIBER GROU       | TY-FIRST | COMMUNITY/ AREA                       |  |
|             | UP<br>0 | SUBSCRIBER GRO        | Y-SECOND        | NINE<br>COMMUNITY/ ARE | UP<br>0                                      | SUBSCRIBER GROU       | TY-FIRST | NINE <sup>-</sup><br>COMMUNITY/ AREA  |  |
|             | UP<br>0 | SUBSCRIBER GRO        | Y-SECOND        | NINE<br>COMMUNITY/ ARE | UP<br>0                                      | SUBSCRIBER GROU       | TY-FIRST | NINE <sup>-</sup><br>COMMUNITY/ AREA  |  |
|             | UP<br>0 | SUBSCRIBER GRO        | Y-SECOND        | NINE<br>COMMUNITY/ ARE | UP<br>0                                      | SUBSCRIBER GROU       | TY-FIRST | NINE<br>COMMUNITY/ AREA               |  |
|             |         | SUBSCRIBER GRO        | Y-SECOND<br>DSE | COMMUNITY/ ARE         | UP<br>0                                      | SUBSCRIBER GROU       | TY-FIRST | NINE <sup>-</sup><br>COMMUNITY/ AREA  |  |

|                        | i), LLC                       |                |          |                              |            | 5                | 6YSTEM ID#<br>025207 | Name               |
|------------------------|-------------------------------|----------------|----------|------------------------------|------------|------------------|----------------------|--------------------|
|                        |                               |                |          | TE FEES FOR EAC              |            | RIBER GROUP      |                      |                    |
| NINE I                 | NINETY-THIRD SUBSCRIBER GROUP |                |          | COMMUNITY/ AREA              | 9          |                  |                      |                    |
|                        |                               | •              |          |                              |            |                  |                      | Computatio         |
| CALL SIGN              | DSE                           | CALL SIGN      | DSE      | CALL SIGN                    | DSE        | CALL SIGN        | DSE                  | of                 |
|                        |                               |                |          |                              |            |                  |                      | Base Rate F<br>and |
|                        |                               |                |          |                              |            |                  |                      | Syndicated         |
|                        |                               |                |          |                              |            |                  |                      | Exclusivity        |
|                        |                               |                |          |                              |            |                  |                      | Surcharge<br>for   |
|                        |                               |                |          |                              |            |                  |                      | Partially          |
|                        |                               |                |          |                              |            |                  |                      | Distant            |
|                        |                               |                |          |                              |            |                  |                      | Stations           |
|                        |                               |                |          |                              |            |                  |                      |                    |
|                        |                               | -              |          |                              |            |                  |                      |                    |
|                        |                               |                |          |                              |            |                  |                      |                    |
|                        |                               |                |          |                              |            |                  |                      |                    |
| otal DSEs              |                               |                | 0.00     | Total DSEs                   | 4          |                  | 0.00                 |                    |
| Gross Receipts First G | roup                          | \$             | 0.00     | Gross Receipts Seco          | ond Group  | \$               | 0.00                 |                    |
| Base Rate Fee First Gr | roup                          | \$             | 0.00     | Base Rate Fee Seco           | ond Group  | \$               | 0.00                 |                    |
| NINE                   | TY-FIFTH                      | SUBSCRIBER GRO | OUP      | NI                           | NETY-SIXTH | I SUBSCRIBER GRO | UP                   |                    |
| COMMUNITY/ AREA        |                               |                |          | COMMUNITY/ AREA 0            |            |                  |                      |                    |
|                        |                               |                | 0        | COMMUNITY/ AREA              |            |                  |                      |                    |
| CALL SIGN              | DSE                           | CALL SIGN      | 0<br>DSE | COMMUNITY/ AREA<br>CALL SIGN | DSE        | CALL SIGN        |                      |                    |
|                        | DSE                           | CALL SIGN      |          |                              |            |                  | 0                    |                    |
|                        | DSE                           | CALL SIGN      |          |                              |            |                  | 0                    |                    |
|                        | DSE                           | CALL SIGN      |          |                              |            |                  | 0                    |                    |
|                        | DSE                           | CALL SIGN      |          |                              |            |                  | 0                    |                    |
|                        | DSE                           | CALL SIGN      |          |                              |            |                  | 0                    |                    |
|                        | DSE                           | CALL SIGN      |          |                              |            |                  | 0                    |                    |
|                        | DSE                           | CALL SIGN      |          |                              |            |                  | 0                    |                    |
|                        | DSE                           | CALL SIGN      |          |                              |            |                  | 0                    |                    |
|                        | DSE                           | CALL SIGN      |          |                              |            |                  | 0                    |                    |
|                        | DSE                           | CALL SIGN      |          |                              |            |                  | 0                    |                    |
|                        | DSE                           | CALL SIGN      |          |                              |            |                  | 0                    |                    |
| CALL SIGN              | DSE                           | CALL SIGN      |          |                              |            |                  | 0                    |                    |
|                        |                               | CALL SIGN      |          | CALL SIGN CALL SIGN          |            |                  | 0<br>DSE             |                    |

| Cogeco US (Miami), I  |       |                      |                                     |   |           |                | 025207   |                           |
|---|-------|----------------------|-------------------------------------|---|-----------|----------------|--|---------------------------|
|   |       | COMPUTATION OF       |                                     | ATE FEES FOR EAC                              |           | RIBER GROUP    | UP   |                           |
| COMMUNITY/ AREA   |       |                      | 0                                   | COMMUNITY/ ARE                                | 9         |                |  |                           |
| CALL SIGN D   | DSE   | CALL SIGN            | DSE                                 | CALL SIGN                                     | DSE       | CALL SIGN      | DSE  | Computation<br>of         |
|   |       |                      |                                     |   |           |                |  | Base Rate Fe              |
|   |       |                      |                                     |   |           |                |  | and                       |
|   |       |                      |                                     |   |           |                |  | Syndicated<br>Exclusivity |
|   |       |                      |                                     |   |           |                |  | Surcharge                 |
|   |       |                      |                                     |   |           |                |  | for                       |
|   |       |                      |                                     |   |           |                |  | Partially                 |
|   |       |                      |                                     |   |           |                |  | Distant<br>Stations       |
|   |       |                      |                                     |   |           |                |  | Stations                  |
|   |       |                      |                                     |   |           |                |  |                           |
|   |       |                      |                                     |   |           | <b>_</b>       |  |                           |
|   |       |                      |                                     |   |           |                |  |                           |
|   |       |                      |                                     |   |           |                |  |                           |
| Total DSEs  |       |                      | 0.00                                | Total DSEs                                    |           |                | 0.00   |                           |
|   |       |                      |                                     |   |           |                |  |                           |
| Gross Receipts First Group  | р     | \$                   | 0.00                                | Gross Receipts Sec                            | ona Group | \$             | 0.00   |                           |
|   |       |                      |                                     |   |           |                |  |                           |
| Base Rate Fee First Group   | р     | \$                   | 0.00                                | Base Rate Fee Sec                             | ond Group | \$             | 0.00   |                           |
|   |       | \$<br>SUBSCRIBER GRO |                                     |   |           | \$             |  |                           |
| NINETY-1  |       |                      |                                     |   | IUNDREDTH | \$             |  |                           |
| NINETY-1  |       |                      | UP                                  | ONE H   | IUNDREDTH | SUBSCRIBER GRO | DUP  |                           |
| NINETY-1  | NINTH | SUBSCRIBER GRO       | UP<br>0                             | ONE F   |           |                | 0<br>0   |                           |
| NINETY-1  | NINTH | SUBSCRIBER GRO       | UP<br>0                             | ONE F   |           |                | 0<br>0   |                           |
| NINETY-1<br>COMMUNITY/ AREA   | NINTH | SUBSCRIBER GRO       | UP<br>0                             | ONE F   |           |                | 0<br>0   |                           |
| NINETY-1<br>COMMUNITY/ AREA   | NINTH | SUBSCRIBER GRO       | UP<br>0                             | ONE F   |           |                | 0<br>0   |                           |
| NINETY-1<br>COMMUNITY/ AREA   | NINTH | SUBSCRIBER GRO       | UP<br>0                             | ONE F   |           |                | 0<br>0   |                           |
| NINETY-1<br>COMMUNITY/ AREA   | NINTH | SUBSCRIBER GRO       | UP<br>0                             | ONE F   |           |                | 0<br>0   |                           |
| NINETY-1  | NINTH | SUBSCRIBER GRO       | UP<br>0                             | ONE F   |           |                | 0<br>0   |                           |
| NINETY-1<br>COMMUNITY/ AREA   | NINTH | SUBSCRIBER GRO       | UP<br>0                             | ONE F   |           |                | 0<br>0   |                           |
|   | NINTH | SUBSCRIBER GRO       | UP<br>0                             | ONE F   |           |                | 0<br>0   |                           |
| NINETY-1<br>COMMUNITY/ AREA   | NINTH | SUBSCRIBER GRO       | UP<br>0                             | ONE F   |           |                | 0<br>0   |                           |
| NINETY-1<br>COMMUNITY/ AREA   | NINTH | SUBSCRIBER GRO       | UP<br>0                             | ONE F   |           |                | 0<br>0   |                           |
| NINETY-1  | NINTH | SUBSCRIBER GRO       | UP<br>0                             | ONE F   |           |                | 0<br>0   |                           |
| NINETY-I<br>COMMUNITY/ AREA   | NINTH | SUBSCRIBER GRO       | UP<br>0                             | ONE F   |           |                | 0<br>0   |                           |
| NINETY-1         COMMUNITY/ AREA         CALL SIGN         CALL SIGN         Image: Comparison of the second sec | DSE   | SUBSCRIBER GRO       | UP<br>0                             | COMMUNITY/ ARE                                |           |                | DUP<br>0<br>DSE  |                           |
| NINETY-I<br>COMMUNITY/ AREA   | DSE   | SUBSCRIBER GRO       | UP<br>0<br>DSE<br>0<br>0.00<br>0.00 | COMMUNITY/ ARE<br>COMMUNITY/ ARE<br>CALL SIGN | IUNDREDTH | S              | DUP<br>0<br>DSE<br>0<br>0<br>0<br>0<br>0<br>0.00<br>0.00 |                           |
| NINETY-1         COMMUNITY/ AREA         CALL SIGN         CALL SIGN         Image: Comparison of the second sec | DSE   | SUBSCRIBER GRO       | UP<br>0<br>DSE<br>0                 | COMMUNITY/ ARE<br>COMMUNITY/ ARE<br>CALL SIGN | IUNDREDTH | CALL SIGN      | DUP<br>0<br>DSE  |                           |

| FORM SA3E. P | AGE 19. |
|--------------|---------|
|--------------|---------|

| Name                   | 025207 |                             |          |                       |      | LE SYSTEM:                       |                | Cogeco US (Miam              |
|------------------------|--------|-----------------------------|----------|-----------------------|------|----------------------------------|----------------|------------------------------|
|                        | IP     | RIBER GROUP                 |          |                       |      | COMPUTATION OF<br>SUBSCRIBER GRO |                |                              |
| <b>9</b><br>Computatio | 0      |                             |          | COMMUNITY/ AREA       | 0    |                                  |                | COMMUNITY/ AREA              |
| of                     | DSE    | CALL SIGN                   | DSE      | CALL SIGN             | DSE  | CALL SIGN                        | DSE            | CALL SIGN                    |
| Base Rate F<br>and     |        |                             |          |                       |      |                                  |                |                              |
| Syndicate              |        |                             |          |                       |      |                                  |                |                              |
| Exclusivit             |        |                             |          |                       |      |                                  |                |                              |
| Surcharge<br>for       |        |                             |          |                       |      |                                  |                |                              |
| Partially              |        |                             |          |                       |      |                                  |                |                              |
| Distant                |        |                             |          |                       |      |                                  |                |                              |
| Stations               |        |                             |          |                       |      |                                  |                |                              |
|                        |        |                             |          |                       |      |                                  |                |                              |
|                        |        |                             |          |                       |      |                                  |                |                              |
|                        |        |                             |          |                       |      |                                  |                |                              |
|                        |        |                             |          |                       |      |                                  |                |                              |
|                        | 0.00   |                             |          | Total DSEs            | 0.00 |                                  |                | otal DSEs                    |
|                        | 0.00   | \$                          | id Group | Gross Receipts Secor  | 0.00 | \$                               | roup           | Gross Receipts First G       |
|                        |        | \$                          | d Group  | Base Rate Fee Secor   | 0.00 | \$                               | roup           | <b>3ase Rate Fee</b> First G |
|                        |        | I SUBSCRIBER GROU           | D FOURTH |                       |      | SUBSCRIBER GRO                   | ED THIRD       |                              |
|                        | 0      |                             |          | COMMUNITY/ AREA       | 0    |                                  | OMMUNITY/ AREA |                              |
|                        | DSE    | CALL SIGN                   | DSE      | CALL SIGN             | DSE  | CALL SIGN                        | DSE            | CALL SIGN                    |
|                        |        |                             |          |                       |      |                                  |                |                              |
|                        |        |                             |          |                       |      |                                  |                |                              |
|                        |        |                             |          |                       |      |                                  |                |                              |
|                        |        |                             |          |                       |      | -                                |                |                              |
|                        |        |                             |          |                       |      |                                  |                |                              |
|                        |        |                             |          |                       |      |                                  |                |                              |
|                        |        |                             |          |                       |      |                                  |                |                              |
|                        |        |                             |          |                       |      |                                  |                |                              |
|                        |        |                             |          |                       |      |                                  |                |                              |
|                        |        |                             |          |                       |      |                                  |                |                              |
|                        | 0.00   |                             |          | Total DSEs            | 0.00 |                                  |                | otal DSEs                    |
| _                      | 0.00   | \$                          | n Group  | Gross Receipts Fourth | 0.00 | \$                               | Group          | Gross Receipts Third C       |
|                        | 0.00   | Gross Receipts Fourth Group |          |                       |      |                                  |                |                              |

| LEGAL NAME OF OWNE<br>Cogeco US (Miam |  | E SYSTEM:   |               |                         |          | S                | YSTEM ID#<br>025207 | Name                |
|---------------------------------------|--|---|---------------|-------------------------|----------|------------------|---------------------|---------------------|
|                                       |  |   |               | TE FEES FOR EACH        |          |                  |                     |                     |
| ONE HUNDR<br>COMMUNITY/ AREA          | ED FIFTH SUBSCRIBER GROUP ONE HUNDRED SIXTH SUBSCRIBER GROUP O COMMUNITY/ AREA 0 |   |               |                         |          |                  | 9                   |                     |
|                                       |  | U   |               | CONNORT IT AREA         |          |                  |                     | Computation         |
| CALL SIGN                             | DSE  | CALL SIGN   | DSE           | CALL SIGN               | DSE      | CALL SIGN        | DSE                 | of                  |
|                                       |  |   |               |                         |          |                  |                     | Base Rate Fe<br>and |
|                                       |  |   |               |                         |          |                  |                     | Syndicated          |
|                                       |  |   |               |                         |          |                  |                     | Exclusivity         |
|                                       |  |   |               |                         |          |                  |                     | Surcharge           |
|                                       |  |   |               |                         |          | n <b>-</b>       |                     | for<br>Partially    |
|                                       |  |   |               |                         |          |                  |                     | Distant             |
|                                       |  |   |               |                         |          |                  |                     | Stations            |
|                                       |  |   |               |                         |          |                  |                     |                     |
|                                       |  | -   |               |                         |          |                  |                     |                     |
|                                       |  |   |               |                         |          |                  |                     |                     |
|                                       |  |   |               |                         |          |                  |                     |                     |
| Fotal DSEs                            |  |   | 0.00          | Total DSEs              |          |                  | 0.00                | 1                   |
| Gross Receipts First G                | roup   | ¢   | 0.00          | Gross Receipts Second   |          |                  |                     |                     |
|                                       | loup   | \$  | 0.00          |                         |          | \$               | 0.00                |                     |
| Base Rate Fee First G                 | roup   | \$  | 0.00          | Base Rate Fee Second    | d Group  | \$               | 0.00                |                     |
| ONE HUNDRED                           | SEVENTH  | SUBSCRIBER GRC                                    |               | ONE HUNDREI             | D EIGHTH | I SUBSCRIBER GRO | UP                  |                     |
| 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 C                | Group  | \$  | 0.00          | Gross Receipts Fourth   | Group    | \$               | 0.00                |                     |
|                                       |  |   |               |                         |          |                  |                     |                     |
| Base Rate Fee Third G                 | Group  | \$  | 0.00          | Base Rate Fee Fourth    | Group    | \$               | 0.00                |                     |
|                                       |  | t <b>e fees</b> for each subs<br>space L (page 7) | scriber group | as shown in the boxes a | bove.    | \$               |                     |                     |

| LEGAL NAME OF OWN<br>Cogeco US (Mian |             | E SYSTEM:                    |               |                       |           | S                | WSTEM ID#<br>025207 | Name              |     |  |            |
|--------------------------------------|-------------|------------------------------|---------------|-----------------------|-----------|------------------|---------------------|-------------------|-----|--|------------|
|                                      |             |                              |               | TE FEES FOR EAC       |           |                  |                     |                   |     |  |            |
| ONE HUNDR                            |             |                              | DUP<br>0      | ONE HUNDF             | 9         |                  |                     |                   |     |  |            |
| COMMONT IT AREA                      |             |                              | V             |                       |           |                  |                     |                   | (EA |  | Computatio |
| CALL SIGN                            | DSE         | CALL SIGN                    | DSE           | CALL SIGN             | DSE       | CALL SIGN        | DSE                 | of                |     |  |            |
|                                      |             |                              |               |                       |           |                  |                     | Base Rate F       |     |  |            |
|                                      |             |                              |               |                       |           |                  |                     | and<br>Syndicated |     |  |            |
|                                      |             | -                            |               |                       |           |                  |                     | Exclusivity       |     |  |            |
|                                      |             |                              |               |                       |           |                  |                     | Surcharge         |     |  |            |
|                                      |             |                              |               |                       |           |                  |                     | for<br>Partially  |     |  |            |
|                                      |             |                              |               |                       |           |                  |                     | Distant           |     |  |            |
|                                      |             | _                            |               |                       |           |                  |                     | Stations          |     |  |            |
|                                      |             |                              |               |                       |           |                  |                     |                   |     |  |            |
|                                      |             |                              |               |                       |           |                  |                     |                   |     |  |            |
|                                      |             | -                            |               |                       |           |                  |                     |                   |     |  |            |
|                                      |             |                              |               |                       |           |                  |                     |                   |     |  |            |
|                                      |             |                              |               |                       |           |                  |                     |                   |     |  |            |
| otal DSEs                            |             |                              | 0.00          | Total DSEs 0.00       |           |                  |                     |                   |     |  |            |
| Bross Receipts First G               | Group       | \$                           | 0.00          | Gross Receipts Seco   | nd Group  | \$               | 0.00                |                   |     |  |            |
| ase Rate Fee First G                 | iroup       | \$                           | 0.00          | Base Rate Fee Seco    | nd Group  | \$               | 0.00                |                   |     |  |            |
| ONE HUNDRED E                        | LEVENTH     | SUBSCRIBER GRO               | OUP           | ONE HUNDRED           | D TWELVTH | I SUBSCRIBER GRO | UP                  |                   |     |  |            |
| COMMUNITY/ AREA                      |             |                              | 0             | COMMUNITY/ AREA       |           |                  | 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 Fourt  | h Group   | \$               | 0.00                |                   |     |  |            |
| ·                                    | -           |                              |               |                       | ÷         |                  |                     |                   |     |  |            |
| Base Rate Fee Third                  | Group       | \$                           | 0.00          | Base Rate Fee Fourt   | h Group   | \$               | 0.00                |                   |     |  |            |
| Base Bate Fee: Add t                 | ne base rat | <b>te fees</b> for each sub- | scriber group | as shown in the boxes | above.    |                  |                     |                   |     |  |            |

| Name                 | YSTEM ID#<br>025207 | 3   |         |   |                                |                              | i), LLC | Cogeco US (Miam   |  |  |                 |
|----------------------|---------------------|---|---------|---|--------------------------------|------------------------------|---------|---|--|--|-----------------|
|                      |                     |   |         | TE FEES FOR EAC   |                                |                              |         |   |  |  |                 |
| 9                    | _                   | E HUNDRED THIRTEENTH SUBSCRIBER GROUP ONE HUNDRED FOURTEENTH SUBSCRIBER GROUP |         |   |                                |                              |         |   |  |  |                 |
| Computation          | COMMUNITY/ AREA 0   |   |         |   | U U                            |                              |         | 0   |  |  | COMMUNITY/ AREA |
| of                   | DSE                 | CALL SIGN   | DSE     | CALL SIGN   | DSE                            | CALL SIGN                    | DSE     | CALL SIGN   |  |  |                 |
| Base Rate            |                     |   |         |   |                                |                              |         |   |  |  |                 |
| and                  |                     | -   |         |   |                                |                              |         |   |  |  |                 |
| Syndicat<br>Exclusiv |                     |   |         |   |                                |                              |         |   |  |  |                 |
| Surchar              |                     |   |         |   |                                |                              |         |   |  |  |                 |
| for                  |                     |   |         |   |                                |                              |         |   |  |  |                 |
| Partial              |                     |   |         |   |                                | _                            |         |   |  |  |                 |
| Distan               |                     |   |         |   |                                |                              |         |   |  |  |                 |
| Station              |                     |   |         |   |                                |                              |         |   |  |  |                 |
|                      |                     |   |         |   |                                |                              |         |   |  |  |                 |
|                      |                     |   |         |   |                                |                              |         |   |  |  |                 |
|                      |                     |   |         |   |                                |                              |         |   |  |  |                 |
|                      |                     |   |         |   |                                |                              |         |   |  |  |                 |
|                      |                     |   |         |   |                                |                              |         |   |  |  |                 |
|                      | 0.00                |   |         | Total DSEs  | 0.00                           |                              |         | otal DSEs   |  |  |                 |
|                      | 0.00                |   |         |   | 0.00                           | •                            |         |   |  |  |                 |
|                      | 0.00                | \$  | d Group | Gross Receipts Seco   | 0.00                           | \$                           | roup    | ross Receipts First G   |  |  |                 |
|                      |                     | \$<br>\$  |         | Gross Receipts Seco<br>Base Rate Fee Seco                           | 0.00                           | \$                           |         |   |  |  |                 |
|                      | 0.00                |   | d Group | Base Rate Fee Seco  | 0.00                           |                              | roup    | <b>ase Rate Fee</b> First G   |  |  |                 |
|                      | 0.00                | \$  | d Group | Base Rate Fee Seco  | 0.00                           | \$                           | roup    | ase Rate Fee First G  |  |  |                 |
|                      | 0.00<br>0.00        | \$  | d Group | Base Rate Fee Seco  | <b>0.00</b><br>JP              | \$                           | roup    | ase Rate Fee First G<br>ONE HUNDRED FI<br>OMMUNITY/ AREA  |  |  |                 |
|                      | 0.00<br>0.00        | \$<br>SUBSCRIBER GRO  | d Group | Base Rate Fee Seco  | 0.00<br>JP<br>0                | \$<br>SUBSCRIBER GROL        | roup    | ase Rate Fee First G<br>ONE HUNDRED FI<br>OMMUNITY/ AREA  |  |  |                 |
|                      | 0.00<br>0.00        | \$<br>SUBSCRIBER GRO  | d Group | Base Rate Fee Seco  | 0.00<br>JP<br>0                | \$<br>SUBSCRIBER GROL        | roup    | ase Rate Fee First G<br>ONE HUNDRED FI<br>OMMUNITY/ AREA  |  |  |                 |
|                      | 0.00<br>0.00        | \$<br>SUBSCRIBER GRO  | d Group | Base Rate Fee Seco  | 0.00<br>JP<br>0                | \$<br>SUBSCRIBER GROL        | roup    | ase Rate Fee First G<br>ONE HUNDRED FI<br>OMMUNITY/ AREA  |  |  |                 |
|                      | 0.00<br>0.00        | \$<br>SUBSCRIBER GRO  | d Group | Base Rate Fee Seco  | 0.00<br>JP<br>0                | \$<br>SUBSCRIBER GROL        | roup    | ase Rate Fee First G<br>ONE HUNDRED FI<br>OMMUNITY/ AREA  |  |  |                 |
|                      | 0.00<br>0.00        | \$<br>SUBSCRIBER GRO  | d Group | Base Rate Fee Seco  | 0.00<br>JP<br>0                | \$<br>SUBSCRIBER GROL        | roup    | ase Rate Fee First G<br>ONE HUNDRED FI<br>OMMUNITY/ AREA  |  |  |                 |
|                      | 0.00<br>0.00        | \$<br>SUBSCRIBER GRO  | d Group | Base Rate Fee Seco  | 0.00<br>JP<br>0                | \$<br>SUBSCRIBER GROL        | roup    | ase Rate Fee First G<br>ONE HUNDRED FI<br>OMMUNITY/ AREA  |  |  |                 |
|                      | 0.00<br>0.00        | \$<br>SUBSCRIBER GRO  | d Group | Base Rate Fee Seco  | 0.00<br>JP<br>0                | \$<br>SUBSCRIBER GROL        | roup    | ase Rate Fee First G<br>ONE HUNDRED FI<br>OMMUNITY/ AREA  |  |  |                 |
|                      | 0.00<br>0.00        | \$<br>SUBSCRIBER GRO  | d Group | Base Rate Fee Seco  | 0.00<br>JP<br>0                | \$<br>SUBSCRIBER GROL        | roup    | ase Rate Fee First G<br>ONE HUNDRED FI<br>OMMUNITY/ AREA  |  |  |                 |
|                      | 0.00<br>0.00        | \$<br>SUBSCRIBER GRO  | d Group | Base Rate Fee Seco  | 0.00<br>JP<br>0                | \$<br>SUBSCRIBER GROL        | roup    | iross Receipts First G<br>ase Rate Fee First G<br>ONE HUNDRED FI<br>OMMUNITY/ AREA<br>CALL SIGN |  |  |                 |
|                      | 0.00<br>0.00        | \$<br>SUBSCRIBER GRO  | d Group | Base Rate Fee Seco  | 0.00<br>JP<br>0                | \$<br>SUBSCRIBER GROL        | roup    | ase Rate Fee First G<br>ONE HUNDRED FI<br>OMMUNITY/ AREA  |  |  |                 |
|                      | 0.00<br>0.00        | \$<br>SUBSCRIBER GRO  | d Group | Base Rate Fee Seco  | 0.00<br>JP<br>0                | \$<br>SUBSCRIBER GROL        | roup    | ase Rate Fee First G<br>ONE HUNDRED FI<br>OMMUNITY/ AREA  |  |  |                 |
|                      | 0.00<br>0.00        | \$<br>SUBSCRIBER GRO  | d Group | Base Rate Fee Seco  | 0.00<br>JP<br>0                | \$<br>SUBSCRIBER GROL        | roup    | ONE HUNDRED FI  |  |  |                 |
|                      | 0.00<br>0.00        | \$<br>SUBSCRIBER GRO  | d Group | Base Rate Fee Seco  | 0.00<br>JP<br>0                | \$<br>SUBSCRIBER GROL        | roup    | ase Rate Fee First G<br>ONE HUNDRED FI<br>OMMUNITY/ AREA<br>CALL SIGN                           |  |  |                 |
|                      | 0.00<br>0.00        | SUBSCRIBER GRO  | d Group | Base Rate Fee Second<br>ONE HUNDRED<br>COMMUNITY/ AREA<br>CALL SIGN | 0.00<br>JP<br>0<br>DSE<br>0.00 | \$ SUBSCRIBER GROU CALL SIGN |         | ase Rate Fee First G<br>ONE HUNDRED FI<br>OMMUNITY/ AREA<br>CALL SIGN                           |  |  |                 |
|                      | 0.00<br>0.00        | \$<br>SUBSCRIBER GRO  | d Group | Base Rate Fee Seco  | 0.00                           | \$<br>SUBSCRIBER GROL        |         | ase Rate Fee First G<br>ONE HUNDRED FI<br>OMMUNITY/ AREA  |  |  |                 |

|                       | 025207   |                |          |                     |          |                | ami), LLC | Cogeco US (Mia             |
|-----------------------|----------|----------------|----------|---------------------|----------|----------------|-----------|----------------------------|
|                       | <u> </u> |                |          |                     |          |                |           |                            |
| 9                     | 0<br>0   | SUBSCRIBER GRO |          | COMMUNITY/ AREA     | 0P<br>0  | SUBSCRIBER GRO |           | COMMUNITY/ AREA            |
| Computati             |          |                |          |                     |          |                |           |                            |
| of<br>Base Rate       | DSE      | CALL SIGN      | DSE      | CALL SIGN           | DSE      | CALL SIGN      | DSE       | CALL SIGN                  |
| and                   |          |                |          |                     |          |                |           |                            |
| Syndicate             |          |                |          |                     |          |                |           |                            |
| Exclusivi<br>Surcharg |          |                |          |                     |          |                |           |                            |
| for                   |          |                |          |                     |          | -              |           |                            |
| Partially<br>Distant  |          |                |          |                     |          | -              |           |                            |
| Stations              |          |                |          |                     |          |                |           |                            |
|                       |          |                |          |                     |          |                |           |                            |
|                       |          |                |          |                     |          |                |           |                            |
|                       |          |                |          |                     |          | -              |           |                            |
|                       |          |                |          |                     |          |                |           |                            |
|                       |          |                |          |                     |          |                |           |                            |
|                       | 0.00     |                |          | Total DSEs          | 0.00     |                |           | otal DSEs                  |
|                       | 0.00     | \$             | nd Group | Gross Receipts Seco | 0.00     | \$             | t Group   | Gross Receipts First       |
|                       | 0.00     | \$             | nd Group | Base Rate Fee Seco  | 0.00     | \$             | t Group   | a <b>se Rate Fee</b> First |
|                       | IP       | SUBSCRIBER GRO |          |                     |          | SUBSCRIBER GRO |           | ONE HUNDRED N              |
|                       | 01       |                |          | ONE HUNDRED         | UP       | COBCONIBEN ONO |           |                            |
|                       | 0        |                |          | ONE HUNDRED         | 0        |                |           | OMMUNITY/ AREA             |
|                       |          | CALL SIGN      | DSE      |                     |          | CALL SIGN      |           | COMMUNITY/ AREA            |
|                       | 0        |                |          | COMMUNITY/ AREA     | 0        |                | A         |                            |
|                       | 0        |                |          | COMMUNITY/ AREA     | 0        |                | A         |                            |
|                       | 0        |                |          | COMMUNITY/ AREA     | 0        |                | A         |                            |
|                       | 0        |                |          | COMMUNITY/ AREA     | 0        |                | A         |                            |
|                       | 0        |                |          | COMMUNITY/ AREA     | 0        |                | A         |                            |
|                       | 0        |                |          | COMMUNITY/ AREA     | 0        |                | A         |                            |
|                       | 0        |                |          | COMMUNITY/ AREA     | 0        |                | A         |                            |
|                       | 0        |                |          | COMMUNITY/ AREA     | 0        |                | A         |                            |
|                       | 0        |                |          | COMMUNITY/ AREA     | 0        |                | A         | CALL SIGN                  |
|                       | 0        |                |          | COMMUNITY/ AREA     | 0        |                | A         |                            |
|                       | 0<br>DSE |                |          | COMMUNITY/ AREA     | 0<br>DSE |                | A         |                            |
|                       | 0<br>DSE |                |          | COMMUNITY/ AREA     | 0<br>DSE |                | A DSE     | CALL SIGN                  |
|                       | 0<br>DSE |                |          | COMMUNITY/ ARE/     | 0<br>DSE |                | A DSE     |                            |

| IBER GROUP         SUBSCRIBER GROUP         0         CALL SIGN       DSE         and         Syndicated         Exclusivity         Surcharge         for         Partially         Distant         Stations  | Bl                          | ii), LLC  | E SYSTEM:        |        |                       |          | S                | YSTEM ID#<br>025207 | Name      |
|--|-----------------------------|-----------|------------------|--------|-----------------------|----------|------------------|---------------------|-----------|
| 0     9       Computation     of       Base Rate F     and       Syndicate     Exclusivit       Surcharge     for       Partially     Distant       Stations     Stations       0.00     0.00       \$     0.00       SUBSCRIBER GROUP     0                             |                             |           |                  |        | TE FEES FOR EACH      |          |                  |                     |           |
| CALL SIGN       DSE       of         Base Rate F       and         Syndicate       Exclusivit         Surchargu       for         Partially       Distant         Stations       Stations         0.00       0.00         \$       0.00         SUBSCRIBER GROUP       0 | ONE HUNDRED TWEN            | ITY-FIRST | SUBSCRIBER GROU  | р<br>0 | COMMUNITY/ AREA       | Y-SECOND | SUBSCRIBER GROUF |                     | 9         |
| Base Rate I<br>and<br>Syndicate<br>Exclusivit<br>Surcharg<br>for<br>Partially<br>Distant<br>Stations<br>0.00<br>\$ 0.00<br>\$ 0.00<br>\$ 0.00<br>\$ 0.00   |                             |           |                  |        |                       |          |                  |                     | Computati |
| and<br>Syndicate<br>Exclusivit<br>Surcharg<br>for<br>Partially<br>Distant<br>Stations<br>0.00<br>\$ 0.00<br>\$ 0.00<br>\$ 0.00<br>\$ 0.00  | CALL SIGN                   | DSE       | CALL SIGN        | DSE    | CALL SIGN             | DSE      | CALL SIGN        | DSE                 |           |
| Syndicate<br>Exclusivit<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations<br>0.00<br>\$ 0.00<br>\$ 0.00<br>\$ 0.00<br>\$ 0.00<br>\$ 0.00   |                             |           |                  |        |                       |          |                  |                     |           |
| Surcharge<br>for<br>Partially<br>Distant<br>Stations<br>   |                             |           |                  |        |                       |          |                  |                     |           |
| for<br>Partially<br>Distant<br>Stations  |                             |           |                  |        |                       |          |                  |                     |           |
| Partially<br>Distant<br>Stations   |                             |           |                  |        |                       |          |                  |                     |           |
| Stations           0.00           \$           0.00           \$           0.00           \$           0.00           \$           0.00           \$           0.00           \$           0.00  |                             |           |                  |        |                       |          |                  |                     |           |
|  |                             |           |                  |        |                       |          |                  |                     |           |
| \$         0.00           \$         0.00           SUBSCRIBER GROUP         0   |                             |           |                  |        |                       |          |                  |                     | Stations  |
| \$         0.00           \$         0.00           SUBSCRIBER GROUP         0   |                             |           |                  |        |                       |          |                  |                     |           |
| \$         0.00           \$         0.00           SUBSCRIBER GROUP         0   |                             |           |                  |        |                       |          |                  |                     |           |
| \$         0.00           \$         0.00           SUBSCRIBER GROUP         0   |                             |           |                  |        |                       |          |                  |                     |           |
| \$         0.00           \$         0.00           SUBSCRIBER GROUP         0   |                             |           |                  |        |                       |          |                  |                     |           |
| \$ 0.00<br>SUBSCRIBER GROUP<br>0   | otal DSEs                   | <u> </u>  |                  | 0.00   | Total DSEs            |          |                  | 0.00                |           |
| SUBSCRIBER GROUP 0   | iross Receipts First G      | roup      | \$               | 0.00   | Gross Receipts Secon  | d Group  | \$               | 0.00                |           |
| 0  | <b>ase Rate Fee</b> First G | roup      | \$               | 0.00   | Base Rate Fee Secon   | d Group  | \$               | 0.00                |           |
| 0  | ONE HUNDRED TWEN            | חסועד דע  |                  |        |                       |          |                  |                     |           |
| CALL SIGN DSE  | OMMUNITY/ AREA              |           | SUBSCRIBER GROUP | 0      | COMMUNITY/ AREA       |          | SUBSCRIBER GROUP |                     |           |
| CALL SIGN DSE  |                             |           |                  |        |                       |          |                  |                     |           |
|  | CALL SIGN                   | DSE       | CALL SIGN        | DSE    | CALL SIGN             | DSE      | CALL SIGN        | DSE                 |           |
|  |                             |           |                  |        |                       |          |                  |                     |           |
|  |                             |           |                  |        |                       |          |                  |                     |           |
|  |                             |           |                  |        |                       |          |                  |                     |           |
|  |                             |           |                  |        |                       |          |                  |                     |           |
|  |                             |           |                  |        |                       |          |                  |                     |           |
|  |                             |           |                  |        |                       |          |                  |                     |           |
|  |                             |           |                  |        |                       |          |                  |                     |           |
|  |                             |           |                  |        |                       |          |                  |                     |           |
|  |                             |           |                  |        |                       |          |                  |                     |           |
|  |                             |           |                  |        |                       |          |                  |                     |           |
|  |                             |           |                  |        |                       |          |                  |                     |           |
| 0.00   | otal DSEs                   | a         | 11               | 0.00   | Total DSEs            |          | 11               | 0.00                |           |
| \$ 0.00  | Gross Receipts Third G      | Group     | \$               | 0.00   | Gross Receipts Fourth | Group    | \$               | 0.00                |           |
|  |                             |           |                  |        |                       |          |                  |                     |           |
| \$ 0.00  | ,                           |           |                  |        | Base Rate Fee Fourth  | _        |                  |                     |           |

| 0 9<br>Computation<br>Base Rate<br>and<br>Syndicate |           |               | SUBSCR            | TE FEES FOR EACH      | BASE RA |                  |           |                             |  |
|---|-----------|---------------|-------------------|-----------------------|---------|------------------|-----------|-----------------------------|--|
| Computati   | BER GROUP |               |                   |                       | DIGETO  | COMPOTATION OF   | LOCK A: ( | В                           |  |
| Computati   | •         | SUBSCRIBER GR | NTY-SIXTH         | ONE HUNDRED TWE       |         | SUBSCRIBER GROUP | NTY-FIFTH |                             |  |
| E of<br>Base Rate<br>and                            | U         |               | COMMUNITY/ AREA   | IMUNITY/ AREA 0       |         |                  |           |                             |  |
| and   | SIGN DSE  | CALL SIGN     | DSE               | CALL SIGN             | DSE     | CALL SIGN        | DSE       | CALL SIGN                   |  |
|   |           | -             |                   |                       |         |                  |           |                             |  |
| Syndicate   |           |               |                   |                       |         |                  |           |                             |  |
| Exclusivi   |           |               |                   |                       |         |                  |           |                             |  |
| Surcharg  |           |               |                   |                       |         |                  |           |                             |  |
| for   |           |               |                   |                       |         |                  |           |                             |  |
| Partially   |           |               |                   |                       |         |                  |           |                             |  |
| Distant   |           |               |                   |                       |         |                  |           |                             |  |
| Stations  |           | -             |                   |                       |         |                  |           |                             |  |
|   |           |               |                   |                       |         |                  |           |                             |  |
|   |           | -             |                   |                       |         |                  |           |                             |  |
|   |           |               |                   |                       |         |                  |           |                             |  |
|   |           |               |                   |                       |         |                  |           |                             |  |
|   |           |               |                   |                       |         |                  |           |                             |  |
| 0   | 0.00      |               |                   | Total DSEs            | 0.00    |                  |           | otal DSEs                   |  |
| <u>D</u>  | 0.00      | \$            | d Group           | Gross Receipts Secon  | 0.00    | \$               | roup      | Bross Receipts First G      |  |
| D   | 0.00      | \$            | d Group           | Base Rate Fee Secon   | 0.00    | \$               | roup      | <b>ase Rate Fee</b> First G |  |
|   | BER GROUP | SUBSCRIBER GR | TY-EIGHTH         | ONE HUNDRED TWEN      |         | SUBSCRIBER GROUP | -SEVENTH  | E HUNDRED TWENTY            |  |
| 0   | 0         |               | COMMUNITY/ AREA 0 |                       |         | 0                |           | COMMUNITY/ AREA             |  |
| <u> </u>  | SIGN DSE  | CALL SIGN     | DSE               | CALL SIGN             | DSE     | CALL SIGN        | DSE       | CALL SIGN                   |  |
|   |           |               |                   |                       |         |                  |           |                             |  |
|   |           |               |                   |                       |         |                  |           |                             |  |
|   |           |               |                   |                       |         |                  |           |                             |  |
|   |           |               |                   |                       |         |                  |           |                             |  |
|   |           |               |                   |                       |         |                  |           |                             |  |
|   |           |               |                   |                       |         |                  |           |                             |  |
|   |           |               |                   |                       |         |                  |           |                             |  |
|   |           | -             |                   |                       |         |                  |           |                             |  |
|   |           | -             |                   |                       |         |                  |           |                             |  |
|   |           |               |                   |                       |         |                  |           |                             |  |
|   |           |               |                   |                       |         |                  |           |                             |  |
|   |           |               |                   |                       |         |                  |           |                             |  |
| D   | 0.00      |               |                   | Total DSEs            | 0.00    |                  |           | otal DSEs                   |  |
| D   | 0.00      | \$            | Group             | Gross Receipts Fourth | 0.00    | \$               | Group     | ross Receipts Third (       |  |
|   |           |               |                   |                       |         |                  |           |                             |  |
|   | 0.00      | \$            | Group             | Base Rate Fee Fourth  | 0.00    | \$               | Group     | ase Rate Fee Third (        |  |

|                        | YSTEM ID#<br>025207 | S                |                   |                                     |         | LE SYSTEM:       |           | LEGAL NAME OF OWNE<br>Cogeco US (Miam |  |
|------------------------|---------------------|------------------|-------------------|-------------------------------------|---------|------------------|-----------|---------------------------------------|--|
|                        |                     | IBER GROUP       | SUBSCR            | TE FEES FOR EACH                    | BASE RA | COMPUTATION OF   | OCK A: (  | BI                                    |  |
| 9                      |                     | SUBSCRIBER GROUP | THIRTIETH         |                                     | -       | SUBSCRIBER GROUP | TY-NINTH  |                                       |  |
| Computati              | COMMUNITY/ AREA 0   |                  |                   |                                     |         | MMUNITY/ AREA 0  |           |                                       |  |
| of                     | DSE                 | CALL SIGN        | DSE               | CALL SIGN                           | DSE     | CALL SIGN        | DSE       | CALL SIGN                             |  |
| Base Rate              |                     |                  |                   |                                     |         |                  |           |                                       |  |
| and                    |                     | -                |                   |                                     |         |                  |           |                                       |  |
| Syndicate<br>Exclusivi |                     |                  |                   |                                     |         |                  |           |                                       |  |
| Surcharg               |                     |                  |                   |                                     |         |                  |           |                                       |  |
| for                    |                     |                  |                   |                                     |         |                  |           |                                       |  |
| Partially              |                     | -                |                   |                                     |         |                  |           |                                       |  |
| Distant<br>Stations    |                     | -                |                   |                                     |         | -                |           |                                       |  |
| Stations               |                     | -                |                   |                                     |         |                  |           |                                       |  |
|                        |                     |                  |                   |                                     |         |                  |           |                                       |  |
|                        |                     |                  |                   |                                     |         |                  |           |                                       |  |
|                        |                     |                  |                   |                                     |         |                  |           |                                       |  |
|                        |                     |                  |                   |                                     |         |                  |           |                                       |  |
|                        |                     |                  |                   |                                     |         |                  |           |                                       |  |
|                        | 0.00                |                  |                   | Total DSEs                          | 0.00    |                  |           | Total DSEs                            |  |
|                        | 0.00                | \$               | d Group           | Gross Receipts Secon                | 0.00    | \$               | roup      | Gross Receipts First G                |  |
|                        | 0.00                | \$               | d Group           | Base Rate Fee Secon                 | 0.00    | \$               | oup       | <b>3ase Rate Fee</b> First G          |  |
|                        | 1                   | SUBSCRIBER GROUP | Y-SECOND          | ONE HUNDRED THIRT                   |         | SUBSCRIBER GROUP | RTY-FIRST | ONE HUNDRED THIP                      |  |
|                        | 0                   |                  | COMMUNITY/ AREA 0 |                                     |         | 0                |           | COMMUNITY/ AREA                       |  |
|                        | DSE                 | CALL SIGN        | DSE               | CALL SIGN                           | DSE     | CALL SIGN        | DSE       | CALL SIGN                             |  |
|                        |                     |                  |                   |                                     |         |                  |           |                                       |  |
|                        |                     |                  |                   |                                     |         |                  |           |                                       |  |
|                        |                     |                  |                   |                                     |         |                  |           |                                       |  |
|                        |                     | -                |                   |                                     |         |                  |           |                                       |  |
|                        |                     | -                |                   |                                     |         | -                |           |                                       |  |
|                        |                     |                  |                   |                                     |         |                  |           |                                       |  |
|                        |                     |                  |                   |                                     |         |                  |           |                                       |  |
|                        |                     | _                |                   |                                     |         |                  |           |                                       |  |
|                        |                     |                  |                   |                                     |         |                  |           |                                       |  |
|                        |                     |                  |                   |                                     |         | -                |           |                                       |  |
|                        |                     |                  |                   |                                     |         |                  |           |                                       |  |
|                        |                     |                  |                   |                                     | 0.00    |                  |           |                                       |  |
|                        | 0.00                |                  |                   |                                     |         |                  |           |                                       |  |
|                        | 0.00                | <u>.</u>         | -                 | Total DSEs                          |         |                  |           | Total DSEs                            |  |
|                        | 0.00                | \$               | Group             | Total DSEs<br>Gross Receipts Fourth | 0.00    | \$               | Group     | Gross Receipts Third G                |  |

| EGAL NAME OF OWNER OF<br>Cogeco US (Miami), L |   |                |   |                          |                   | 025207             | Name              |  |
|---|---|----------------|---|--------------------------|-------------------|--------------------|-------------------|--|
|   |   |                |   |                          |                   |                    |                   |  |
|   | HUNDRED THIRTY-THIRD SUBSCRIBER GROUP     ONE HUNDRED THIRTY-FOURTH SUBSCRIBER GROUP       NITY/ AREA     0       COMMUNITY/ AREA |                |   |                          |                   |                    |                   |  |
| CALL SIGN DS                                  | E CALL SIGN   | DSE            | CALL SIGN   | DSE                      | CALL SIGN         | DSE                | Computatio<br>of  |  |
|   |   |                |   |                          |                   |                    | Base Rate F       |  |
|   |   |                |   |                          |                   |                    | and<br>Syndicated |  |
|   |   |                |   |                          |                   |                    | Exclusivity       |  |
|   |   |                |   |                          |                   |                    | Surcharge<br>for  |  |
|   |   |                |   |                          |                   |                    | Partially         |  |
|   |   |                |   |                          |                   |                    | Distant           |  |
|   |   |                |   |                          |                   |                    | Stations          |  |
|   |   |                |   |                          |                   |                    |                   |  |
|   |   |                |   |                          |                   |                    |                   |  |
|   |   |                |   |                          |                   |                    |                   |  |
|   |   |                |   |                          |                   |                    |                   |  |
| otal DSEs                                     |   | 0.00           | Total DSEs  |                          |                   | 0.00               |                   |  |
| Fross Receipts First Group                    | <u>\$</u>   | 0.00           | Gross Receipts Sec  | ond Group                | \$                | 0.00               |                   |  |
|   |   |                |   |                          |                   |                    |                   |  |
|   |   |                |   |                          |                   |                    |                   |  |
|   | \$  | 0.00           | Base Rate Fee Sec   |                          | \$                | 0.00               |                   |  |
| ONE HUNDRED THIRTY-F                          | \$  | JP             | ONE HUNDRED   | THIRTY-SIXTH             | \$                | P                  |                   |  |
| ONE HUNDRED THIRTY-F                          | •   |                |   | THIRTY-SIXTH             |                   |                    |                   |  |
| ONE HUNDRED THIRTY-F                          | TIFTH SUBSCRIBER GROU   | JP             | ONE HUNDRED   | THIRTY-SIXTH             |                   | P                  |                   |  |
| ONE HUNDRED THIRTY-F                          | TIFTH SUBSCRIBER GROU   | JP<br>0        | ONE HUNDRED   | THIRTY-SIXTH             | H SUBSCRIBER GROU | P 0                |                   |  |
| ONE HUNDRED THIRTY-F                          | TIFTH SUBSCRIBER GROU   | JP<br>0        | ONE HUNDRED   | THIRTY-SIXTH             | H SUBSCRIBER GROU | P 0                |                   |  |
| ONE HUNDRED THIRTY-F                          | TIFTH SUBSCRIBER GROU   | JP<br>0        | ONE HUNDRED   | THIRTY-SIXTH             | H SUBSCRIBER GROU | P 0                |                   |  |
| ONE HUNDRED THIRTY-F                          | TIFTH SUBSCRIBER GROU   | JP<br>0        | ONE HUNDRED   | THIRTY-SIXTH             | H SUBSCRIBER GROU | P 0                |                   |  |
| ONE HUNDRED THIRTY-F                          | TIFTH SUBSCRIBER GROU   | JP<br>0        | ONE HUNDRED   | THIRTY-SIXTH             | H SUBSCRIBER GROU | P 0                |                   |  |
| ONE HUNDRED THIRTY-F                          | TIFTH SUBSCRIBER GROU   | JP<br>0        | ONE HUNDRED   | THIRTY-SIXTH             | H SUBSCRIBER GROU | P 0                |                   |  |
| ONE HUNDRED THIRTY-F                          | TIFTH SUBSCRIBER GROU   | JP<br>0        | ONE HUNDRED   | THIRTY-SIXTH             | H SUBSCRIBER GROU | P 0                |                   |  |
| ONE HUNDRED THIRTY-F                          | TIFTH SUBSCRIBER GROU   | JP<br>0        | ONE HUNDRED   | THIRTY-SIXTH             | H SUBSCRIBER GROU | P 0                |                   |  |
| ONE HUNDRED THIRTY-F                          | TIFTH SUBSCRIBER GROU   | JP<br>0        | ONE HUNDRED   | THIRTY-SIXTH             | H SUBSCRIBER GROU | P 0                |                   |  |
| ONE HUNDRED THIRTY-F                          | TIFTH SUBSCRIBER GROU   | JP<br>0        | ONE HUNDRED   | THIRTY-SIXTH             | H SUBSCRIBER GROU | P 0                |                   |  |
| ONE HUNDRED THIRTY-F                          | TIFTH SUBSCRIBER GROU   | JP<br>0        | ONE HUNDRED   | THIRTY-SIXTH             | H SUBSCRIBER GROU | P 0                |                   |  |
| ONE HUNDRED THIRTY-F                          | TIFTH SUBSCRIBER GROU   | JP<br>0        | ONE HUNDRED   | THIRTY-SIXTH             | H SUBSCRIBER GROU | P 0                |                   |  |
| ONE HUNDRED THIRTY-F<br>COMMUNITY/ AREA       | SE CALL SIGN  | JP<br>0<br>DSE | ONE HUNDRED     COMMUNITY/ ARE     COMMUNITY/ ARE     CALL SIGN   | THIRTY-SIXTH<br>A<br>DSE | H SUBSCRIBER GROU | P<br>0<br>DSE      |                   |  |
| COMMUNITY/ AREA                               | SE CALL SIGN  | JP<br>0<br>DSE | ONE HUNDRED         COMMUNITY/ ARE,         CALL SIGN         CALL SIGN         Image: Community of the second s | THIRTY-SIXTH<br>A<br>DSE | H SUBSCRIBER GROU | P<br>0<br>DSE<br>0 |                   |  |
| ONE HUNDRED THIRTY-F<br>COMMUNITY/ AREA       | SE CALL SIGN  | JP<br>0<br>DSE | ONE HUNDRED         COMMUNITY/ ARE,         CALL SIGN         CALL SIGN         Image: Community of the second s | THIRTY-SIXTH<br>A<br>DSE | H SUBSCRIBER GROU | P<br>0<br>DSE<br>0 |                   |  |

| Name                    | 025207            | S                |                 |                                     |      | LE SYSTEM:       |                | Cogeco US (Miam                      |  |
|-------------------------|-------------------|------------------|-----------------|-------------------------------------|------|------------------|----------------|--------------------------------------|--|
|                         |                   |                  |                 | TE FEES FOR EACH                    |      |                  |                |                                      |  |
| 9                       |                   | SUBSCRIBER GROUP | RTY-EIGHTH      |                                     |      | SUBSCRIBER GROUP | -SEVENTH       | ONE HUNDRED THIRTY                   |  |
| Computatio              | COMMUNITY/ AREA 0 |                  |                 |                                     |      | IMUNITY/ AREA 0  |                |                                      |  |
| of                      | DSE               | CALL SIGN        | DSE             | CALL SIGN                           | DSE  | CALL SIGN        | DSE            | CALL SIGN                            |  |
| Base Rate F             |                   |                  |                 |                                     |      |                  |                |                                      |  |
| and<br>Syndiaete        |                   |                  |                 |                                     |      |                  |                |                                      |  |
| Syndicate<br>Exclusivit |                   | -                |                 |                                     |      |                  |                |                                      |  |
| Surcharge               |                   |                  |                 |                                     |      | _                |                |                                      |  |
| for                     |                   |                  |                 |                                     |      |                  |                |                                      |  |
| Partially<br>Distant    |                   | -                |                 |                                     |      |                  |                |                                      |  |
| Stations                |                   |                  |                 |                                     |      |                  |                |                                      |  |
|                         |                   |                  |                 |                                     |      | -                |                |                                      |  |
|                         |                   |                  |                 |                                     |      |                  |                |                                      |  |
|                         |                   |                  |                 |                                     |      |                  |                |                                      |  |
|                         |                   |                  |                 |                                     |      |                  |                |                                      |  |
|                         |                   |                  |                 |                                     |      |                  |                |                                      |  |
|                         | 0.00              |                  | •               | Total DSEs                          | 0.00 |                  |                | Total DSEs                           |  |
|                         | 0.00              | \$               | d Group         | Gross Receipts Secor                | 0.00 | \$               | iroup          | Gross Receipts First G               |  |
|                         | 0.00              | \$               | d Group         | Base Rate Fee Secor                 | 0.00 | \$               | iroup          | <b>Base Rate Fee</b> First G         |  |
|                         | JP                | SUBSCRIBER GRO   | FORTIETH        | ONE HUNDRED                         |      | SUBSCRIBER GROUP | RTY-NINTH      | ONE HUNDRED THI                      |  |
|                         | 0                 |                  | COMMUNITY/ AREA |                                     |      |                  | DMMUNITY/ AREA |                                      |  |
|                         | DSE               | CALL SIGN        | DSE             | CALL SIGN                           | DSE  | CALL SIGN        | DSE            | CALL SIGN                            |  |
|                         |                   |                  |                 |                                     |      | -                |                |                                      |  |
|                         |                   |                  |                 |                                     |      |                  |                |                                      |  |
|                         |                   |                  |                 |                                     |      |                  |                |                                      |  |
|                         |                   |                  |                 |                                     |      |                  |                |                                      |  |
|                         |                   |                  |                 |                                     |      |                  |                |                                      |  |
|                         |                   |                  |                 |                                     |      |                  |                |                                      |  |
|                         |                   |                  |                 |                                     |      |                  |                |                                      |  |
|                         |                   |                  |                 |                                     |      |                  |                |                                      |  |
|                         |                   |                  |                 |                                     |      |                  |                |                                      |  |
|                         |                   |                  |                 |                                     |      |                  |                |                                      |  |
|                         |                   |                  |                 |                                     |      |                  |                |                                      |  |
|                         |                   |                  |                 |                                     |      |                  |                |                                      |  |
|                         | 0.00              |                  |                 | Total DSEs                          | 0.00 |                  |                | Total DSEs                           |  |
|                         | 0.00              | S                | Group           | Total DSEs<br>Gross Receipts Fourth | 0.00 | S                | Group          | Total DSEs<br>Gross Receipts Third ( |  |

| Name                 | 025207           |                        |                      |   |                  |                               | i), LLC           |  |
|----------------------|------------------|------------------------|----------------------|---|------------------|-------------------------------|-------------------|--|
|                      |                  |                        |                      | TE FEES FOR EACH  | BASE RA          |                               |                   |  |
| 9                    | 0                | SUBSCRIBER GROUF       | Y-SECOND             | COMMUNITY/ AREA   | 0                | SUBSCRIBER GROUP              | RTY-FIRST         | COMMUNITY/ AREA  |
| Computat             |                  |                        |                      |   | •                |                               |                   |  |
| of                   | DSE              | CALL SIGN              | DSE                  | CALL SIGN   | DSE              | CALL SIGN                     | DSE               | CALL SIGN  |
| Base Rate<br>and     |                  |                        |                      |   |                  |                               |                   |  |
| Syndicat             |                  |                        |                      |   |                  |                               |                   |  |
| Exclusiv             |                  | -                      |                      |   |                  | -                             | -                 |  |
| Surcharg             |                  | -                      |                      |   |                  |                               |                   |  |
| for<br>Destion       |                  | -                      |                      |   |                  | -                             |                   |  |
| Partially<br>Distant |                  |                        |                      |   |                  |                               |                   |  |
| Station              |                  | -                      |                      |   |                  |                               | -                 |  |
|                      |                  |                        |                      |   |                  |                               |                   |  |
|                      |                  |                        |                      |   |                  |                               |                   |  |
|                      |                  |                        |                      |   |                  |                               |                   |  |
|                      |                  |                        |                      |   |                  |                               |                   |  |
|                      |                  |                        |                      |   |                  |                               |                   |  |
|                      | 0.00             |                        |                      | Total DSEs  | 0.00             |                               |                   | otal DSEs  |
|                      | 0.00             | \$                     | d Group              | Gross Receipts Seco                                       | 0.00             | \$                            | roup              | Propa Dessinta First C   |
|                      | 0.00             | Ψ                      |                      | 0.0001.000.ptd 0000.                                      |                  |                               | Toup              | BIOSS Receipts First G   |
|                      | 0.00             | \$                     |                      | Base Rate Fee Secon                                       | 0.00             | \$                            |                   |  |
|                      | 0.00             |                        | d Group              | Base Rate Fee Seco  | 0.00             |                               | roup              | ase Rate Fee First G   |
|                      | 0.00             | \$                     | d Group              | Base Rate Fee Seco  | 0.00             | \$                            | roup              | ase Rate Fee First G   |
|                      | 0.00             | \$                     | d Group              | Base Rate Fee Secon                                       |                  | \$                            | roup              | ONE HUNDRED FOR  |
|                      | 0.00             | \$<br>SUBSCRIBER GROUF | d Group<br>TY-FOURTH | Base Rate Fee Secon<br>ONE HUNDRED FOR<br>COMMUNITY/ AREA | 0                | \$<br>SUBSCRIBER GROUP        | roup<br>RTY-THIRD | ONE HUNDRED FOR  |
|                      | 0.00             | \$<br>SUBSCRIBER GROUF | d Group<br>TY-FOURTH | Base Rate Fee Secon<br>ONE HUNDRED FOR<br>COMMUNITY/ AREA | 0                | \$<br>SUBSCRIBER GROUP        | roup<br>RTY-THIRD | ONE HUNDRED FOR  |
|                      | 0.00             | \$<br>SUBSCRIBER GROUF | d Group<br>TY-FOURTH | Base Rate Fee Secon<br>ONE HUNDRED FOR<br>COMMUNITY/ AREA | 0                | \$<br>SUBSCRIBER GROUP        | roup<br>RTY-THIRD | ONE HUNDRED FOR  |
|                      | 0.00             | \$<br>SUBSCRIBER GROUF | d Group<br>TY-FOURTH | Base Rate Fee Secon<br>ONE HUNDRED FOR<br>COMMUNITY/ AREA | 0                | \$<br>SUBSCRIBER GROUP        | roup<br>RTY-THIRD | ONE HUNDRED FOR  |
|                      | 0.00             | \$<br>SUBSCRIBER GROUF | d Group<br>TY-FOURTH | Base Rate Fee Secon<br>ONE HUNDRED FOR<br>COMMUNITY/ AREA | 0                | \$<br>SUBSCRIBER GROUP        | roup<br>RTY-THIRD | ONE HUNDRED FOR  |
|                      | 0.00             | \$<br>SUBSCRIBER GROUF | d Group<br>TY-FOURTH | Base Rate Fee Secon<br>ONE HUNDRED FOR<br>COMMUNITY/ AREA | 0                | \$<br>SUBSCRIBER GROUP        | roup<br>RTY-THIRD | Case Rate Fee First G  |
|                      | 0.00             | \$<br>SUBSCRIBER GROUF | d Group<br>TY-FOURTH | Base Rate Fee Secon<br>ONE HUNDRED FOR<br>COMMUNITY/ AREA | 0                | \$<br>SUBSCRIBER GROUP        | roup<br>RTY-THIRD | COMMUNITY/ AREA  |
|                      | 0.00             | \$<br>SUBSCRIBER GROUF | d Group<br>TY-FOURTH | Base Rate Fee Secon<br>ONE HUNDRED FOR<br>COMMUNITY/ AREA | 0                | \$<br>SUBSCRIBER GROUP        | roup<br>RTY-THIRD | Base Rate Fee First G<br>ONE HUNDRED FOR<br>COMMUNITY/ AREA              |
|                      | 0.00             | \$<br>SUBSCRIBER GROUF | d Group<br>TY-FOURTH | Base Rate Fee Secon<br>ONE HUNDRED FOR<br>COMMUNITY/ AREA | 0                | \$<br>SUBSCRIBER GROUP        | roup<br>RTY-THIRD | Base Rate Fee First G<br>ONE HUNDRED FOR<br>COMMUNITY/ AREA              |
|                      | 0.00             | \$<br>SUBSCRIBER GROUF | d Group<br>TY-FOURTH | Base Rate Fee Secon<br>ONE HUNDRED FOR<br>COMMUNITY/ AREA | 0                | \$<br>SUBSCRIBER GROUP        | roup<br>RTY-THIRD | COMMUNITY/ AREA  |
|                      | 0.00             | \$<br>SUBSCRIBER GROUF | d Group<br>TY-FOURTH | Base Rate Fee Secon<br>ONE HUNDRED FOR<br>COMMUNITY/ AREA | 0                | \$<br>SUBSCRIBER GROUP        | roup<br>RTY-THIRD | ONE HUNDRED FOR  |
|                      | 0.00             | \$<br>SUBSCRIBER GROUF | d Group<br>TY-FOURTH | Base Rate Fee Secon                                       | 0<br>DSE         | \$<br>SUBSCRIBER GROUP        | roup<br>RTY-THIRD | Base Rate Fee First G<br>ONE HUNDRED FOR<br>COMMUNITY/ AREA<br>CALL SIGN |
|                      | 0.00<br>0<br>DSE | SUBSCRIBER GROUF       | d Group              | Base Rate Fee Secon                                       | 0<br>DSE<br>0.00 | \$ SUBSCRIBER GROUP CALL SIGN |                   | CALL SIGN  |
|                      | 0.00             | \$<br>SUBSCRIBER GROUF | d Group              | Base Rate Fee Secon                                       | 0<br>DSE         | \$<br>SUBSCRIBER GROUP        |                   | CALL SIGN  |

| Cogeco US (Mian   |          | LE SYSTEM:        |      |                                       |            |                    | 6YSTEM ID#<br>025207 | Name             |
|---|----------|-------------------|------|---------------------------------------|------------|--------------------|----------------------|------------------|
|   |          |                   |      |                                       |            |                    | D                    |                  |
| COMMUNITY/ AREA   |          | I SUBSCRIBER GROU | 0    | COMMUNITY/ ARE                        |            | 1 SUBSCRIBER GROUI | 0                    | 9                |
| CALL SIGN   | DSE      | CALL SIGN         | DSE  | CALL SIGN                             | DSE        | CALL SIGN          | DSE                  | Computation of   |
|   |          |                   |      |                                       |            | -                  |                      | Base Rate F      |
|   |          |                   |      |                                       |            |                    |                      | and<br>Syndicate |
|   |          |                   |      |                                       |            |                    |                      | Exclusivit       |
|   |          |                   |      |                                       |            |                    |                      | Surcharge        |
|   |          |                   |      |                                       |            |                    |                      | for<br>Partially |
|   |          |                   |      |                                       |            |                    |                      | Distant          |
|   |          |                   |      |                                       |            |                    |                      | Stations         |
|   |          | -                 |      |                                       |            |                    |                      |                  |
|   |          |                   |      |                                       |            |                    |                      |                  |
|   |          |                   |      |                                       |            |                    |                      |                  |
|   |          |                   |      |                                       |            |                    |                      |                  |
| otal DSEs   |          |                   | 0.00 | Total DSEs                            |            |                    | 0.00                 |                  |
| ross Receipts First G                                       | iroup    | \$                | 0.00 | Gross Receipts Sec                    | cond Group | \$                 | 0.00                 |                  |
|   |          |                   |      |                                       |            |                    |                      |                  |
| ase Rate Fee First G  | -        | \$                | 0.00 | Base Rate Fee Sec                     | cond Group | \$                 | 0.00                 |                  |
| OMMUNITY/ AREA  | -SEVENTH | I SUBSCRIBER GROU | P    | ONE HUNDRED F                         |            | I SUBSCRIBER GROUI | P<br>0               |                  |
|   |          |                   | v    |                                       | ~          |                    | Ŭ                    |                  |
| CALL SIGN   | DSE      | CALL SIGN         | DSE  | CALL SIGN                             | DSE        | CALL SIGN          | DSE                  |                  |
|   |          |                   |      |                                       |            |                    |                      |                  |
|   |          |                   |      |                                       |            |                    |                      |                  |
|   |          |                   |      |                                       |            |                    |                      |                  |
|   |          |                   |      |                                       |            |                    |                      |                  |
|   |          |                   |      |                                       |            |                    |                      |                  |
|   |          |                   |      |                                       |            |                    |                      |                  |
|   |          |                   |      |                                       |            |                    |                      |                  |
|   |          |                   |      |                                       |            |                    |                      |                  |
|   |          |                   |      |                                       |            |                    |                      |                  |
|   |          |                   |      | · · · · · · · · · · · · · · · · · · · |            |                    |                      |                  |
|   |          |                   |      |                                       |            |                    |                      |                  |
|   |          |                   |      |                                       |            |                    |                      |                  |
| otal DSEs   |          |                   | 0.00 | Total DSEs                            |            |                    | 0.00                 |                  |
|   | βroup    | S                 | 0.00 | Total DSEs<br>Gross Receipts Fou      | urth Group | <u>s</u>           | 0.00                 |                  |
|   |          | s                 | 0.00 |                                       |            | <u>s</u>           | 0.00                 |                  |
| otal DSEs<br>iross Receipts Third (<br>ase Rate Fee Third ( |          |                   |      | Gross Receipts Fou                    |            |                    |                      |                  |

| 9                    |      |                |          |                       |      |                | iii), 220 | Cogeco US (Mian             |
|----------------------|------|----------------|----------|-----------------------|------|----------------|-----------|-----------------------------|
| 9                    |      |                |          | TE FEES FOR EACH      |      |                |           |                             |
| J                    | _    | SUBSCRIBER GRO | FIFTIETH |                       |      | SUBSCRIBER GRO |           | ONE HUNDRED FOR             |
| Computat             | 0    |                |          | COMMUNITY/ AREA       | 0    |                |           | COMMUNITY/ AREA             |
| of                   | DSE  | CALL SIGN      | DSE      | CALL SIGN             | DSE  | CALL SIGN      | DSE       | CALL SIGN                   |
| Base Rate            |      | -              |          |                       |      | -              |           |                             |
| and<br>Syndicat      |      |                |          |                       |      |                |           |                             |
| Exclusiv             |      |                |          |                       |      |                |           |                             |
| Surcharg             |      |                |          |                       |      |                |           |                             |
| for                  |      |                |          |                       |      |                |           |                             |
| Partially<br>Distant |      |                |          |                       |      |                |           |                             |
| Station              |      | -              |          |                       |      | -              |           |                             |
|                      |      |                |          |                       |      |                |           |                             |
|                      |      | -              |          |                       |      |                |           |                             |
|                      |      | -              |          |                       |      | -              |           |                             |
|                      |      |                |          |                       |      |                |           |                             |
| -                    |      |                |          |                       |      |                |           |                             |
|                      | 0.00 |                |          | Total DSEs            | 0.00 |                |           | otal DSEs                   |
|                      | 0.00 | \$             | d Group  | Gross Receipts Secon  | 0.00 | \$             | Group     | ross Receipts First (       |
|                      | 0.00 | \$             | l Group  | Base Rate Fee Secon   | 0.00 | \$             | Group     | <b>ase Rate Fee</b> First ( |
| -                    | IP   |                | -SECOND  | ONE HUNDRED FIFT      | IP   | SUBSCRIBER GRO | FTY-FIRST |                             |
| -                    | 0    |                | OLOOND   | COMMUNITY/ AREA       | 0    |                |           | OMMUNITY/ AREA              |
|                      |      |                |          |                       |      |                |           |                             |
| -                    | DSE  | CALL SIGN      | DSE      | CALL SIGN             | DSE  | CALL SIGN      | DSE       | CALL SIGN                   |
|                      |      | -              |          |                       |      |                |           |                             |
|                      |      |                |          |                       |      |                |           |                             |
|                      |      |                |          |                       |      | _              |           |                             |
|                      |      |                |          |                       |      |                |           |                             |
|                      |      |                |          |                       |      |                |           |                             |
|                      |      | -              |          |                       |      |                |           |                             |
|                      |      | _              |          |                       |      | -              |           |                             |
|                      |      |                |          |                       |      | -              |           |                             |
|                      |      |                |          |                       |      | -              |           |                             |
|                      |      |                |          |                       |      | -              |           |                             |
|                      |      |                |          |                       |      |                |           |                             |
|                      | 0.00 |                |          |                       | 0.00 |                |           | ( 1.005                     |
|                      | 0.00 |                | -        | Total DSEs            | 0.00 |                | -         | otal DSEs                   |
|                      | 0.00 | \$             | Group    | Gross Receipts Fourth | 0.00 | \$             | Group     | ross Receipts Third         |
|                      |      |                |          | 11                    |      |                |           |                             |

|                       | 025207  |                |           |                     |          |                                   | DWNER OF CAB<br><b>(liami), LLC</b> | Cogeco US (Mia      |
|-----------------------|---------|----------------|-----------|---------------------|----------|-----------------------------------|-------------------------------------|---------------------|
|                       | UP      |                |           | TE FEES FOR EAC     |          | COMPUTATION OF<br>SUBSCRIBER GROU |                                     |                     |
| <b>9</b><br>Computati | 0       |                |           | COMMUNITY/ AREA     | 0        |                                   |                                     | COMMUNITY/ AREA     |
| of                    | DSE     | CALL SIGN      | DSE       | CALL SIGN           | DSE      | CALL SIGN                         | DSE                                 | CALL SIGN           |
| Base Rate             |         |                |           |                     |          |                                   |                                     |                     |
| and<br>Syndicate      |         |                |           |                     |          |                                   |                                     |                     |
| Exclusivi             |         |                |           |                     |          | -                                 |                                     |                     |
| Surcharg<br>for       |         |                |           |                     |          |                                   |                                     |                     |
| Partially             |         |                |           |                     |          |                                   |                                     |                     |
| Distant               |         | -              |           |                     |          |                                   |                                     |                     |
| Stations              |         |                |           |                     |          |                                   |                                     |                     |
|                       |         |                |           |                     |          | -                                 |                                     |                     |
|                       |         |                |           |                     |          |                                   |                                     |                     |
|                       |         |                |           |                     |          |                                   |                                     |                     |
|                       |         |                |           |                     |          |                                   |                                     |                     |
|                       | 0.00    |                |           | Total DSEs          | 0.00     |                                   |                                     | otal DSEs           |
|                       | 0.00    | \$             | nd Group  | Gross Receipts Seco | 0.00     | \$                                | irst Group                          | ross Receipts First |
|                       |         |                |           |                     |          |                                   |                                     |                     |
|                       | 0.00    | \$             | nd Group  | Base Rate Fee Seco  | 0.00     | \$                                | irst Group                          | ase Rate Fee First  |
|                       |         |                |           |                     |          |                                   |                                     |                     |
|                       |         | SUBSCRIBER GRO | FTY-SIXTH |                     |          | SUBSCRIBER GROU                   |                                     |                     |
|                       | UP<br>0 | SUBSCRIBER GRO | FTY-SIXTH | ONE HUNDRED F       | UP<br>0  | SUBSCRIBER GROU                   |                                     |                     |
|                       |         | SUBSCRIBER GRO | FTY-SIXTH |                     |          | SUBSCRIBER GROU                   |                                     | OMMUNITY/ AREA      |
|                       | 0       |                |           | COMMUNITY/ AREA     | 0        |                                   | REA                                 | OMMUNITY/ AREA      |
|                       | 0       |                |           | COMMUNITY/ AREA     | 0        |                                   | REA                                 | OMMUNITY/ AREA      |
|                       | 0       |                |           | COMMUNITY/ AREA     | 0        |                                   | REA                                 | OMMUNITY/ AREA      |
|                       | 0       |                |           | COMMUNITY/ AREA     | 0        |                                   | REA                                 | OMMUNITY/ AREA      |
|                       | 0       |                |           | COMMUNITY/ AREA     | 0        |                                   | REA                                 | OMMUNITY/ AREA      |
|                       | 0       |                |           | COMMUNITY/ AREA     | 0        |                                   | REA                                 | OMMUNITY/ AREA      |
|                       | 0       |                |           | COMMUNITY/ AREA     | 0        |                                   | REA                                 | OMMUNITY/ AREA      |
|                       | 0       |                |           | COMMUNITY/ AREA     | 0        |                                   | REA                                 | OMMUNITY/ AREA      |
|                       | 0       |                |           | COMMUNITY/ AREA     | 0        |                                   | REA                                 | ONE HUNDRED F       |
|                       | 0       |                |           | COMMUNITY/ AREA     | 0        |                                   | REA                                 | OMMUNITY/ AREA      |
|                       | 0       |                |           | COMMUNITY/ AREA     | 0        |                                   | REA                                 | OMMUNITY/ AREA      |
|                       | 0       |                |           | COMMUNITY/ AREA     | 0        |                                   | REA                                 | OMMUNITY/ AREA      |
|                       |         |                |           | COMMUNITY/ AREA     | 0<br>DSE |                                   | REA                                 | OMMUNITY/ AREA      |

| LEGAL NAME OF OWNE<br>Cogeco US (Miam |          | LE SYSTEM:                                       |              |                      |           | S                  | 6YSTEM ID#<br>025207 | Name               |
|---------------------------------------|----------|--|--------------|----------------------|-----------|--------------------|----------------------|--------------------|
|                                       |          |  |              | TE FEES FOR EAC      |           |                    | _                    |                    |
| ONE HUNDRED FIFTY                     | SEVENTH  | SUBSCRIBER GROU                                  | P            | ONE HUNDRED I        |           | I SUBSCRIBER GROUI | P<br>0               | 9                  |
|                                       |          |  | Ŭ            |                      |           |                    | •                    | Computatio         |
| CALL SIGN                             | DSE      | CALL SIGN  | DSE          | CALL SIGN            | DSE       | CALL SIGN          | DSE                  | of                 |
|                                       |          |  |              |                      |           | <b></b>            |                      | Base Rate F<br>and |
|                                       |          |  |              |                      |           |                    |                      | Syndicated         |
|                                       |          |  |              |                      |           |                    |                      | Exclusivity        |
|                                       |          |  |              |                      |           |                    |                      | Surcharge<br>for   |
|                                       |          |  |              |                      |           |                    |                      | Partially          |
|                                       |          |  |              |                      |           |                    |                      | Distant            |
|                                       |          |  |              |                      |           |                    |                      | Stations           |
|                                       |          |  |              |                      |           |                    |                      |                    |
|                                       |          |  |              |                      |           |                    |                      |                    |
|                                       |          |  |              |                      |           |                    |                      |                    |
|                                       |          |  |              |                      |           |                    |                      |                    |
| 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                 |                    |
|                                       | TY-NINTH | SUBSCRIBER GROU                                  |              |                      |           | SUBSCRIBER GROUI   |                      |                    |
| COMMUNITY/ AREA                       |          |  | 0            | COMMUNITY/ ARE       | A         |                    | 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                | Group    | \$   | 0.00         | Gross Receipts Fou   | rth Group | \$                 | 0.00                 |                    |
|                                       |          |  |              |                      |           |                    |                      |                    |
| Base Rate Fee Third G                 | Group    | \$   | 0.00         | Base Rate Fee Fou    | rth Group | \$                 | 0.00                 |                    |
|                                       |          | <b>te fees</b> for each subs<br>space L (page 7) | criber group | as shown in the boxe | s above.  | s                  |                      |                    |

| Cogeco US (Miam   |       | E SYSTEM:       |        |                                    |          | S              | YSTEM ID#<br>025207 | Name                      |
|---|-------|-----------------|--------|------------------------------------|----------|----------------|---------------------|---------------------------|
| В   |       |                 |        | TE FEES FOR EACH                   |          |                |                     |                           |
|   |       | SUBSCRIBER GROU | JP     |                                    |          | SUBSCRIBER GRO |                     | 9                         |
| COMMUNITY/ AREA   |       | Nest Palm       |        | COMMUNITY/ AREA                    |          |                | 0                   | Computatio                |
| CALL SIGN   | DSE   | CALL SIGN       | DSE    | CALL SIGN                          | DSE      | CALL SIGN      | DSE                 | of                        |
|   |       |                 |        |                                    |          |                |                     | Base Rate Fe              |
|   |       | -               |        |                                    |          |                |                     | and                       |
|   |       |                 |        |                                    |          |                |                     | Syndicated<br>Exclusivity |
|   |       | -               |        |                                    |          |                |                     | Surcharge                 |
|   |       | -               |        |                                    |          |                |                     | for                       |
|   |       |                 |        |                                    |          |                |                     | Partially                 |
|   |       | -               |        |                                    |          |                |                     | Distant                   |
|   |       |                 |        |                                    |          |                |                     | Stations                  |
|   |       |                 |        |                                    |          |                |                     |                           |
|   |       |                 |        |                                    |          |                |                     |                           |
|   |       |                 |        |                                    |          |                |                     |                           |
|   |       |                 |        |                                    |          |                |                     |                           |
|   |       |                 | 0.00   | Tatal DOC                          |          |                | 0.00                |                           |
| Total DSEs  |       | ¢ 5.760         | 0.00   | Total DSEs                         | ad Crown |                | 0.00                |                           |
| Gross Receipts First G  | roup  | \$ 5,769,       | 00.100 | Gross Receipts Secor               | na Group | \$             | 0.00                |                           |
| Base Rate Fee First G   | roup  | \$              | 0.00   | Base Rate Fee Secor                | nd Group | \$             | 0.00                |                           |
|   | THIRD | SUBSCRIBER GROU |        |                                    |          | SUBSCRIBER GRO | JP                  |                           |
| 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                |                           |
|   | Эroup | S               | 0.00   | Total DSEs<br>Gross Receipts Fourt | h Group  | \$             | 0.00                |                           |
|   | )roup | s               |        |                                    | h Group  | S              |                     |                           |
| Total DSEs<br>Gross Receipts Third C<br>Base Rate Fee Third C |       | \$<br>\$<br>\$  |        |                                    | -        | s              |                     |                           |
| Gross Receipts Third (<br>Base Rate Fee Third (               | Group | \$              | 0.00   | Gross Receipts Fourt               | h Group  |                | 0.00                |                           |

|--|

| Name                 | STEM ID#<br>025207 | 51              |         |                      |  | E SYSTEM:       |         | Cogeco US (Miam              |  |
|----------------------|--------------------|-----------------|---------|----------------------|--|-----------------|---------|------------------------------|--|
|                      |                    |                 |         | TE FEES FOR EACH     |  |                 |         | В                            |  |
| 9                    | P<br>0             | SUBSCRIBER GROU | SIXTH   | COMMUNITY/ AREA      | JP<br>0  | SUBSCRIBER GROU | FIFTH   | COMMUNITY/ AREA              |  |
| Computa<br>of        | DSE                | CALL SIGN       | DSE     | CALL SIGN            | DSE  | CALL SIGN       | DSE     | CALL SIGN                    |  |
| Base Rate            |                    |                 |         |                      |  |                 |         |                              |  |
| and                  |                    |                 |         |                      |  |                 |         |                              |  |
| Syndicat<br>Exclusiv |                    |                 |         |                      |  |                 |         |                              |  |
| Surcharg             |                    |                 |         |                      |  |                 |         |                              |  |
| for                  |                    |                 |         |                      |  |                 |         |                              |  |
| Partially            |                    | -               |         |                      |  |                 | -       |                              |  |
| Distant              |                    | -               |         |                      |  |                 |         |                              |  |
| Station              |                    |                 |         |                      |  |                 |         |                              |  |
|                      |                    |                 |         |                      |  |                 |         |                              |  |
|                      |                    |                 |         |                      |  |                 |         |                              |  |
|                      |                    |                 |         |                      |  |                 |         |                              |  |
|                      |                    |                 |         |                      |  |                 |         |                              |  |
|                      | 0.00               |                 |         | Total DSEs           | 0.00   |                 |         | otal DSEs                    |  |
|                      | 0.00               | \$              | d Group | Gross Receipts Secon | 0.00   | \$              | roup    | Gross Receipts First G       |  |
|                      |                    |                 |         |                      |  |                 |         |                              |  |
|                      | 0.00               | \$              | d Group | Base Rate Fee Secon  | 0.00   | \$              | oup     | <b>3ase Rate Fee</b> First G |  |
|                      | P                  | SUBSCRIBER GROU | EIGHTH  |                      |  | SUBSCRIBER GROU | SEVENTH |                              |  |
|                      | 0                  |                 |         | COMMUNITY/ AREA      | SEVENTH SUBSCRIBER GROUP       COMMUNITY/ AREA     0 |                 |         |                              |  |
|                      |                    |                 |         |                      |  |                 |         |                              |  |
|                      | DSE                | CALL SIGN       | DSE     | CALL SIGN            | DSE  | CALL SIGN       | DSE     | CALL SIGN                    |  |
|                      | DSE                | CALL SIGN       | DSE     | CALL SIGN            | DSE  | CALL SIGN       | DSE     | CALL SIGN                    |  |
|                      | DSE                | CALL SIGN       | DSE     | CALL SIGN            | DSE  | CALL SIGN       | DSE     | CALL SIGN                    |  |
|                      | DSE                | CALL SIGN       | DSE     | CALL SIGN            | DSE  | CALL SIGN       | DSE     | CALL SIGN                    |  |
|                      | DSE                | CALL SIGN       |         | CALL SIGN            | DSE  | CALL SIGN       | DSE     | CALL SIGN                    |  |
|                      | DSE                | CALL SIGN       |         | CALL SIGN            | DSE  | CALL SIGN       | DSE     | CALL SIGN                    |  |
|                      | DSE                | CALL SIGN       |         | CALL SIGN            | DSE  | CALL SIGN       | DSE     | CALL SIGN                    |  |
|                      | DSE                | CALL SIGN       |         | CALL SIGN            | DSE  | CALL SIGN       | DSE     | CALL SIGN                    |  |
|                      | DSE                | CALL SIGN       |         | CALL SIGN            | DSE  | CALL SIGN       | DSE     | CALL SIGN                    |  |
|                      | DSE                | CALL SIGN       |         | CALL SIGN            | DSE  | CALL SIGN       | DSE     | CALL SIGN                    |  |
|                      | DSE                | CALL SIGN       |         | CALL SIGN            | DSE  | CALL SIGN       | DSE     | CALL SIGN                    |  |
|                      | DSE                | CALL SIGN       |         | CALL SIGN            | DSE  | CALL SIGN       | DSE     | CALL SIGN                    |  |
|                      | DSE                | CALL SIGN       |         | CALL SIGN            | DSE  | CALL SIGN       | DSE     | CALL SIGN                    |  |
|                      | DSE                | CALL SIGN       |         | CALL SIGN            | DSE  | CALL SIGN       | DSE     | CALL SIGN                    |  |
|                      |                    | S               |         |                      |  | S               |         |                              |  |

|--|

| LEGAL NAME OF OWN    |          | LE SYSTEM:             |         |                       |          |                | 6YSTEM ID#<br>025207 | Name                 |
|----------------------|----------|------------------------|---------|-----------------------|----------|----------------|----------------------|----------------------|
|                      |          |                        |         | TE FEES FOR EAC       |          |                |                      |                      |
| COMMUNITY/ AREA      |          | SUBSCRIBER GRO         | UP<br>0 | COMMUNITY/ AREA       |          | SUBSCRIBER GRO | 0<br>0               | 9                    |
| CALL SIGN            | DSE      | CALL SIGN              | DSE     | CALL SIGN             | DSE      | CALL SIGN      | DSE                  | Computatio<br>of     |
| OALL OIGH            | DOL      | CALL OIGH              | DOL     | UALL DIGIN            | DOL      |                | DOL                  | Base Rate F          |
|                      |          |                        |         |                       |          |                |                      | and                  |
|                      |          |                        |         |                       |          |                |                      | Syndicate            |
|                      |          |                        |         |                       |          |                |                      | Exclusivit           |
|                      |          |                        |         |                       |          |                |                      | Surcharge            |
|                      |          | -                      |         |                       |          |                |                      | for                  |
|                      |          | -                      |         |                       |          |                |                      | Partially<br>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                 |                      |
|                      | ELEVENTH | SUBSCRIBER GRO         | UP      |                       | TWELVTH  | SUBSCRIBER GRO | UP                   |                      |
| 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                 |                      |
|                      | Group    | \$                     | 0.00    | Base Rate Fee Four    | th Group | \$             | 0.00                 |                      |
| Base Rate Fee Third  | oroup    |                        |         |                       |          |                |                      |                      |
|                      |          | te fees for each subse |         | as shown in the boxes | above.   |                |                      |                      |

| LEGAL NAME OF OV                         |           | LE SYSTEM:     |              |                      |            | :                | SYSTEM ID# | Name              |
|--|-----------|----------------|--------------|----------------------|------------|------------------|------------|-------------------|
| Cogeco US (Mi                            | ami), LLC |                |              |                      |            |                  | 025207     | Numo              |
|  |           |                |              | TE FEES FOR EAG      |            |                  | -          |                   |
|  |           | SUBSCRIBER GRC |              | 11                   |            | SUBSCRIBER GRO   |            | 9                 |
| COMMUNITY/ ARE                           | A         |                | 0            | COMMUNITY/ ARE       | A          |                  | 0          |                   |
| CALL SIGN                                | DSE       | CALL SIGN      | DSE          | CALL SIGN            | DSE        | CALL SIGN        | DSE        | Computation<br>of |
| CALL SIGN                                | DGL       | CALL SIGN      | DSL          |                      | DGL        | CALL SIGN        | DOL        | Base Rate Fe      |
|  |           | -              |              |                      |            | n <mark></mark>  |            | and               |
|  |           |                |              |                      |            |                  |            | Syndicated        |
|  |           |                |              |                      |            |                  |            | Exclusivity       |
|  |           |                |              |                      |            |                  |            | Surcharge         |
|  |           |                |              |                      |            |                  |            | for               |
|  |           |                |              |                      |            |                  |            | Partially         |
|  |           | -              |              |                      |            |                  |            | Distant           |
|  |           |                |              |                      |            | n <mark>-</mark> |            | Stations          |
|  |           |                |              |                      |            |                  |            |                   |
|  |           |                |              |                      |            |                  |            |                   |
|  |           |                |              |                      |            |                  |            |                   |
|  |           |                |              |                      |            |                  |            |                   |
|  |           |                |              |                      |            |                  |            |                   |
| Total DSEs                               |           |                | 0.00         | Total DSEs           |            |                  | 0.00       |                   |
| Gross Receipts Firs                      | st Group  | \$             | 0.00         | Gross Receipts Sec   | ond Group  | \$               | 0.00       |                   |
|  |           | ·              |              |                      |            | ·                |            |                   |
| Base Rate Fee Firs                       | t Croup   |                | 0.00         | Base Rate Fee Sec    | and Crown  |                  | 0.00       |                   |
| Dase Rate Fee Fils                       | st Group  | \$             | 0.00         | Base Rate Fee Sec    | onu Group  | \$               | 0.00       |                   |
|  | FIFTEENTH | SUBSCRIBER GRC | UP           |                      | SIXTEENTH  | I SUBSCRIBER GRO | DUP        |                   |
| COMMUNITY/ ARE                           | A         |                | 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 Thi                       | rd Group  | <u> </u>       | 0.00         | Gross Receipts Fou   | irth Group | \$               | 0.00       |                   |
|  | ia Gioup  | \$             | 0.00         |                      |            | <u>*</u>         | 0.00       |                   |
|  |           |                |              |                      |            |                  |            |                   |
| Base Rate Fee Thin                       | rd Group  | \$             | 0.00         | Base Rate Fee Fou    | irth Group | \$               | 0.00       |                   |
|  |           |                |              |                      |            |                  |            |                   |
|  | 1.4h - 1c | • • • • • • •  |              |                      |            |                  |            |                   |
| Base Rate Fee: Ad<br>Enter here and in b |           |                | criber group | as shown in the boxe | es above.  | \$               |            |                   |
|  |           | (00.30 / )     |              |                      |            | *                |            |                   |

| LEGAL NAME OF OV<br>Cogeco US (Mia        |           | LE SYSTEM:                      |               |                      |            | \$                           | SYSTEM ID#<br>025207 | Name              |
|---|-----------|---------------------------------|---------------|----------------------|------------|------------------------------|----------------------|-------------------|
| SE  |           | COMPUTATION C<br>SUBSCRIBER GRO |               | ATE FEES FOR EAG     |            | IBER GROUP<br>SUBSCRIBER GRO | DUP                  |                   |
| COMMUNITY/ ARE                            | Α         |                                 | 0             | COMMUNITY/ ARE       | A          |                              | 0                    | 9<br>Computation  |
| CALL SIGN                                 | DSE       | CALL SIGN                       | DSE           | CALL SIGN            | DSE        | CALL SIGN                    | DSE                  | of                |
|   |           |                                 |               |                      |            |                              |                      | Base Rate Fee     |
|   |           |                                 |               |                      |            |                              |                      | and<br>Syndicated |
|   |           |                                 |               |                      |            |                              |                      | Exclusivity       |
|   |           |                                 |               |                      |            |                              |                      | Surcharge         |
|   |           |                                 |               |                      |            |                              |                      | for<br>Partially  |
|   |           |                                 |               |                      |            |                              |                      | Distant           |
|   |           |                                 |               |                      |            |                              |                      | Stations          |
|   |           |                                 |               |                      |            |                              |                      |                   |
|   |           | -                               |               |                      |            |                              |                      |                   |
|   |           |                                 |               |                      |            |                              |                      |                   |
|   |           |                                 |               |                      |            |                              |                      |                   |
| Total DSEs                                |           |                                 | 0.00          | Total DSEs           |            |                              | 0.00                 |                   |
| Gross Receipts Firs                       | t Group   | \$                              | 0.00          | Gross Receipts Sec   | cond Group | \$                           | 0.00                 |                   |
| -   |           | ·                               |               |                      |            |                              |                      |                   |
| Base Rate Fee Firs                        | t Group   | \$                              | 0.00          | Base Rate Fee Sec    | cond Group | \$                           | 0.00                 |                   |
|   | NINTEENTH | SUBSCRIBER GRO                  |               |                      |            | SUBSCRIBER GRO               |                      |                   |
| COMMUNITY/ ARE                            | A         |                                 | 0             | COMMUNITY/ ARE       | A          |                              | 0                    |                   |
| CALL SIGN                                 | DSE       | CALL SIGN                       | DSE           | CALL SIGN            | DSE        | CALL SIGN                    | DSE                  |                   |
|   |           |                                 |               |                      |            |                              |                      |                   |
|   |           |                                 |               |                      |            |                              |                      |                   |
|   |           |                                 |               |                      |            |                              |                      |                   |
|   |           |                                 |               |                      |            |                              |                      |                   |
|   |           |                                 |               |                      |            |                              |                      |                   |
|   |           |                                 |               |                      |            |                              |                      |                   |
|   |           |                                 |               |                      |            |                              |                      |                   |
|   |           | -                               |               |                      |            |                              |                      |                   |
|   |           |                                 |               |                      |            |                              |                      |                   |
|   |           |                                 |               |                      |            |                              |                      |                   |
|   |           |                                 |               |                      |            |                              |                      |                   |
| Total DSEs                                |           |                                 | 0.00          | Total DSEs           |            |                              | 0.00                 |                   |
| Gross Receipts Thi                        | d Group   | \$                              | 0.00          | Gross Receipts Fou   | irth Group | \$                           | 0.00                 |                   |
| Base Rate Fee Thir                        | d Group   | \$                              | 0.00          | Base Rate Fee Fou    | irth Group | \$                           | 0.00                 |                   |
| Base Rate Fee: Ad<br>Enter here and in bl |           |                                 | scriber group | as shown in the boxe | es above.  | \$                           |                      |                   |

| LEGAL NAME OF OWNE<br>Cogeco US (Miam                   |         | LE SYSTEM:      |             |                      |           | S              | 6YSTEM ID#<br>025207 | Name                   |
|---|---------|-----------------|-------------|----------------------|-----------|----------------|----------------------|------------------------|
| BI  | OCK A:  | COMPUTATION OF  | BASE RA     | ATE FEES FOR EAC     | CH SUBSCR | IBER GROUP     |                      |                        |
|   |         | SUBSCRIBER GROU |             | 11                   |           | SUBSCRIBER GRO | DUP                  | •                      |
| COMMUNITY/ AREA   |         |                 | 0           | COMMUNITY/ ARE       | Α         |                | 0                    | <b>9</b><br>Computatio |
| CALL SIGN   | DSE     | CALL SIGN       | DSE         | CALL SIGN            | DSE       | CALL SIGN      | DSE                  | of                     |
|   |         |                 |             |                      |           |                |                      | Base Rate F            |
|   |         | -               |             |                      |           |                |                      | and                    |
|   |         |                 |             |                      |           |                |                      | Syndicated             |
|   |         |                 |             |                      |           |                |                      | Exclusivity            |
|   |         |                 |             |                      |           |                |                      | Surcharge              |
|   |         | -               |             |                      |           |                |                      | for                    |
|   |         | -               |             |                      |           |                |                      | Partially              |
|   |         |                 |             |                      |           | -              |                      | Distant                |
|   |         |                 |             |                      |           |                |                      | Stations               |
|   |         |                 |             |                      |           |                |                      |                        |
|   |         |                 |             |                      |           |                |                      |                        |
|   |         |                 |             |                      |           |                |                      |                        |
|   |         |                 |             |                      |           |                |                      |                        |
|   |         |                 |             |                      |           |                |                      |                        |
|   |         |                 |             |                      |           |                |                      |                        |
| Fotal DSEs  |         |                 | 0.00        | Total DSEs           |           |                | 0.00                 |                        |
| Gross Receipts First G                                  | roup    | \$              | 0.00        | Gross Receipts Sec   | ond Group | \$             | 0.00                 |                        |
| <b>3ase Rate Fee</b> First G                            | roup    | \$              | 0.00        | Base Rate Fee Sec    | ond Group | \$             | 0.00                 |                        |
| TWENT   | Y-THIRD | SUBSCRIBER GROU | JP          | TWEN                 | TY-FOURTH | SUBSCRIBER GRO | )UP                  |                        |
| 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                                  | Group   | \$              | 0.00        | Gross Receipts Fou   | rth Group | \$             | 0.00                 |                        |
|   |         |                 |             |                      |           |                |                      |                        |
| Base Rate Fee Third G                                   | Group   | \$              | 0.00        | Base Rate Fee Fou    | rth Group | \$             | 0.00                 |                        |
| <b>Base Rate Fee:</b> Add th<br>Enter here and in block |         |                 | riber group | as shown in the boxe | s above.  | \$             |                      |                        |

| LEGAL NAME OF OV    |                       | LE SYSTEM:           |               |                      |             |                | SYSTEM ID# | Name                      |
|---------------------|-----------------------|----------------------|---------------|----------------------|-------------|----------------|------------|---------------------------|
| Cogeco US (Mi       | ami), LLC             |                      |               |                      |             |                | 025207     | Name                      |
|                     | BLOCK A:              | COMPUTATION O        | F BASE RA     | ATE FEES FOR EAG     | CH SUBSCF   | RIBER GROUP    |            |                           |
| TW                  | ENTY-FIFTH            | SUBSCRIBER GRO       | UP            | TW                   | /ENTY-SIXTH | SUBSCRIBER GRO | DUP        | •                         |
| COMMUNITY/ ARE      | A                     |                      | 0             | COMMUNITY/ ARE       | A           |                | 0          | 9                         |
|                     |                       |                      |               |                      |             | 1              |            | Computation               |
| CALL SIGN           | DSE                   | CALL SIGN            | DSE           | CALL SIGN            | DSE         | CALL SIGN      | DSE        | of                        |
|                     |                       |                      |               |                      |             |                |            | Base Rate Fee             |
|                     |                       |                      |               |                      |             |                |            | and                       |
|                     |                       |                      |               |                      |             |                |            | Syndicated<br>Exclusivity |
|                     |                       |                      |               |                      |             |                |            | Surcharge                 |
|                     |                       |                      |               |                      |             |                |            | for                       |
|                     |                       |                      |               |                      |             |                |            | Partially                 |
|                     |                       |                      |               |                      |             |                |            | Distant                   |
|                     |                       |                      |               |                      |             |                |            | Stations                  |
|                     |                       |                      |               |                      |             |                |            |                           |
|                     |                       | -                    |               |                      |             |                |            |                           |
|                     |                       | 4                    |               |                      |             | 4              |            |                           |
|                     |                       |                      |               |                      |             |                |            |                           |
|                     |                       |                      |               |                      |             |                |            |                           |
|                     |                       |                      |               |                      |             |                |            |                           |
| Total DSEs          |                       |                      | 0.00          | Total DSEs           |             |                | 0.00       |                           |
| Gross Receipts Firs | st Group              | \$                   | 0.00          | Gross Receipts Sec   | cond Group  | \$             | 0.00       |                           |
|                     |                       |                      |               |                      |             |                |            |                           |
| Base Rate Fee Firs  | st Group              | \$                   | 0.00          | Base Rate Fee Sec    | cond Group  | \$             | 0.00       |                           |
|                     |                       |                      |               |                      |             |                |            |                           |
|                     |                       | SUBSCRIBER GRO       |               |                      |             | SUBSCRIBER GRO |            |                           |
| COMMUNITY/ ARE      | EA                    |                      | 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 Thi  | rd Group              | \$                   | 0.00          | Gross Receipts Fou   | urth Group  | \$             | 0.00       |                           |
|                     | ·                     |                      |               |                      | •           |                |            |                           |
|                     |                       |                      |               |                      |             |                |            |                           |
| Base Rate Fee Thi   | ra Group              | \$                   | 0.00          | Base Rate Fee Fou    | Irth Group  | \$             | 0.00       |                           |
|                     |                       |                      |               | 11                   |             |                |            |                           |
| Basa Pata Fast A    | ld the <b>hees</b> re | to fore for each and | oribor cross  | as shown in the here | a abovo     |                |            |                           |
| Enter here and in b |                       |                      | scriber group | as shown in the boxe | es above.   | \$             |            |                           |
| ĺ                   | . ,                   | ,                    |               |                      |             |                |            |                           |

| LEGAL NAME OF OWNE<br>Cogeco US (Miam |              | E SYSTEM:        |             |                         |           | S               | YSTEM ID#<br>025207 | Name                     |
|---------------------------------------|--------------|------------------|-------------|-------------------------|-----------|-----------------|---------------------|--------------------------|
|                                       |              |                  |             | TE FEES FOR EACH        |           |                 |                     |                          |
| TWENT<br>COMMUNITY/ AREA              | Y-NINTH      | SUBSCRIBER GROU  | IP<br>0     | COMMUNITY/ AREA         | THIRTIETH | SUBSCRIBER GROU | JP<br>0             | 9                        |
| CALL SIGN                             | DSE          | CALL SIGN        | DSE         | CALL SIGN               | DSE       | CALL SIGN       | DSE                 | Computation<br>of        |
| OALL OIGH                             | DOL          |                  | DOL         | UALL DIGIN              | DOL       |                 | DOL                 | Base Rate Fee            |
|                                       |              |                  |             |                         |           |                 |                     | and                      |
|                                       |              |                  |             |                         |           |                 |                     | Syndicated               |
|                                       |              |                  |             |                         |           |                 |                     | Exclusivity<br>Surcharge |
|                                       |              |                  |             |                         |           |                 |                     | for                      |
|                                       |              |                  |             |                         |           |                 |                     | Partially                |
|                                       |              |                  |             |                         |           |                 |                     | Distant                  |
|                                       |              |                  |             |                         |           |                 |                     | Stations                 |
|                                       |              |                  |             |                         |           |                 |                     |                          |
|                                       |              |                  |             |                         |           |                 |                     |                          |
|                                       |              |                  |             |                         |           |                 |                     |                          |
|                                       |              |                  |             |                         |           |                 |                     |                          |
|                                       |              |                  |             |                         |           |                 |                     |                          |
| Total DSEs                            |              |                  | 0.00        | Total DSEs              |           |                 | 0.00                |                          |
| Gross Receipts First G                | roup         | \$               | 0.00        | Gross Receipts Secon    | d Group   | \$              | 0.00                |                          |
| Base Rate Fee First G                 |              | \$               | 0.00        | Base Rate Fee Secon     |           | \$              | 0.00                |                          |
|                                       | TY-FIRST     | SUBSCRIBER GROU  |             |                         | -SECOND   | SUBSCRIBER GROU | JP                  |                          |
| 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 G                | iroup        | \$               | 0.00        | Gross Receipts Fourth   | Group     | \$              | 0.00                |                          |
| Base Rate Fee Third G                 | iroup        | \$               | 0.00        | Base Rate Fee Fourth    | Group     | \$              | 0.00                |                          |
|                                       |              |                  | riber group | as shown in the boxes a | above.    |                 |                     |                          |
| Enter here and in block               | 3, line 1, s | space L (page 7) |             |                         |           | \$              |                     |                          |

| LEGAL NAME OF OWNE<br>Cogeco US (Miam            |          | E SYSTEM:       |             |                       |           | S              | O25207 | Name                |
|--|----------|-----------------|-------------|-----------------------|-----------|----------------|--------|---------------------|
| BI   | OCK A: ( | COMPUTATION OF  | BASE RA     | TE FEES FOR EACH      | H SUBSCR  | IBER GROUP     |        |                     |
|  |          | SUBSCRIBER GROU |             |                       |           | SUBSCRIBER GRO | UP     | -                   |
| COMMUNITY/ AREA                                  |          |                 | 0           | COMMUNITY/ AREA       |           |                | 0      | 9<br>Computation    |
| CALL SIGN  | DSE      | CALL SIGN       | DSE         | CALL SIGN             | DSE       | CALL SIGN      | DSE    | of                  |
| _  |          |                 |             |                       |           |                |        | Base Rate Fee       |
|  |          |                 |             |                       |           |                |        | and                 |
|  |          |                 |             |                       |           |                |        | Syndicated          |
|  |          |                 |             |                       |           |                |        | Exclusivity         |
|  |          |                 |             |                       |           | -              |        | Surcharge           |
|  |          |                 |             |                       |           |                |        | for                 |
|  |          |                 |             |                       |           |                |        | Partially           |
|  |          |                 |             |                       |           | -              |        | Distant<br>Stations |
|  |          |                 |             |                       |           | -              |        | otations            |
|  |          | -               |             |                       |           | -              |        |                     |
|  |          |                 |             |                       |           |                |        |                     |
|  |          |                 |             |                       |           |                |        |                     |
|  |          |                 |             |                       |           |                |        |                     |
|  |          |                 |             |                       |           |                |        |                     |
| 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                            | oup      | \$              | 0.00        | Base Rate Fee Second  | nd Group  | \$             | 0.00   |                     |
| THIR   | TY-FIFTH | SUBSCRIBER GROU | JP          | THI                   | RTY-SIXTH | SUBSCRIBER GRO | UP     |                     |
| 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 G                           | Group    | \$              | 0.00        | Gross Receipts Fourt  | h Group   | \$             | 0.00   |                     |
| Base Rate Fee Third G                            | iroup    | \$              | 0.00        | Base Rate Fee Fourt   | h Group   | \$             | 0.00   |                     |
| Base Rate Fee: Add th<br>Enter here and in block |          |                 | riber group | as shown in the boxes | above.    | \$             |        |                     |

## FORM SA3E. PAGE 19.

| egal name of owner o<br>Cogeco US (Miami), I |         | E SYSTEM:       | •       |                          |           | S              | VSTEM ID#<br>025207 | Name            |
|--|---------|-----------------|---------|--------------------------|-----------|----------------|---------------------|-----------------|
|  |         |                 |         | TE FEES FOR EACH         |           |                |                     |                 |
| THIRTY-SEV                                   | ENTH    | SUBSCRIBER GROU | IP<br>0 | THIRT<br>COMMUNITY/ AREA | ry-eighth | SUBSCRIBER GRO | UP<br>0             | 9               |
|  |         |                 |         |                          |           |                |                     | Computat        |
| CALL SIGN D                                  | ISE     | CALL SIGN       | DSE     | CALL SIGN                | DSE       | CALL SIGN      | DSE                 | of<br>Base Rate |
|  |         |                 |         |                          |           |                |                     | and             |
|  |         |                 |         |                          |           |                |                     | Syndicat        |
|  |         |                 |         |                          |           |                |                     | Exclusivi       |
|  |         |                 |         |                          |           |                |                     | Surcharg        |
|  |         |                 |         |                          |           |                |                     | for             |
|  | _       |                 |         |                          |           |                |                     | Partially       |
|  |         |                 |         |                          |           |                |                     | Distant         |
|  |         |                 |         |                          |           |                |                     | Stations        |
|  |         |                 |         |                          |           |                |                     |                 |
|  |         |                 |         |                          |           |                |                     |                 |
|  |         |                 |         |                          |           |                |                     |                 |
|  |         |                 |         |                          |           |                |                     |                 |
|  |         |                 |         |                          |           |                |                     |                 |
|  |         |                 |         |                          |           |                |                     |                 |
| otal DSEs                                    |         |                 | 0.00    | Total DSEs               |           |                | 0.00                |                 |
| Gross Receipts First Group                   | ,       | \$              | 0.00    | Gross Receipts Secor     | nd Group  | \$             | 0.00                |                 |
|  | -       | •               | 0.00    |                          | la oroup  | •              | 0.00                |                 |
| Base Rate Fee First Group                    | )       | \$              | 0.00    | Base Rate Fee Secor      | nd Group  | \$             | 0.00                |                 |
| THIRTY-N                                     | NINTH S | SUBSCRIBER GROU | IP      |                          | FORTIETH  | SUBSCRIBER GRO | UP                  |                 |
| COMMUNITY/ AREA                              |         |                 | 0       | COMMUNITY/ AREA          |           |                |                     |                 |
| CALL SIGN D                                  | SE      | CALL SIGN       | DSE     | CALL SIGN                | DSE       | CALL SIGN      | DSE                 |                 |
|  |         |                 |         |                          |           |                |                     |                 |
|  | _       |                 |         |                          |           |                |                     |                 |
|  |         |                 |         |                          |           |                |                     |                 |
|  |         |                 |         |                          |           |                |                     |                 |
|  |         |                 |         |                          |           | -              |                     |                 |
|  |         |                 |         |                          |           | -              |                     |                 |
|  |         |                 |         |                          |           |                |                     |                 |
|  |         |                 |         |                          |           |                |                     |                 |
|  |         |                 |         |                          |           |                |                     |                 |
|  |         |                 |         |                          |           |                |                     |                 |
|  |         |                 |         |                          |           |                |                     |                 |
|  |         |                 |         |                          |           |                |                     |                 |
|  |         |                 |         |                          |           |                |                     |                 |
|  |         |                 |         |                          |           |                |                     |                 |
| otal DSEs                                    |         |                 | 0.00    | Total DSEs               |           |                | 0.00                |                 |
| Gross Receipts Third Grou                    | р       | \$              | 0.00    | Gross Receipts Fourth    | n Group   | \$             | 0.00                |                 |
| Base Rate Fee Third Grou                     |         | \$              | 0.00    | Base Rate Fee Fourth     |           | \$             | 0.00                |                 |
| ase rat                                      | •       |                 |         | Base Rate Fee Fourth     |           | \$             | 0.00                |                 |

| LEGAL NAME OF OWNE<br>Cogeco US (Miam |                | LE SYSTEM:       |             |                          |          | S              | YSTEM ID#<br>025207 | Name                |
|---------------------------------------|----------------|------------------|-------------|--------------------------|----------|----------------|---------------------|---------------------|
|                                       |                |                  |             | TE FEES FOR EACH         |          |                |                     |                     |
| FOR<br>COMMUNITY/ AREA                | TY-FIRST       | SUBSCRIBER GROU  | JP<br>0     | FORTY<br>COMMUNITY/ AREA | Y-SECOND | SUBSCRIBER GRO | UP<br>0             | 9                   |
|                                       |                |                  |             |                          |          |                |                     | Computation         |
| CALL SIGN                             | DSE            | CALL SIGN        | DSE         | CALL SIGN                | DSE      | CALL SIGN      | DSE                 | of<br>Base Rate Fee |
|                                       |                |                  |             |                          |          |                |                     | and                 |
|                                       |                |                  |             |                          |          |                |                     | Syndicated          |
|                                       |                |                  |             |                          |          |                |                     | Exclusivity         |
|                                       |                |                  |             |                          |          | -              |                     | Surcharge<br>for    |
|                                       |                |                  |             |                          |          |                |                     | Partially           |
|                                       |                |                  |             |                          |          |                |                     | Distant             |
|                                       |                |                  |             |                          |          |                |                     | Stations            |
|                                       |                |                  |             |                          |          |                |                     |                     |
|                                       |                |                  |             |                          |          | -              |                     |                     |
|                                       |                |                  |             |                          |          |                |                     |                     |
|                                       |                |                  |             |                          |          |                |                     |                     |
|                                       |                |                  |             |                          |          |                |                     |                     |
| Total DSEs                            |                |                  | 0.00        | Total DSEs               |          |                | 0.00                |                     |
| Gross Receipts First G                | roup           | \$               | 0.00        | Gross Receipts Secon     | id Group | \$             | 0.00                |                     |
| Base Rate Fee First G                 | roup           | \$               | 0.00        | Base Rate Fee Secon      | d Group  | \$             | 0.00                |                     |
| FOR                                   | TY-THIRD       | SUBSCRIBER GROU  | JP          | FORT                     | Y-FOURTH | SUBSCRIBER GRO | UP                  |                     |
| COMMUNITY/ AREA                       |                |                  | 0           | COMMUNITY/ AREA          |          |                | 0                   |                     |
| CALL SIGN                             | DSE            | CALL SIGN        | DSE         | CALL SIGN                | DSE      | CALL SIGN      | DSE                 |                     |
|                                       |                |                  |             |                          |          |                |                     |                     |
|                                       |                |                  |             |                          |          |                |                     |                     |
|                                       |                |                  |             |                          |          | -              |                     |                     |
|                                       |                |                  |             |                          |          |                |                     |                     |
|                                       |                |                  |             |                          |          |                |                     |                     |
|                                       |                |                  |             |                          |          |                |                     |                     |
|                                       |                |                  |             |                          |          |                |                     |                     |
|                                       |                | -                |             |                          |          |                |                     |                     |
|                                       |                | ]                |             |                          |          |                |                     |                     |
|                                       |                |                  |             |                          |          | -              |                     |                     |
|                                       |                |                  |             |                          |          |                |                     |                     |
|                                       |                |                  |             |                          |          |                |                     |                     |
| Total DSEs                            |                |                  | 0.00        | Total DSEs               | 1        | ·              | 0.00                |                     |
| Gross Receipts Third C                | Group          | \$               | 0.00        | Gross Receipts Fourth    | n Group  | \$             | 0.00                |                     |
| Base Rate Fee Third C                 | Group          | \$               | 0.00        | Base Rate Fee Fourth     | ı Group  | \$             | 0.00                |                     |
|                                       |                |                  | riber group | as shown in the boxes a  | above.   |                |                     |                     |
| Enter here and in block               | ເ 3, iine 1, s | space ∟ (page 7) |             |                          |          | \$             |                     |                     |

| LEGAL NAME OF OV                         |            | LE SYSTEM:       |               |                      |            |                  | SYSTEM ID# | Name                 |
|--|------------|------------------|---------------|----------------------|------------|------------------|------------|----------------------|
| Cogeco US (Mi                            | ami), LLC  |                  |               |                      |            |                  | 025207     | Name                 |
|  | BLOCK A:   | COMPUTATION O    | F BASE RA     | ATE FEES FOR EAG     | CH SUBSCF  | RIBER GROUP      |            |                      |
| F  | ORTY-FIFTH | SUBSCRIBER GRO   | UP            | F                    | ORTY-SIXTH | SUBSCRIBER GRO   | DUP        | 0                    |
| COMMUNITY/ ARE                           | A          |                  | 0             | COMMUNITY/ ARE       | A          |                  | 0          | 9                    |
|  |            |                  |               |                      |            |                  |            | Computation          |
| CALL SIGN                                | DSE        | CALL SIGN        | DSE           | CALL SIGN            | DSE        | CALL SIGN        | DSE        | of<br>Dece Data For  |
|  |            |                  |               |                      |            | n <mark>-</mark> |            | Base Rate Fee<br>and |
|  |            | -                |               |                      |            |                  |            | Syndicated           |
|  |            | -                |               |                      |            |                  |            | Exclusivity          |
|  |            |                  |               |                      |            |                  |            | Surcharge            |
|  |            |                  |               |                      |            |                  |            | for                  |
|  |            |                  |               |                      |            |                  |            | Partially            |
|  |            |                  |               |                      |            |                  |            | Distant              |
|  |            |                  |               |                      |            |                  |            | Stations             |
|  |            | _                |               |                      |            |                  |            |                      |
|  |            |                  |               |                      |            |                  |            |                      |
|  |            | -                |               |                      |            |                  |            |                      |
|  |            |                  |               |                      |            |                  |            |                      |
|  |            |                  |               |                      |            |                  |            |                      |
|  |            |                  |               |                      |            |                  |            |                      |
| Total DSEs                               |            |                  | 0.00          | Total DSEs           |            |                  | 0.00       |                      |
| Gross Receipts Firs                      | st Group   | \$               | 0.00          | Gross Receipts Sec   | cond Group | \$               | 0.00       |                      |
|  |            |                  |               |                      |            |                  |            |                      |
| Base Rate Fee Firs                       | st Group   | \$               | 0.00          | Base Rate Fee Sec    | ond Group  | \$               | 0.00       |                      |
| FORT                                     | Y-SEVENTH  | SUBSCRIBER GRO   | UP            | FO                   | RTY-EIGHTH | SUBSCRIBER GRO   | DUP        |                      |
| COMMUNITY/ ARE                           | A          |                  | 0             | COMMUNITY/ ARE       | A          |                  | 0          |                      |
| CALL SIGN                                | DSE        | CALL SIGN        | DSE           | CALL SIGN            | DSE        | CALL SIGN        | DSE        |                      |
|  |            | -                |               |                      |            |                  |            |                      |
|  |            | -                |               |                      |            |                  |            |                      |
|  |            |                  |               |                      |            |                  |            |                      |
|  |            | -                |               |                      |            |                  |            |                      |
|  |            |                  |               |                      |            | n <mark>-</mark> |            |                      |
|  |            | -                |               |                      |            |                  |            |                      |
|  |            |                  |               |                      |            | n <mark>-</mark> |            |                      |
|  |            |                  |               |                      |            |                  |            |                      |
|  |            |                  |               |                      |            |                  |            |                      |
|  |            |                  |               |                      |            |                  |            |                      |
|  |            |                  |               |                      |            |                  |            |                      |
|  |            |                  |               |                      |            |                  |            |                      |
|  |            |                  |               |                      |            |                  |            |                      |
|  |            |                  |               |                      |            |                  |            |                      |
| Total DSEs                               |            |                  | 0.00          | Total DSEs           |            |                  | 0.00       |                      |
| Gross Receipts Thi                       | rd Group   | \$               | 0.00          | Gross Receipts Fou   | irth Group | \$               | 0.00       |                      |
|  |            |                  |               |                      | 'F         | ·                |            |                      |
|  |            |                  |               |                      |            |                  |            |                      |
| Base Rate Fee Thi                        | rd Group   | \$               | 0.00          | Base Rate Fee Fou    | irth Group | \$               | 0.00       |                      |
|  |            |                  |               |                      |            |                  |            |                      |
|  |            |                  |               |                      |            |                  |            |                      |
| Base Rate Fee: Ad<br>Enter here and in b |            |                  | scriber group | as shown in the boxe | es above.  | \$               |            |                      |
|  |            | opauc - (paye /) |               |                      |            | Ŷ                |            |                      |

| LEGAL NAME OF OWNER<br>Cogeco US (Miami |                | E SYSTEM:        |             |                         |          | S              | YSTEM ID#<br>025207 | Name              |
|---|----------------|------------------|-------------|-------------------------|----------|----------------|---------------------|-------------------|
|   |                |                  |             | ATE FEES FOR EACH       |          |                |                     |                   |
| FORT<br>COMMUNITY/ AREA                 | Y-NINTH        | SUBSCRIBER GROU  | JP<br>0     | COMMUNITY/ AREA         | FIFTIETH | SUBSCRIBER GRO | UP<br>0             | 9                 |
| CALL SIGN                               | DSE            | CALL SIGN        | DSE         | CALL SIGN               | DSE      | CALL SIGN      | DSE                 | Computatior<br>of |
| CALL OIGH                               | DOL            |                  | DOL         |                         | DOL      |                | DOL                 | Base Rate Fe      |
|   |                |                  |             |                         |          |                |                     | and               |
|   |                | -                |             |                         |          |                |                     | Syndicated        |
|   |                |                  |             |                         |          |                |                     | Exclusivity       |
|   |                |                  |             |                         |          |                |                     | Surcharge<br>for  |
|   |                |                  |             |                         |          |                |                     | Partially         |
|   |                | -                |             |                         |          |                |                     | Distant           |
|   |                |                  |             |                         |          |                |                     | Stations          |
|   |                |                  |             |                         |          |                |                     |                   |
|   |                |                  |             |                         |          |                |                     |                   |
|   |                |                  |             |                         |          |                |                     |                   |
|   |                |                  |             |                         |          |                |                     |                   |
|   |                |                  |             |                         |          |                |                     |                   |
| Total DSEs                              |                |                  | 0.00        | Total DSEs              |          |                | 0.00                |                   |
| Gross Receipts First Gr                 | oup            | \$               | 0.00        | Gross Receipts Secon    | d Group  | \$             | 0.00                |                   |
| Base Rate Fee First Gr                  | -              | \$               | 0.00        | Base Rate Fee Secon     | d Group  | \$             | 0.00                |                   |
| FIFT                                    | Y-FIRST        | SUBSCRIBER GROL  |             |                         | -SECOND  | SUBSCRIBER GRO | UP                  |                   |
| COMMUNITY/ AREA                         |                |                  | 0           | COMMUNITY/ AREA         | 0        |                |                     |                   |
| CALL SIGN                               | DSE            | CALL SIGN        | DSE         | CALL SIGN               | DSE      | CALL SIGN      | DSE                 |                   |
|   |                |                  |             |                         |          | -              |                     |                   |
|   |                |                  |             |                         |          |                |                     |                   |
|   |                |                  |             |                         |          |                |                     |                   |
|   |                |                  |             |                         |          |                |                     |                   |
|   |                | -                |             |                         |          | -              |                     |                   |
|   |                |                  |             |                         |          | -              |                     |                   |
|   |                |                  |             |                         |          |                |                     |                   |
|   |                |                  |             |                         |          |                |                     |                   |
|   |                | -                |             |                         |          | _              |                     |                   |
|   |                |                  |             |                         |          | -              |                     |                   |
|   |                |                  |             |                         |          |                |                     |                   |
|   |                |                  |             |                         |          |                |                     |                   |
| Total DSEs                              | <u> </u>       |                  | 0.00        | Total DSEs              |          |                | 0.00                |                   |
| Gross Receipts Third G                  | roup           | \$               | 0.00        | Gross Receipts Fourth   | Group    | \$             | 0.00                |                   |
| <b>Base Rate Fee</b> Third G            | roup           | \$               | 0.00        | Base Rate Fee Fourth    | Group    | \$             | 0.00                |                   |
|   |                |                  | riber group | as shown in the boxes a | above.   | ¢              |                     |                   |
| Enter here and in block                 | 5, iii le 1, S | phace r (hage 1) |             |                         |          | \$             |                     |                   |

| LEGAL NAME OF OWN      |                | E SYSTEM:        |              |                      |             | :              | SYSTEM ID# | Name          |
|------------------------|----------------|------------------|--------------|----------------------|-------------|----------------|------------|---------------|
| Cogeco US (Mian        | ni), LLC       |                  |              |                      |             |                | 025207     |               |
|                        |                |                  |              | ATE FEES FOR EAG     |             |                |            |               |
|                        | TY-THIRD       | SUBSCRIBER GRO   |              | 11                   |             | SUBSCRIBER GRO |            | 9             |
| COMMUNITY/ AREA        |                |                  | 0            | COMMUNITY/ ARE       | A           |                | 0          | Computation   |
| CALL SIGN              | DSE            | CALL SIGN        | DSE          | CALL SIGN            | DSE         | CALL SIGN      | DSE        | of            |
| ONLE CIGIN             | DOL            | O/ LEE OTON      | DOL          |                      | DOL         | O/LEE OIGIN    | DOL        | Base Rate Fee |
|                        |                |                  |              |                      |             |                |            | and           |
|                        |                | _                |              |                      |             |                |            | Syndicated    |
|                        |                |                  |              |                      |             |                |            | Exclusivity   |
|                        |                | _                |              |                      |             |                |            | Surcharge     |
|                        |                |                  |              |                      |             |                |            | for           |
|                        |                | -                |              |                      |             |                |            | Partially     |
|                        |                |                  |              |                      |             |                |            | Distant       |
|                        |                |                  |              |                      |             |                |            | Stations      |
|                        |                |                  |              |                      |             |                |            |               |
|                        |                |                  |              |                      |             |                |            |               |
|                        |                | -                |              |                      |             |                |            |               |
|                        |                |                  |              |                      |             |                |            |               |
|                        |                |                  |              |                      |             |                |            |               |
| Total DSEs             |                |                  | 0.00         | Total DSEs           |             | 11             | 0.00       |               |
|                        | -              |                  |              |                      |             |                |            |               |
| Gross Receipts First ( | Group          | \$               | 0.00         | Gross Receipts Sec   | cond Group  | \$             | 0.00       |               |
|                        | _              |                  |              |                      |             |                |            |               |
| Base Rate Fee First (  | Group          | \$               | 0.00         | Base Rate Fee Sec    | cond Group  | \$             | 0.00       |               |
| FI                     | FTY-FIFTH      | SUBSCRIBER GRO   | UP           |                      | FIFTY-SIXTH | SUBSCRIBER GRO | DUP        |               |
| COMMUNITY/ AREA        |                |                  | 0            | COMMUNITY/ ARE       | Α           |                | 0          |               |
| CALL SIGN              | DSE            | CALL SIGN        | DSE          | CALL SIGN            | DSE         | CALL SIGN      | DSE        |               |
|                        |                |                  |              |                      |             |                |            |               |
|                        |                |                  |              |                      |             |                |            |               |
|                        |                |                  |              |                      |             | n=             |            |               |
|                        |                | -                |              |                      |             |                |            |               |
|                        |                |                  |              |                      |             |                |            |               |
|                        |                |                  |              |                      |             |                |            |               |
|                        |                | _                |              |                      |             |                |            |               |
|                        |                |                  |              |                      |             |                |            |               |
|                        |                |                  |              |                      |             |                |            |               |
|                        |                |                  |              |                      |             |                |            |               |
|                        |                |                  |              |                      |             |                |            |               |
|                        |                |                  |              |                      |             |                |            |               |
|                        |                |                  |              |                      |             |                |            |               |
|                        |                |                  |              |                      |             |                |            |               |
| Total DSEs             |                |                  | 0.00         | Total DSEs           |             |                | 0.00       |               |
| Gross Receipts Third   | Group          | \$               | 0.00         | Gross Receipts Fou   | urth Group  | \$             | 0.00       |               |
|                        |                |                  | ]            |                      |             |                |            |               |
| Base Rate Fee Third    | Group          | s                | 0.00         | Base Rate Fee Fou    | irth Group  | \$             | 0.00       |               |
|                        | •              | L <u>.</u>       |              |                      |             | <u>.</u>       | 0.00       |               |
|                        |                |                  |              |                      |             |                |            |               |
| Base Rate Fee: Add t   |                |                  | criber group | as shown in the boxe | es above.   |                |            |               |
| Enter here and in bloc | k 3, line 1, s | space L (page 7) |              |                      |             | \$             |            |               |

| LEGAL NAME OF OWNE<br>Cogeco US (Miam            |          | E SYSTEM:       |             |                         |          | S               | YSTEM ID#<br>025207 | Name                |
|--|----------|-----------------|-------------|-------------------------|----------|-----------------|---------------------|---------------------|
|  |          |                 |             | TE FEES FOR EACH        |          |                 |                     |                     |
| FIFTY-S  | SEVENTH  | SUBSCRIBER GROL | JP<br>0     | FIFT<br>COMMUNITY/ AREA | Y-EIGHTH | SUBSCRIBER GROU | UP 0                | 9                   |
|  |          |                 |             |                         |          |                 |                     | Computation         |
| CALL SIGN  | DSE      | CALL SIGN       | DSE         | CALL SIGN               | DSE      | CALL SIGN       | DSE                 | of                  |
|  |          |                 |             |                         |          | -               |                     | Base Rate Fee       |
|  |          |                 |             |                         |          |                 |                     | and<br>Syndicated   |
|  |          |                 |             |                         |          |                 |                     | Exclusivity         |
|  |          |                 |             |                         |          |                 |                     | Surcharge           |
|  |          |                 |             |                         |          |                 |                     | for                 |
|  |          |                 |             |                         |          |                 |                     | Partially           |
|  |          |                 |             |                         |          |                 |                     | Distant<br>Stations |
|  |          |                 |             |                         |          |                 |                     | Stations            |
|  |          |                 |             |                         |          |                 |                     |                     |
|  |          |                 |             |                         |          |                 |                     |                     |
|  |          |                 |             |                         |          |                 |                     |                     |
|  |          |                 |             |                         |          |                 |                     |                     |
|  |          |                 |             |                         |          |                 |                     |                     |
| Total DSEs                                       |          |                 | 0.00        | Total DSEs              |          |                 | 0.00                |                     |
| Gross Receipts First G                           | roup     | \$              | 0.00        | Gross Receipts Secon    | d Group  | \$              | 0.00                |                     |
| <b>Base Rate Fee</b> First G                     | oup      | \$              | 0.00        | Base Rate Fee Secon     | d Group  | \$              | 0.00                |                     |
| FIFT   | Y-NINTH  | SUBSCRIBER GROU | JP          |                         | SIXTIETH | SUBSCRIBER GRO  | JP                  |                     |
| COMMUNITY/ AREA                                  |          |                 | 0           | COMMUNITY/ AREA         | 0        |                 |                     |                     |
| CALL SIGN  | DSE      | CALL SIGN       | DSE         | CALL SIGN               | DSE      | CALL SIGN       | DSE                 |                     |
|  |          |                 |             |                         |          |                 |                     |                     |
|  |          |                 |             |                         |          |                 |                     |                     |
|  |          | -               |             |                         |          |                 |                     |                     |
|  |          |                 |             |                         |          |                 |                     |                     |
|  |          |                 |             |                         |          | -               |                     |                     |
|  |          |                 |             |                         |          |                 |                     |                     |
|  |          |                 |             |                         |          | -               |                     |                     |
|  |          |                 |             |                         |          |                 |                     |                     |
|  |          |                 |             |                         |          |                 |                     |                     |
|  |          |                 |             |                         |          |                 |                     |                     |
|  |          |                 |             |                         |          |                 |                     |                     |
|  |          |                 |             |                         |          |                 |                     |                     |
| Total DSEs                                       | <u> </u> |                 | 0.00        | Total DSEs              | 1        |                 | 0.00                |                     |
| Gross Receipts Third G                           | iroup    | \$              | 0.00        | Gross Receipts Fourth   | Group    | \$              | 0.00                |                     |
| Base Rate Fee Third G                            | iroup    | \$              | 0.00        | Base Rate Fee Fourth    | Group    | \$              | 0.00                |                     |
|  |          |                 |             |                         |          |                 |                     |                     |
| Base Rate Fee: Add th<br>Enter here and in block |          |                 | riber group | as shown in the boxes a | above.   | \$              |                     |                     |

| LEGAL NAME OF OWNE      |                | LE SYSTEM:       |             |                         |          | S              | YSTEM ID#<br>025207 | Name                     |
|-------------------------|----------------|------------------|-------------|-------------------------|----------|----------------|---------------------|--------------------------|
|                         |                |                  |             | TE FEES FOR EACH        |          |                |                     |                          |
| SIX<br>COMMUNITY/ AREA  | TY-FIRST       | SUBSCRIBER GROU  | JP<br>0     | SIXT<br>COMMUNITY/ AREA | Y-SECOND | SUBSCRIBER GRO | UP<br>0             | 9                        |
| CALL SIGN               | DSE            | CALL SIGN        | DSE         | CALL SIGN               | DSE      | CALL SIGN      | DSE                 | Computation<br>of        |
| UALL UIGH               | DOL            | CALL OIGH        | DOL         | UALL OIGH               | DOL      | UALL DIGIN     | DOL                 | Base Rate Fee            |
|                         |                |                  |             |                         |          |                |                     | and                      |
|                         |                |                  |             |                         |          |                |                     | Syndicated               |
|                         |                |                  |             |                         |          |                |                     | Exclusivity<br>Surcharge |
|                         |                |                  |             |                         |          | -              |                     | for                      |
|                         |                | -                |             |                         |          |                |                     | Partially                |
|                         |                |                  |             |                         |          |                |                     | Distant                  |
|                         |                |                  |             |                         |          |                |                     | Stations                 |
|                         |                |                  |             |                         |          |                |                     |                          |
|                         |                |                  |             |                         |          | -              |                     |                          |
|                         |                |                  |             |                         |          |                |                     |                          |
|                         |                |                  |             |                         |          |                |                     |                          |
|                         |                |                  |             |                         |          |                |                     |                          |
| Total DSEs              |                |                  | 0.00        | Total DSEs              |          |                | 0.00                |                          |
| Gross Receipts First G  | Group          | \$               | 0.00        | Gross Receipts Secor    | nd Group | \$             | 0.00                |                          |
| Base Rate Fee First G   | iroup          | \$               | 0.00        | Base Rate Fee Secor     | nd Group | \$             | 0.00                |                          |
|                         | TY-THIRD       | SUBSCRIBER GROU  |             |                         | Y-FOURTH | SUBSCRIBER GRO | UP                  |                          |
| 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 Fourth   | n Group  | \$             | 0.00                |                          |
| Base Rate Fee Third (   | Group          | \$               | 0.00        | Base Rate Fee Fourth    | ו Group  | \$             | 0.00                |                          |
|                         |                |                  | riber group | as shown in the boxes   | above.   | ¢              |                     |                          |
| Enter here and in block | к 3, IINe 1, 9 | space ∟ (page /) |             |                         |          | \$             |                     |                          |

| LEGAL NAME OF OV     |                 | LE SYSTEM:       |              |                      |             | :                | SYSTEM ID# | Name               |
|----------------------|-----------------|------------------|--------------|----------------------|-------------|------------------|------------|--------------------|
| Cogeco US (Mia       | ami), LLC       |                  |              |                      |             |                  | 025207     |                    |
|                      |                 |                  |              | ATE FEES FOR EAG     |             |                  |            |                    |
|                      |                 | SUBSCRIBER GRO   |              | 11                   |             | I SUBSCRIBER GRO |            | 9                  |
| COMMUNITY/ ARE       | A               |                  | 0            | COMMUNITY/ ARE       | A           |                  | 0          | -                  |
|                      |                 |                  |              |                      |             |                  |            | Computation        |
| CALL SIGN            | DSE             | CALL SIGN        | DSE          | CALL SIGN            | DSE         | CALL SIGN        | DSE        | of<br>Base Rate Fe |
|                      |                 |                  |              |                      |             | n <mark>-</mark> |            | and                |
|                      |                 |                  |              |                      |             |                  |            | Syndicated         |
|                      |                 |                  |              |                      |             |                  |            | Exclusivity        |
|                      |                 |                  |              |                      |             |                  |            | Surcharge          |
|                      |                 |                  |              |                      |             |                  |            | for                |
|                      |                 |                  |              |                      |             |                  |            | Partially          |
|                      |                 | -                |              |                      |             |                  |            | Distant            |
|                      |                 | -                |              |                      |             |                  |            | Stations           |
|                      |                 | -                |              |                      |             |                  |            |                    |
|                      |                 |                  |              |                      |             |                  |            |                    |
|                      |                 | -                |              |                      |             |                  |            |                    |
|                      |                 |                  |              |                      |             |                  |            |                    |
|                      |                 |                  |              |                      |             |                  |            |                    |
|                      |                 |                  | 0.00         | Tatal DOF            |             |                  | 0.00       |                    |
| Total DSEs           |                 |                  | 0.00         | Total DSEs           |             |                  | 0.00       |                    |
| Gross Receipts Firs  | st Group        | \$               | 0.00         | Gross Receipts Sec   | cond Group  | \$               | 0.00       |                    |
|                      |                 |                  |              |                      |             |                  |            |                    |
| Base Rate Fee Firs   | t Group         | \$               | 0.00         | Base Rate Fee Sec    | cond Group  | \$               | 0.00       |                    |
| SIXT                 | Y-SEVENTH       | SUBSCRIBER GRO   | UP           | S                    | IXTY-EIGHTH | I SUBSCRIBER GRO | DUP        |                    |
| COMMUNITY/ ARE       | Α               |                  | 0            | COMMUNITY/ ARE       | Α           |                  | 0          |                    |
| CALL SIGN            | DSE             | CALL SIGN        | DSE          | CALL SIGN            | DSE         | CALL SIGN        | DSE        |                    |
|                      |                 |                  |              |                      |             |                  |            |                    |
|                      |                 |                  |              |                      |             |                  |            |                    |
|                      |                 | -                |              |                      |             |                  |            |                    |
|                      |                 |                  |              |                      |             |                  |            |                    |
|                      |                 |                  |              |                      |             |                  |            |                    |
|                      |                 |                  |              |                      |             | n <mark>-</mark> |            |                    |
|                      |                 |                  |              |                      |             |                  |            |                    |
|                      |                 |                  |              |                      |             |                  |            |                    |
|                      |                 |                  |              |                      |             |                  |            |                    |
|                      |                 |                  |              |                      |             |                  |            |                    |
|                      |                 |                  |              |                      |             |                  |            |                    |
|                      |                 |                  |              |                      |             |                  |            |                    |
|                      |                 |                  |              |                      |             |                  |            |                    |
| Total DSEs           |                 |                  | 0.00         | Total DSEs           |             |                  | 0.00       |                    |
|                      |                 |                  |              |                      |             |                  |            |                    |
| Gross Receipts Thi   | rd Group        | \$               | 0.00         | Gross Receipts Fou   | urth Group  | \$               | 0.00       |                    |
| Base Rate Fee Thir   | rd Group        | ¢                | 0.00         | Base Rate Fee Fou    | urth Group  | ¢                | 0.00       |                    |
|                      | a Group         | ¢                | 0.00         | Dase Rale Fee Fou    | aran Group  | \$               | 0.00       |                    |
|                      |                 |                  |              |                      |             |                  |            |                    |
|                      |                 |                  | criber group | as shown in the boxe | es above.   |                  |            |                    |
| Enter here and in bl | lock 3, line 1, | space L (page 7) |              |                      |             | \$               |            |                    |

| LEGAL NAME OF OWNE<br>Cogeco US (Miam |                | LE SYSTEM:       |             |                         |          | S              | YSTEM ID#<br>025207 | Name              |
|---------------------------------------|----------------|------------------|-------------|-------------------------|----------|----------------|---------------------|-------------------|
|                                       |                |                  |             | TE FEES FOR EACH        |          |                |                     |                   |
| SIXT<br>COMMUNITY/ AREA               | TY-NINTH       | SUBSCRIBER GROU  | JP<br>0     | SE<br>COMMUNITY/ AREA   | VENTIETH | SUBSCRIBER GRO | UP<br>0             | 9                 |
| CALL SIGN                             | DSE            | CALL SIGN        | DSE         | CALL SIGN               | DSE      | CALL SIGN      | DSE                 | Computation<br>of |
| CALL SIGN                             | DGL            | CALL SIGN        | DOL         | CALL SIGN               | DGL      | CALL SIGN      | DGL                 | Base Rate Fee     |
|                                       |                |                  |             |                         |          |                |                     | and               |
|                                       |                |                  |             |                         |          | -              |                     | Syndicated        |
|                                       |                | -                |             |                         |          | -              |                     | Exclusivity       |
|                                       |                |                  |             |                         |          | -              |                     | Surcharge<br>for  |
|                                       |                |                  |             |                         |          |                |                     | Partially         |
|                                       |                |                  |             |                         |          |                |                     | Distant           |
|                                       |                |                  |             |                         |          | -              |                     | Stations          |
|                                       |                |                  |             |                         |          |                |                     |                   |
|                                       |                |                  |             |                         |          | -              |                     |                   |
|                                       |                |                  |             |                         |          | -              |                     |                   |
|                                       |                |                  |             |                         |          |                |                     |                   |
|                                       |                |                  |             |                         |          |                |                     |                   |
| Total DSEs                            |                |                  | 0.00        | Total DSEs              |          |                | 0.00                |                   |
| Gross Receipts First G                | roup           | \$               | 0.00        | Gross Receipts Secon    | d Group  | \$             | 0.00                |                   |
| <b>Base Rate Fee</b> First G          | roup           | \$               | 0.00        | Base Rate Fee Secon     | d Group  | \$             | 0.00                |                   |
| SEVEN                                 | TY-FIRST       | SUBSCRIBER GROU  | JP          | SEVENT                  | -SECOND  | SUBSCRIBER GRO | UP                  |                   |
| COMMUNITY/ AREA                       |                |                  | 0           | COMMUNITY/ AREA         | 0        |                |                     |                   |
| CALL SIGN                             | DSE            | CALL SIGN        | DSE         | CALL SIGN               | DSE      | CALL SIGN      | DSE                 |                   |
|                                       |                |                  |             |                         |          |                |                     |                   |
|                                       |                |                  |             |                         |          |                |                     |                   |
|                                       |                |                  |             |                         |          |                |                     |                   |
|                                       |                | _                |             |                         |          |                |                     |                   |
|                                       |                |                  |             |                         |          | -              |                     |                   |
|                                       |                |                  |             |                         |          | -              |                     |                   |
|                                       |                |                  |             |                         |          |                |                     |                   |
|                                       |                |                  |             |                         |          |                |                     |                   |
|                                       |                |                  |             |                         |          |                |                     |                   |
|                                       |                |                  |             |                         |          |                |                     |                   |
|                                       |                |                  |             |                         |          |                |                     |                   |
|                                       |                |                  |             |                         |          |                |                     |                   |
| Total DSEs                            | 1              |                  | 0.00        | Total DSEs              | 1        |                | 0.00                |                   |
| Gross Receipts Third G                | Froun          | \$               | 0.00        | Gross Receipts Fourth   | Group    | \$             | 0.00                |                   |
|                                       | Joup           | •<br>            | 0.00        |                         | loloup   | •<br>          |                     |                   |
| Base Rate Fee Third G                 | Group          | \$               | 0.00        | Base Rate Fee Fourth    | Group    | \$             | 0.00                |                   |
|                                       |                |                  | riber group | as shown in the boxes a | above.   |                |                     |                   |
| Enter here and in block               | ເ 3, line 1, s | space L (page 7) |             |                         |          | \$             |                     |                   |

## FORM SA3E. PAGE 19.

| LEGAL NAME OF OWN<br>Cogeco US (Miar |              | LE SYSTEM:       | nonpo         |                       |           | S              | 025207 | Name                     |
|--------------------------------------|--------------|------------------|---------------|-----------------------|-----------|----------------|--------|--------------------------|
|                                      |              |                  |               | TE FEES FOR EAC       |           |                |        |                          |
|                                      | ITY-THIRD    | SUBSCRIBER GRC   |               |                       |           | SUBSCRIBER GRO |        | 9                        |
| COMMUNITY/ AREA                      |              |                  | 0             | COMMUNITY/ AREA       |           |                | 0      | Computatio               |
| CALL SIGN                            | DSE          | CALL SIGN        | DSE           | CALL SIGN             | DSE       | CALL SIGN      | DSE    | of                       |
|                                      |              |                  |               |                       |           |                |        | Base Rate F              |
|                                      |              |                  |               |                       |           | -              |        | and                      |
|                                      |              |                  |               |                       |           |                |        | Syndicated               |
|                                      |              |                  |               |                       |           | -              |        | Exclusivity<br>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   |                          |
| SEVE                                 | NTY-FIFTH    | SUBSCRIBER GRC   |               |                       |           | SUBSCRIBER GRO | UP     |                          |
| COMMUNITY/ AREA                      |              |                  | 0             | COMMUNITY/ AREA       | 0         |                |        |                          |
| CALL SIGN                            | DSE          | CALL SIGN DSE (  |               | CALL SIGN             | DSE       | CALL SIGN      | DSE    |                          |
|                                      |              |                  |               |                       |           | -              |        |                          |
|                                      |              |                  |               |                       |           | -              |        |                          |
|                                      |              |                  |               |                       |           |                |        |                          |
|                                      |              |                  |               |                       |           |                |        |                          |
|                                      |              |                  |               |                       |           |                |        |                          |
|                                      |              |                  |               |                       |           |                |        |                          |
|                                      |              |                  |               |                       |           |                |        |                          |
|                                      |              |                  |               |                       |           | -              |        |                          |
|                                      |              | -                |               |                       |           |                |        |                          |
|                                      |              |                  |               |                       |           | -              |        |                          |
|                                      |              |                  |               |                       |           |                |        |                          |
|                                      |              |                  |               |                       |           |                |        |                          |
|                                      |              | I                |               |                       |           |                |        |                          |
| 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   |                          |
|                                      |              |                  | scriber group | as shown in the boxes | above.    |                |        |                          |
| nter here and in bloo                | k 3, line 1, | space L (page 7) |               |                       |           | \$             |        |                          |

## FORM SA3E. PAGE 19.

| LEGAL NAME OF OV     |            | LE SYSTEM:        |              |                      |            |                  | SYSTEM ID# | Name                      |
|----------------------|------------|-------------------|--------------|----------------------|------------|------------------|------------|---------------------------|
| Cogeco US (Mia       | ami), LLC  |                   |              |                      |            |                  | 025207     | Name                      |
|                      | BLOCK A:   | COMPUTATION O     | F BASE RA    | ATE FEES FOR EAG     | CH SUBSCF  | RIBER GROUP      |            |                           |
| SEVENT               | Y-SEVENTH  | SUBSCRIBER GRC    | UP           | SEVE                 | NTY-EIGHTH | SUBSCRIBER GRO   | DUP        | •                         |
| COMMUNITY/ ARE       | A          |                   | 0            | COMMUNITY/ ARE       | A          |                  | 0          | 9                         |
|                      |            |                   |              |                      |            | 11               |            | Computation               |
| CALL SIGN            | DSE        | CALL SIGN         | DSE          | CALL SIGN            | DSE        | CALL SIGN        | DSE        | of                        |
|                      |            |                   |              |                      |            | •                |            | Base Rate Fee             |
|                      |            |                   |              |                      |            | n <mark>-</mark> |            | and                       |
|                      |            |                   |              |                      |            |                  |            | Syndicated<br>Exclusivity |
|                      |            |                   |              |                      |            |                  |            | Surcharge                 |
|                      |            |                   |              |                      |            |                  |            | for                       |
|                      |            |                   |              |                      |            |                  |            | Partially                 |
|                      |            |                   |              |                      |            |                  |            | Distant                   |
|                      |            |                   |              |                      |            |                  |            | Stations                  |
|                      |            |                   |              |                      |            |                  |            |                           |
|                      |            |                   |              |                      |            |                  |            |                           |
|                      |            |                   |              |                      |            |                  |            |                           |
|                      |            |                   |              |                      |            |                  |            |                           |
|                      |            |                   |              |                      |            |                  |            |                           |
|                      |            |                   |              |                      |            |                  |            |                           |
| Total DSEs           |            |                   | 0.00         | Total DSEs           |            |                  | 0.00       |                           |
| Gross Receipts Firs  | st Group   | \$                | 0.00         | Gross Receipts Sec   | ond Group  | \$               | 0.00       |                           |
|                      |            |                   |              |                      |            |                  |            |                           |
| Base Rate Fee Firs   | t Group    |                   | 0.00         | Base Rate Fee Sec    | and Group  | ¢                | 0.00       |                           |
| Dase Rate I de l'ils | st Group   | \$                | 0.00         | Dase Rate I ee Sec   | ond Group  | \$               | 0.00       |                           |
| SEV                  | ENTY-NINTH | SUBSCRIBER GRC    | UP           |                      | EIGHTIETH  | SUBSCRIBER GRO   | DUP        |                           |
| COMMUNITY/ ARE       | A          |                   | 0            | COMMUNITY/ ARE       | A          |                  | 0          |                           |
|                      |            |                   |              |                      |            |                  |            |                           |
| CALL SIGN            | DSE        | CALL SIGN         | DSE          | CALL SIGN            | DSE        | CALL SIGN        | DSE        |                           |
|                      |            | -                 |              |                      |            |                  |            |                           |
|                      |            |                   |              |                      |            |                  |            |                           |
|                      |            | -                 |              |                      |            |                  |            |                           |
|                      |            |                   |              |                      |            | n <mark>-</mark> |            |                           |
|                      |            |                   |              |                      |            |                  |            |                           |
|                      |            |                   |              |                      |            | n <mark>-</mark> |            |                           |
|                      |            |                   |              |                      |            |                  |            |                           |
|                      |            |                   |              |                      |            |                  |            |                           |
|                      |            |                   |              |                      |            |                  |            |                           |
|                      |            |                   |              |                      |            |                  |            |                           |
|                      |            |                   |              |                      |            |                  |            |                           |
|                      |            |                   |              |                      |            |                  |            |                           |
|                      |            |                   |              |                      |            |                  |            |                           |
|                      |            |                   |              |                      |            |                  |            |                           |
| Total DSEs           |            |                   | 0.00         | Total DSEs           |            |                  | 0.00       |                           |
| Gross Receipts Thi   | rd Group   | \$                | 0.00         | Gross Receipts Fou   | urth Group | \$               | 0.00       |                           |
|                      |            | <del>.</del>      | 0.00         |                      |            | <u>*</u>         | 0.00       |                           |
|                      |            |                   |              |                      |            |                  |            |                           |
| Base Rate Fee Thin   | rd Group   | \$                | 0.00         | Base Rate Fee Fou    | irth Group | \$               | 0.00       |                           |
|                      |            |                   |              |                      |            |                  |            |                           |
|                      |            |                   |              |                      |            |                  |            |                           |
|                      |            |                   | criber group | as shown in the boxe | es above.  | ¢                |            |                           |
| Enter here and in bl |            | space ∟ (page / ) |              |                      |            | φ                |            |                           |

| EGAL NAME OF OWNER OF<br>Cogeco US (Miami), L |                        | •       |  |           | S              | 025207  | Name                |
|---|------------------------|---------|--|-----------|----------------|---------|---------------------|
|   |                        |         | TE FEES FOR EAC                                |           |                |         |                     |
| EIGHTY-F                                      | RST SUBSCRIBER         | GROUP 0 | EIGH<br>COMMUNITY/ ARE                         |           | SUBSCRIBER GRO | UP<br>0 | 9                   |
|   |                        |         |  |           |                |         | Computat            |
| CALL SIGN DS                                  |                        | DSE     | CALL SIGN                                      | DSE       | CALL SIGN      | DSE     | of                  |
|   |                        |         |  |           |                |         | Base Rate           |
|   |                        |         |  |           | -              |         | and<br>Syndicate    |
|   |                        |         |  |           | -              |         | Exclusivi           |
|   |                        |         |  |           |                |         | Surcharg            |
|   |                        |         |  |           |                |         | for                 |
|   |                        |         |  |           |                |         | Partially           |
|   |                        |         |  |           |                |         | Distant<br>Stations |
|   |                        |         |  |           |                |         | Stations            |
|   |                        |         |  |           | -              |         |                     |
|   |                        |         |  |           |                |         |                     |
|   |                        |         |  |           |                |         |                     |
|   |                        |         |  |           |                |         |                     |
|   |                        |         |  |           |                |         |                     |
| otal DSEs                                     |                        | 0.00    | Total DSEs                                     |           |                | 0.00    |                     |
| Gross Receipts First Group                    | \$                     | 0.00    | Gross Receipts Sec                             |           |                |         |                     |
|   |                        |         |  |           |                |         |                     |
| Base Rate Fee First Group                     | \$                     | 0.00    | Base Rate Fee Sec                              |           | \$             | 0.00    |                     |
|   | IRD SUBSCRIBER         |         |  |           | SUBSCRIBER GRO | _       |                     |
| COMMUNITY/ AREA                               |                        | 0       | COMMUNITY/ ARE                                 | A         |                | 0       |                     |
| CALL SIGN DS                                  | E 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    |                     |
| ase Rate Fee Third Group                      | \$                     | 0.00    | Base Rate Fee Fou                              | rth Group | \$             | 0.00    |                     |
| \$ 0.   | 0.<br>0.<br>subscriber | 00      | Gross Receipts Fou<br><b>Base Rate Fee</b> Fou | rth Group |                | 0.00    |                     |

| LEGAL NAME OF OWNE<br>Cogeco US (Miam |              | E SYSTEM:                    |             |                         |           | S               | YSTEM ID#<br>025207 | Name             |
|---------------------------------------|--------------|------------------------------|-------------|-------------------------|-----------|-----------------|---------------------|------------------|
|                                       |              |                              |             | TE FEES FOR EACH        |           |                 |                     |                  |
|                                       | TY-FIFTH     | SUBSCRIBER GROU              |             |                         | ITY-SIXTH | 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    |
|                                       |              |                              |             |                         |           |                 |                     | and              |
|                                       |              |                              |             |                         |           | -               |                     | Syndicated       |
|                                       |              |                              |             |                         |           |                 |                     | Exclusivity      |
|                                       |              |                              |             |                         |           |                 |                     | Surcharge<br>for |
|                                       |              |                              |             |                         |           |                 |                     | Partially        |
|                                       |              |                              |             |                         |           |                 |                     | Distant          |
|                                       |              |                              |             |                         |           |                 |                     | Stations         |
|                                       |              |                              |             |                         |           | -               |                     |                  |
|                                       |              |                              |             |                         |           |                 |                     |                  |
|                                       |              |                              |             |                         |           |                 |                     |                  |
|                                       |              |                              |             |                         |           |                 |                     |                  |
|                                       |              |                              |             |                         |           |                 |                     |                  |
| Total DSEs                            | <u> </u>     |                              | 0.00        | Total DSEs              |           |                 | 0.00                |                  |
| Gross Receipts First G                | roup         | \$                           | 0.00        | Gross Receipts Secon    | d Group   | \$              | 0.00                |                  |
|                                       |              |                              |             |                         |           |                 |                     |                  |
| Base Rate Fee First G                 | -            | \$                           | 0.00        | Base Rate Fee Secon     |           | \$              | 0.00                |                  |
|                                       | SEVENTH      | SUBSCRIBER GROU              |             |                         | Y-EIGHTH  | SUBSCRIBER GROU | -                   |                  |
| 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 G                | Group        | \$                           | 0.00        | Gross Receipts Fourth   | Group     | \$              | 0.00                |                  |
| <b>Base Rate Fee</b> Third G          | Group        | \$                           | 0.00        | Base Rate Fee Fourth    | Group     | \$              | 0.00                |                  |
| Base Rate Fee: Add th                 | e base rat   | <b>e fees</b> for each subsc | riber group | as shown in the boxes a | above.    |                 |                     |                  |
| Enter here and in block               | 3, line 1, s | space L (page 7)             |             |                         |           | \$              |                     |                  |

| EIGHTY-NINT   |                 | JF BASE RA | ATE FEES FOR EA    | CH SUBSCR  | IBER GROUP     |      |                |
|---|-----------------|------------|--------------------|------------|----------------|------|----------------|
| OMMUNITY/ AREA  | H SUBSCRIBER GR |            |                    |            | SUBSCRIBER GRO | DUP  | •              |
|   |                 | 0          | COMMUNITY/ ARE     | A          |                | 0    | 9              |
|   | Ш               |            |                    |            | II             |      | Comput         |
| CALL SIGN DSE   | CALL SIGN       | DSE        | CALL SIGN          | DSE        | CALL SIGN      | DSE  | of<br>Base Rat |
|   |                 |            |                    |            |                |      | and            |
|   |                 |            |                    |            |                |      | Syndica        |
|   |                 |            |                    |            |                |      | Exclusi        |
|   |                 |            |                    |            |                |      | Surcha         |
|   |                 |            |                    |            |                |      | for            |
|   |                 |            |                    |            |                |      | Partia         |
|   |                 |            |                    |            |                |      | Dista          |
|   |                 |            |                    |            |                |      | Statio         |
|   |                 |            |                    |            |                |      |                |
|   |                 |            |                    |            |                |      |                |
|   |                 |            |                    |            |                |      |                |
|   |                 |            |                    |            |                |      |                |
|   |                 |            |                    |            |                |      |                |
|   |                 |            |                    |            |                |      |                |
| otal DSEs   |                 | 0.00       | Total DSEs         |            |                | 0.00 |                |
| Bross Receipts First Group \$ 0.00                    |                 |            | Gross Receipts Sec | cond Group | \$             | 0.00 |                |
|   |                 |            |                    |            | <u> </u>       |      |                |
| ase Rate Fee First Group                              | \$              | 0.00       | Base Rate Fee Sec  | cond Group | \$             | 0.00 |                |
| NINETY-FIRS   | T SUBSCRIBER GR | OUP        | NINE               | ETY-SECOND | SUBSCRIBER GRO | DUP  |                |
| OMMUNITY/ AREA  |                 | 0          | COMMUNITY/ ARE     | A          |                | 0    |                |
| CALL SIGN DSE   | CALL SIGN       | DSE        | CALL SIGN          | DSE        | CALL SIGN      | DSE  |                |
|   |                 |            |                    |            |                |      |                |
|   |                 |            |                    |            |                |      |                |
|   |                 |            |                    |            | -              |      |                |
|   |                 |            |                    |            |                |      |                |
|   |                 |            |                    |            | -              |      |                |
|   |                 |            |                    |            |                |      |                |
|   |                 |            |                    |            |                |      |                |
|   |                 |            |                    |            | -              |      |                |
|   |                 |            |                    |            | -              |      |                |
|   |                 |            |                    |            |                |      |                |
|   |                 |            |                    |            |                |      |                |
|   |                 |            |                    |            |                |      |                |
|   |                 |            |                    |            |                |      |                |
|   |                 |            |                    |            |                |      |                |
| otal DSEs   |                 | 0.00       | Total DSEs         |            |                | 0.00 |                |
|   | \$              | 0.00       | Gross Receipts Fou | urth Group | \$             | 0.00 |                |
| oss Receipts Third Group                              | *               | 0.00       |                    |            | <u>*</u>       | 0.00 |                |
| ross Receipts Third Group                             | <u> </u>        |            |                    |            |                |      |                |
| ross Receipts Third Group                             |                 |            |                    |            |                |      |                |
| ross Receipts Third Group<br>ase Rate Fee Third Group | \$              | 0.00       | Base Rate Fee Fou  | urth Group | \$             | 0.00 |                |

| LEGAL NAME OF OWNE<br>Cogeco US (Miam            |          | LE SYSTEM:      |             |                       |           | S                                     | O25207 | Name                |
|--|----------|-----------------|-------------|-----------------------|-----------|---------------------------------------|--------|---------------------|
| BL   | OCK A: ( | COMPUTATION OF  | BASE RA     | ATE FEES FOR EACH     | I SUBSCR  | IBER GROUP                            |        |                     |
|  |          | SUBSCRIBER GROU |             | 1                     |           | SUBSCRIBER GRO                        | UP     | -                   |
| COMMUNITY/ AREA                                  |          |                 | 0           | COMMUNITY/ AREA       |           |                                       | 0      | 9<br>Computation    |
| CALL SIGN  | DSE      | CALL SIGN       | DSE         | CALL SIGN             | DSE       | CALL SIGN                             | DSE    | of                  |
|  |          |                 |             |                       |           |                                       |        | Base Rate Fee       |
|  |          |                 |             |                       |           |                                       |        | and                 |
|  |          | -               |             |                       |           |                                       |        | Syndicated          |
|  |          |                 |             |                       |           |                                       |        | Exclusivity         |
|  |          |                 |             |                       |           |                                       |        | Surcharge           |
|  |          |                 |             |                       |           | -                                     |        | for                 |
|  |          | -               |             |                       |           |                                       |        | Partially           |
|  |          |                 |             |                       |           |                                       |        | Distant<br>Stations |
|  |          |                 |             |                       |           |                                       |        | Stations            |
|  |          |                 |             |                       |           |                                       |        |                     |
|  |          |                 |             |                       |           | -                                     |        |                     |
|  |          |                 |             |                       |           |                                       |        |                     |
|  |          |                 |             |                       |           |                                       |        |                     |
|  |          |                 |             |                       |           |                                       |        |                     |
| Total DSEs                                       |          |                 | 0.00        | Total DSEs            |           |                                       | 0.00   |                     |
| Gross Receipts First Gr                          | oup      | \$              | 0.00        | Gross Receipts Secor  | nd Group  | \$                                    | 0.00   |                     |
| Base Rate Fee First Gr                           | oup      | \$              | 0.00        | Base Rate Fee Secor   | nd Group  | \$                                    | 0.00   |                     |
| NINE   | TY-FIFTH | SUBSCRIBER GROU | JP          | NIN                   | ETY-SIXTH | SUBSCRIBER GRO                        | UP     |                     |
| 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 G                           | iroup    | \$              | 0.00        | Gross Receipts Fourt  | h Group   | \$                                    | 0.00   |                     |
| Base Rate Fee Third G                            | roup     | \$              | 0.00        | Base Rate Fee Fourth  | h Group   | \$                                    | 0.00   |                     |
| Base Rate Fee: Add th<br>Enter here and in block |          |                 | riber group | as shown in the boxes | above.    | \$                                    |        |                     |

| LEGAL NAME OF OWN   |       | E SYSTEM: | •                                   |  |          | S         | 025207  | Name                 |
|---|-------|-----------|-------------------------------------|--|----------|-----------|---------|----------------------|
|   |       |           |                                     | TE FEES FOR EACH   |          |           |         |                      |
| NINETY-SEVENTH SUBSCRIBER GROUP       COMMUNITY/ AREA     0 |       |           |                                     | NINETY-EIGHTH SUBSCRIBER GROUP       COMMUNITY/ AREA     0 |          |           |         | 9                    |
| CALL SIGN DSE CALL SIGN DSE                                 |       |           |                                     | CALL SIGN DSE CALL SIGN DSE                                |          |           |         | Computat<br>of       |
| CALL SIGN   | DGL   | CALL SIGN | DGL                                 | CALL SIGN  | DGL      | CALL SIGN | DGL     | Base Rate            |
|   |       |           |                                     |  |          |           |         | and                  |
|   |       |           |                                     |  |          |           |         | Syndicate            |
|   |       |           |                                     |  |          | -         |         | Exclusivi            |
|   |       |           |                                     |  |          |           |         | Surcharg             |
|   |       |           |                                     |  |          |           |         | for<br>Doution       |
|   |       | -         |                                     |  |          | -         |         | Partially<br>Distant |
|   |       |           |                                     |  |          |           |         | Stations             |
|   |       | -         |                                     |  |          | -         |         |                      |
|   |       |           |                                     |  |          |           |         |                      |
|   |       |           |                                     |  |          |           |         |                      |
|   |       |           |                                     |  |          |           |         |                      |
|   |       |           |                                     |  |          |           |         |                      |
|   |       |           |                                     |  |          |           |         |                      |
| otal DSEs   |       |           | 0.00                                | Total DSEs   |          |           | 0.00    |                      |
| Gross Receipts First Group \$ 0.00                          |       |           | Gross Receipts Second Group \$ 0.00 |  |          |           |         |                      |
| Base Rate Fee First   | Group | \$        | 0.00                                | Base Rate Fee Secon  | nd Group | \$        | 0.00    |                      |
| NINETY-NINTH SUBSCRIBER GROUP                               |       |           |                                     | ONE HUNDREDTH SUBSCRIBER GROUP                             |          |           |         |                      |
| COMMUNITY/ AREA 0   |       |           |                                     | COMMUNITY/ AREA 0  |          |           |         |                      |
| CALL SIGN   | DSE   | CALL SIGN | DSE                                 | CALL SIGN  | DSE      | CALL SIGN | DSE     |                      |
|   |       | -         |                                     |  |          | -         |         |                      |
|   |       |           |                                     |  |          |           |         |                      |
|   |       |           |                                     |  |          |           |         |                      |
|   |       |           |                                     |  |          |           |         |                      |
|   |       |           |                                     |  |          |           |         |                      |
|   |       |           |                                     |  |          |           |         |                      |
|   |       |           |                                     |  |          |           |         |                      |
|   |       |           |                                     |  |          |           |         |                      |
|   |       |           |                                     |  |          |           |         |                      |
|   |       |           |                                     |  |          | -         |         |                      |
|   |       |           |                                     |  |          |           |         |                      |
|   |       |           |                                     |  |          |           |         |                      |
|   |       |           |                                     |  |          |           |         |                      |
| Otal DSEs         0.00                                      |       |           | 0.00                                | Total DSEs   | •        |           | 0.00    |                      |
| Gross Receipts Third Group                                  |       | \$ 0.00   |                                     | Gross Receipts Fourth Group                                |          | \$        | \$ 0.00 |                      |
| Base Rate Fee Third Group \$ 0.0                            |       |           | 0.00                                | Base Rate Fee Fourt  | h Group  | \$ 0.00   |         |                      |
| Base Rate Fee: Add<br>Enter here and in blo                 |       |           | criber group                        | as shown in the boxes                                      | above.   | \$        |         |                      |

| LEGAL NAME OF OV                         |            | LE SYSTEM:       |               |                      |            |                  | SYSTEM ID# | Name                |
|--|------------|------------------|---------------|----------------------|------------|------------------|------------|---------------------|
| Cogeco US (Mi                            | ami), LLC  |                  |               |                      |            |                  | 025207     | Nume                |
|  |            |                  |               | ATE FEES FOR EAG     |            |                  |            |                     |
|  |            | SUBSCRIBER GRO   |               | 11                   |            | SUBSCRIBER GRO   |            | 9                   |
| COMMUNITY/ ARE                           | A          |                  | 0             | COMMUNITY/ ARE       | A          |                  | 0          | -                   |
|  | DOF        |                  |               |                      |            |                  |            | Computation         |
| CALL SIGN                                | DSE        | CALL SIGN        | DSE           | CALL SIGN            | DSE        | CALL SIGN        | DSE        | of<br>Base Rate Fee |
|  |            |                  |               |                      |            | •                |            | and                 |
|  |            |                  |               |                      |            | n <mark>-</mark> |            | Syndicated          |
|  |            |                  |               |                      |            |                  |            | Exclusivity         |
|  |            |                  |               |                      |            |                  |            | Surcharge           |
|  |            |                  |               |                      |            |                  |            | for                 |
|  |            |                  |               |                      |            |                  |            | Partially           |
|  |            |                  |               |                      |            |                  |            | Distant             |
|  |            | -                |               |                      |            |                  |            | Stations            |
|  |            | -                |               |                      |            |                  |            |                     |
|  |            | -                |               |                      |            |                  |            |                     |
|  |            | -                |               |                      |            |                  |            |                     |
|  |            |                  |               |                      |            |                  |            |                     |
|  |            |                  |               |                      |            |                  |            |                     |
|  |            |                  |               |                      |            |                  |            |                     |
| Total DSEs                               |            |                  | 0.00          | Total DSEs           |            |                  | 0.00       |                     |
| Gross Receipts Firs                      | st Group   | \$               | 0.00          | Gross Receipts Sec   | cond Group | \$               | 0.00       |                     |
|  |            |                  |               |                      |            |                  |            |                     |
| Base Rate Fee Firs                       | st Group   | \$               | 0.00          | Base Rate Fee Sec    | ond Group  | \$               | 0.00       |                     |
| ONE HUN                                  | DRED THIRD | SUBSCRIBER GRO   | UP            | ONE HUNDF            | RED FOURTH | I SUBSCRIBER GRO | DUP        |                     |
| COMMUNITY/ ARE                           | A          |                  | 0             | COMMUNITY/ ARE       |            |                  |            |                     |
| CALL SIGN                                | DSE        | CALL SIGN        | DSE           | CALL SIGN            | DSE        | CALL SIGN        | DSE        |                     |
|  |            |                  |               |                      |            |                  |            |                     |
|  |            |                  |               |                      |            |                  |            |                     |
|  |            |                  |               |                      |            | n <mark>=</mark> |            |                     |
|  |            | -                |               |                      |            |                  |            |                     |
|  |            | -                |               |                      |            |                  |            |                     |
|  |            |                  |               |                      |            |                  |            |                     |
|  |            |                  |               |                      |            |                  |            |                     |
|  |            |                  |               |                      |            |                  |            |                     |
|  |            | -                |               |                      |            |                  |            |                     |
|  |            |                  |               |                      |            |                  |            |                     |
|  |            | _                |               |                      |            |                  |            |                     |
|  |            |                  |               |                      |            |                  |            |                     |
|  |            |                  |               |                      |            |                  |            |                     |
|  |            |                  |               |                      |            |                  |            |                     |
| Total DSEs                               |            |                  | 0.00          | Total DSEs           |            |                  | 0.00       |                     |
| Gross Receipts Thi                       | rd Group   | \$               | 0.00          | Gross Receipts Fou   | irth Group | \$               | 0.00       |                     |
|  |            |                  |               |                      |            |                  |            |                     |
| Base Rate Fee Thin                       | rd Group   | \$               | 0.00          | Base Rate Fee Fou    | irth Group | \$               | 0.00       |                     |
|  |            |                  |               |                      |            |                  |            |                     |
|  |            |                  |               |                      |            |                  |            |                     |
| Base Rate Fee: Ad<br>Enter here and in b |            |                  | scriber group | as shown in the boxe | es above.  | \$               |            |                     |
|  |            | opauc - (paye /) |               |                      |            | Ŷ                |            |                     |

| LEGAL NAME OF OWN                           |           | E SYSTEM:                         |              |                       |            | S                            | O25207 | Name              |
|---|-----------|-----------------------------------|--------------|-----------------------|------------|------------------------------|--------|-------------------|
| ONE HUND                                    | RED FIFTH | COMPUTATION OF<br>SUBSCRIBER GROU | JP           | 11                    | DRED SIXTH | IBER GROUP<br>SUBSCRIBER GRO |        | 9                 |
| COMMUNITY/ AREA                             |           |                                   | 0            | COMMUNITY/ ARE/       |            |                              | 0      | Computation       |
| CALL SIGN                                   | DSE       | CALL SIGN                         | DSE          | CALL SIGN             | DSE        | CALL SIGN                    | DSE    | of                |
|   |           |                                   |              |                       |            |                              |        | Base Rate Fee     |
|   |           |                                   |              |                       |            |                              |        | and<br>Syndicated |
|   |           |                                   |              |                       |            |                              |        | Exclusivity       |
|   |           |                                   |              |                       |            |                              |        | Surcharge         |
|   |           |                                   |              |                       |            |                              |        | for<br>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                         |           | \$                                | 0.00         | Base Rate Fee Seco    |            | \$                           | 0.00   |                   |
|   |           | SUBSCRIBER GROU                   | JP<br>0      |                       |            | SUBSCRIBER GRC               | 0<br>0 |                   |
| COMMUNITY/ AREA                             |           |                                   | U            | COMMUNITY/ ARE/       | U          |                              |        |                   |
| 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   | rth Group  | \$                           | 0.00   |                   |
| Base Rate Fee Third                         | Group     | \$                                | 0.00         | Base Rate Fee Four    | th Group   | \$                           | 0.00   |                   |
| Base Rate Fee: Add<br>Enter here and in blo |           |                                   | criber group | as shown in the boxes | s above.   | \$                           |        |                   |

| Cogeco US (Miami), LLC   | LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       Cogeco US (Miami), LLC     025207 |          |                                   |            |                |          |              |  |  |
|--|---|----------|-----------------------------------|------------|----------------|----------|--------------|--|--|
|  |   |          |                                   |            |                |          |              |  |  |
| ONE HUNDRED NIN  | H SUBSCRIBER GRU  | 0<br>0   | COMMUNITY/ ARE                    |            | SUBSCRIBER GRC | 0<br>0   |              |  |  |
| CALL SIGN DSE  | CALL SIGN   | DSE      | CALL SIGN                         | DSE        | CALL SIGN      | DSE      | Comp         |  |  |
| CALL SIGN DSE  |   | DSE      |                                   |            | CALL SIGN      | DSE      | Base I       |  |  |
|  |   |          |                                   |            |                |          | а            |  |  |
|  |   |          |                                   |            |                |          | Sync<br>Excl |  |  |
|  |   |          |                                   |            |                |          | Surc         |  |  |
|  |   |          |                                   |            |                |          | f            |  |  |
|  |   |          |                                   |            |                |          | Par<br>Dis   |  |  |
|  |   |          |                                   |            |                |          | Sta          |  |  |
|  |   |          |                                   |            |                |          |              |  |  |
|  |   |          |                                   |            |                |          |              |  |  |
|  |   |          |                                   |            |                |          |              |  |  |
|  |   |          |                                   |            |                |          |              |  |  |
| otal DSEs  |   | 0.00     | Total DSEs                        | •          |                | 0.00     |              |  |  |
| iross Receipts First Group \$ 0.0  |   |          | Gross Receipts Second Group \$ 0. |            |                |          |              |  |  |
|  |   |          |                                   |            |                |          |              |  |  |
| Base Rate Fee First Group \$ 0.00  |   |          | Base Rate Fee Sec                 |            | \$             | 0.00     |              |  |  |
| ONE HUNDRED ELEVENT  | TH SUBSCRIBER GRO   | OUP      | ONE HUNDRI                        | ED TWELVTH | SUBSCRIBER GRC | DUP      |              |  |  |
| COMMUNITY/ AREA 0  |   |          |                                   | ΞΔ         |                | -        |              |  |  |
| OMMUNITY/ AREA   |   | 0        | COMMUNITY/ ARE                    | EA         |                | 0        |              |  |  |
|  | CALL SIGN   | 0<br>DSE | COMMUNITY/ ARE                    | DSE        | CALL SIGN      | -        |              |  |  |
|  | CALL SIGN   |          |                                   |            |                | 0        |              |  |  |
|  | CALL SIGN   |          |                                   |            |                | 0        |              |  |  |
|  | CALL SIGN   |          |                                   |            |                | 0        |              |  |  |
|  | CALL SIGN   |          |                                   |            |                | 0        |              |  |  |
|  | CALL SIGN   |          |                                   |            |                | 0        |              |  |  |
|  | CALL SIGN   |          |                                   |            |                | 0        |              |  |  |
|  | CALL SIGN   |          |                                   |            |                | 0        |              |  |  |
|  | CALL SIGN   |          |                                   |            |                | 0        |              |  |  |
|  | CALL SIGN   |          |                                   |            |                | 0        |              |  |  |
|  | CALL SIGN   |          |                                   |            |                | 0        |              |  |  |
| CALL SIGN DSE  | CALL SIGN   |          | CALL SIGN                         |            |                | 0<br>DSE |              |  |  |
| CALL SIGN DSE  | CALL SIGN   |          | CALL SIGN                         |            |                | 0<br>DSE |              |  |  |
| CALL SIGN DSE<br>CALL SIGN 05<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | CALL SIGN   |          | CALL SIGN                         |            |                | 0<br>DSE |              |  |  |
|  |   |          | CALL SIGN                         | JDSE       | CALL SIGN      | 0<br>DSE |              |  |  |

| LEGAL NAME OF OWNE<br>Cogeco US (Miam          |         | E SYSTEM:       |             |                       |           | S                            | O25207 | Name              |
|--|---------|-----------------|-------------|-----------------------|-----------|------------------------------|--------|-------------------|
| ONE HUNDRED THI                                |         |                 | JP          | 11                    | URTEENTH  | IBER GROUP<br>SUBSCRIBER GRO |        | 9                 |
| COMMUNITY/ AREA                                |         |                 | 0           | COMMUNITY/ AREA       |           |                              | 0      | Computation       |
| CALL SIGN                                      | DSE     | CALL SIGN       | DSE         | CALL SIGN             | DSE       | CALL SIGN                    | DSE    | of                |
|  |         |                 |             |                       |           |                              |        | Base Rate Fee     |
|  |         |                 |             |                       |           |                              |        | and<br>Syndicated |
|  |         |                 |             |                       |           |                              |        | Exclusivity       |
|  |         |                 |             |                       |           |                              |        | Surcharge<br>for  |
|  |         |                 |             |                       |           |                              |        | Partially         |
|  |         |                 |             |                       |           |                              |        | Distant           |
|  |         |                 |             |                       |           |                              |        | Stations          |
|  |         |                 |             |                       |           |                              |        |                   |
|  |         |                 |             |                       |           |                              |        |                   |
|  |         |                 |             |                       |           |                              |        |                   |
|  |         |                 |             |                       |           |                              |        |                   |
| Total DSEs                                     |         |                 | 0.00        | Total DSEs            |           |                              | 0.00   |                   |
| Gross Receipts First G                         | iroup   | \$              | 0.00        | Gross Receipts Seco   | ond Group | \$                           | 0.00   |                   |
| Base Rate Fee First G                          | iroup   | \$              | 0.00        | Base Rate Fee Seco    | ond Group | \$                           | 0.00   |                   |
| ONE HUNDRED FI                                 | FTEENTH | SUBSCRIBER GROU | JP          | ONE HUNDRED           | SIXTEENTH | SUBSCRIBER GRO               | UP     |                   |
| COMMUNITY/ AREA                                |         |                 | 0           | COMMUNITY/ AREA       | \<br>     |                              | 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 |         |                 | riber group | as shown in the boxes | above.    | \$                           |        |                   |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Cogeco US (Miami), LLC 025207 |                        |                      |              |                      |               |                   |        |                   |
|---|------------------------|----------------------|--------------|----------------------|---------------|-------------------|--------|-------------------|
| Cogeco US (Mil  | ami), LLC              |                      |              |                      |               |                   | 025207 | Name              |
|   |                        |                      |              | ATE FEES FOR EAG     |               |                   |        |                   |
|   |                        | SUBSCRIBER GROUP     |              |                      |               | I SUBSCRIBER GROU |        | 9                 |
| COMMUNITY/ ARE  | A                      |                      | 0            | COMMUNITY/ ARE       | A             |                   | 0      | -                 |
| CALL SIGN   | DSE                    | CALL SIGN            | DSE          | CALL SIGN            | DSE           | CALL SIGN         | DSE    | Computation<br>of |
| CALL SIGN   | DSE                    | CALL SIGN            | DSE          | CALL SIGN            | DSE           | CALL SIGN         | DGE    | Base Rate Fe      |
|   |                        |                      |              |                      |               | n <mark></mark>   |        | and               |
|   |                        |                      |              |                      |               |                   |        | Syndicated        |
|   |                        | _                    |              |                      |               |                   |        | Exclusivity       |
|   |                        |                      |              |                      |               |                   |        | Surcharge         |
|   |                        |                      |              |                      |               |                   |        | for               |
|   |                        | -                    |              |                      |               |                   |        | Partially         |
|   |                        |                      |              |                      |               |                   |        | Distant           |
|   |                        |                      |              |                      |               |                   |        | Stations          |
|   |                        |                      |              |                      |               |                   |        |                   |
|   |                        |                      |              |                      |               |                   |        |                   |
|   |                        |                      |              |                      |               |                   |        |                   |
|   |                        |                      |              |                      |               |                   |        |                   |
|   |                        |                      |              |                      |               |                   |        |                   |
| Total DSEs  |                        |                      | 0.00         | Total DSEs           |               |                   | 0.00   |                   |
| Gross Receipts Firs   | t Group                | ¢                    | 0.00         | Gross Receipts Sec   | and Group     | \$                | 0.00   |                   |
| Gloss Receipts Fils   | st Group               | <u>\$</u>            | 0.00         | Gloss Receipts Sec   | ond Group     | <b>\$</b>         | 0.00   |                   |
|   |                        |                      |              |                      |               |                   |        |                   |
| Base Rate Fee Firs  | st Group               | \$                   | 0.00         | Base Rate Fee Sec    | ond Group     | \$                | 0.00   |                   |
| ONE HUNDRED   | NINTEENTH              | SUBSCRIBER GRO       | UP           | ONE HUNDRED          | TWENTIETH     | SUBSCRIBER GRO    | DUP    |                   |
| COMMUNITY/ ARE  |                        |                      | 0            | COMMUNITY/ ARE       | A             |                   | 0      |                   |
|   |                        |                      |              |                      |               |                   |        |                   |
| CALL SIGN   | DSE                    | CALL SIGN            | DSE          | CALL SIGN            | DSE           | CALL SIGN         | DSE    |                   |
|   |                        |                      |              |                      |               |                   |        |                   |
|   |                        |                      |              |                      |               |                   |        |                   |
|   |                        | -                    |              |                      |               |                   |        |                   |
|   |                        |                      |              |                      |               |                   |        |                   |
|   |                        |                      |              |                      |               |                   |        |                   |
|   |                        | -                    |              |                      |               |                   |        |                   |
|   |                        |                      |              |                      |               |                   |        |                   |
|   |                        |                      |              |                      |               |                   |        |                   |
|   |                        |                      |              |                      |               |                   |        |                   |
|   |                        |                      |              |                      |               |                   |        |                   |
|   |                        |                      |              |                      |               |                   |        |                   |
|   |                        |                      |              |                      |               |                   |        |                   |
|   |                        |                      |              |                      |               |                   |        |                   |
|   |                        |                      |              |                      |               |                   |        |                   |
| Total DSEs  |                        |                      | 0.00         | Total DSEs           |               |                   | 0.00   |                   |
| Gross Receipts Thi  | rd Group               | \$                   | 0.00         | Gross Receipts Fou   | irth Group    | \$                | 0.00   |                   |
|   |                        |                      |              |                      |               |                   |        |                   |
| Bass Data Data Th   |                        |                      | 0.00         | Base Date Fre F      | with Creation |                   |        |                   |
| Base Rate Fee Thi   | ra Group               | \$                   | 0.00         | Base Rate Fee Fou    | Irth Group    | \$                | 0.00   |                   |
|   |                        |                      |              | 11                   |               |                   |        |                   |
| Base Rate Eco: Ad   | d the <b>base re</b> t | a face for each sub- | criber group | as shown in the boxe | as above      |                   |        |                   |
| Enter here and in bl  |                        |                      | siber group  |                      |               | \$                |        |                   |
|   |                        |                      |              |                      |               |                   |        |                   |

| LEGAL NAME OF OWNER<br>Cogeco US (Miami        |          | E SYSTEM:        |             |                      |           | S                | VSTEM ID#<br>025207 | Name                     |
|--|----------|------------------|-------------|----------------------|-----------|------------------|---------------------|--------------------------|
|  |          |                  | BASE RA     | ATE FEES FOR EAG     |           |                  |                     |                          |
| ONE HUNDRED TWEN                               | TY-FIRST | SUBSCRIBER GROUP |             |                      |           | SUBSCRIBER GROUP |                     | 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<br>Surcharge |
|  |          |                  |             |                      |           |                  |                     | for                      |
|  |          |                  |             |                      |           |                  |                     | 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 Gro                        | -        | \$               | 0.00        | Base Rate Fee Sec    |           | \$               | 0.00                |                          |
|  | TY-THIRD | SUBSCRIBER GROUP | •           |                      |           | SUBSCRIBER GROUP |                     |                          |
| COMMUNITY/ AREA                                |          |                  | 0           | COMMUNITY/ ARE       | A         |                  | 0                   |                          |
| CALL SIGN                                      | DSE      | CALL SIGN        | DSE         | CALL SIGN            | DSE       | CALL SIGN        | DSE                 |                          |
|  |          |                  |             |                      |           |                  |                     |                          |
|  |          |                  |             |                      |           | -                |                     |                          |
|  |          |                  |             |                      |           |                  |                     |                          |
|  |          |                  |             |                      |           |                  |                     |                          |
|  |          |                  |             |                      |           |                  |                     |                          |
|  |          |                  |             |                      |           |                  |                     |                          |
|  |          |                  |             |                      |           |                  |                     |                          |
|  |          |                  |             |                      |           |                  |                     |                          |
|  |          |                  |             |                      |           |                  |                     |                          |
|  |          |                  |             |                      |           |                  |                     |                          |
|  |          |                  |             |                      |           |                  |                     |                          |
|  |          |                  |             |                      |           |                  |                     |                          |
| Total DSEs                                     | II       |                  | 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                |                          |
|  |          |                  |             |                      |           |                  |                     |                          |
| Base Rate Fee: Add the Enter here and in block |          |                  | riber group | as shown in the boxe | es above. | \$               |                     |                          |

| Cogeco US (Miami), LLC  | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 025207 |               |                                  |             |                 |      |  |  |  |
|---|--|---------------|----------------------------------|-------------|-----------------|------|--|--|--|
|   | COMPUTATION O  |               |                                  |             |                 |      |  |  |  |
| ONE HUNDRED TWENTY-FIFTH  | SUBSCRIBER GROUP                                       | »<br>٥        | ONE HUNDRED T                    |             | SUBSCRIBER GROU | P 0  |  |  |  |
|   |  |               |                                  |             |                 |      |  |  |  |
| CALL SIGN DSE   | CALL SIGN  | DSE           | CALL SIGN                        | DSE         | CALL SIGN       | DSE  |  |  |  |
|   |  |               |                                  |             |                 |      |  |  |  |
|   |  |               |                                  |             |                 |      |  |  |  |
|   |  |               |                                  |             |                 |      |  |  |  |
|   |  |               |                                  |             |                 |      |  |  |  |
|   |  |               |                                  |             |                 |      |  |  |  |
|   |  |               |                                  |             |                 |      |  |  |  |
|   |  |               |                                  |             |                 |      |  |  |  |
|   |  |               |                                  |             |                 |      |  |  |  |
|   |  |               |                                  |             |                 |      |  |  |  |
|   |  |               |                                  |             |                 |      |  |  |  |
|   |  |               |                                  |             |                 |      |  |  |  |
|   |  |               |                                  |             |                 |      |  |  |  |
| otal DSEs   |  | 0.00          | Total DSEs                       |             |                 | 0.00 |  |  |  |
| tross Receipts First Group \$ 0.00                                    |  |               | Gross Receipts Sec               | cond Group  | \$              | 0.00 |  |  |  |
| Base Rate Fee First Group \$ 0.00                                     |  |               | Base Rate Fee Sec                | cond Group  | \$              | 0.00 |  |  |  |
| E HUNDRED TWENTY-SEVENTH  | SUBSCRIBER GROUP                                       | 0             | ONE HUNDRED TW                   | ENTY-EIGHTH | SUBSCRIBER GROU | P    |  |  |  |
| DMMUNITY/ AREA  |  | 0             | COMMUNITY/ ARE                   | A           |                 | 0    |  |  |  |
| CALL SIGN DSE   | CALL SIGN  | DSE           | CALL SIGN                        | DSE         | CALL SIGN       | DSE  |  |  |  |
|   |  |               |                                  |             |                 |      |  |  |  |
|   |  |               |                                  |             |                 |      |  |  |  |
|   |  |               | 1                                |             |                 |      |  |  |  |
|   |  | <mark></mark> |                                  |             |                 |      |  |  |  |
|   |  |               |                                  |             |                 |      |  |  |  |
|   |  |               |                                  |             |                 |      |  |  |  |
|   |  |               |                                  |             |                 |      |  |  |  |
|   |  |               |                                  |             |                 |      |  |  |  |
|   |  |               |                                  |             |                 |      |  |  |  |
|   |  |               |                                  |             |                 |      |  |  |  |
|   |  |               |                                  |             |                 |      |  |  |  |
|   |  |               |                                  |             |                 |      |  |  |  |
| otal DSEs   |  | 0.00          | Total DSEs                       |             |                 | 0.00 |  |  |  |
|   | S  | 0.00          | Total DSEs<br>Gross Receipts Fou | Irth Group  | S               | 0.00 |  |  |  |
| Fotal DSEs<br>Gross Receipts Third Group<br>Base Rate Fee Third Group | S  |               |                                  |             | s               |      |  |  |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       Cogeco US (Miami), LLC     025207 |         |                                  |               |                      |           |                 |      | Name                     |
|---|---------|----------------------------------|---------------|----------------------|-----------|-----------------|------|--------------------------|
| ONE HUNDRED TV  |         | COMPUTATION O<br>SUBSCRIBER GROU |               |                      |           | BER GROUP       | P    |                          |
| COMMUNITY/ ARE  | Α       |                                  | 0             | COMMUNITY/ ARE       | Α         |                 | 0    | 9<br>Computation         |
| CALL SIGN   | DSE     | CALL SIGN                        | DSE           | CALL SIGN            | DSE       | CALL SIGN       | DSE  | of                       |
|   |         |                                  |               |                      |           |                 |      | Base Rate Fee<br>and     |
|   |         |                                  |               |                      |           |                 |      | Syndicated               |
|   |         |                                  |               |                      |           |                 |      | Exclusivity<br>Surcharge |
|   |         |                                  |               |                      |           |                 |      | for                      |
|   |         |                                  |               |                      |           |                 |      | Partially                |
|   |         |                                  |               |                      |           |                 |      | Distant<br>Stations      |
|   |         |                                  |               |                      |           |                 |      |                          |
|   |         |                                  |               |                      |           |                 |      |                          |
|   |         |                                  |               |                      |           |                 |      |                          |
|   |         |                                  |               |                      |           |                 |      |                          |
| Total DSEs  |         |                                  | 0.00          | Total DSEs           |           |                 | 0.00 |                          |
|   |         |                                  | 0.00          | Gross Receipts Sec   | ond Group | \$              | 0.00 |                          |
|   | Coroup  | ÷                                |               |                      |           | •               |      |                          |
| Base Rate Fee Firs  | t Group | \$                               | 0.00          | Base Rate Fee Sec    | ond Group | \$              | 0.00 |                          |
|   |         | SUBSCRIBER GROU                  |               |                      |           | SUBSCRIBER GROU |      |                          |
| COMMUNITY/ ARE  | Α       |                                  | 0             | COMMUNITY/ ARE       | A         |                 | 0    |                          |
| CALL SIGN   | DSE     | CALL SIGN                        | DSE           | CALL SIGN            | DSE       | CALL SIGN       | DSE  |                          |
|   |         |                                  |               |                      |           |                 |      |                          |
|   |         |                                  |               |                      |           |                 |      |                          |
|   |         |                                  |               |                      |           |                 |      |                          |
|   |         |                                  |               |                      |           |                 |      |                          |
|   |         |                                  |               |                      |           |                 |      |                          |
|   |         |                                  |               |                      |           |                 |      |                          |
|   |         |                                  |               |                      |           |                 |      |                          |
|   |         |                                  |               |                      |           |                 |      |                          |
|   |         |                                  |               |                      |           |                 |      |                          |
|   |         |                                  |               |                      |           |                 |      |                          |
| T. ( ) DOF  |         |                                  | 0.00          |                      |           |                 | 0.00 |                          |
| Total DSEs  |         |                                  | 0.00          | Total DSEs           |           |                 | 0.00 |                          |
| Gross Receipts Thir   | a Group | <u>\$</u>                        | 0.00          | Gross Receipts Fou   | rtn Group | \$              | 0.00 |                          |
| Base Rate Fee Thir  | d Group | \$                               | 0.00          | Base Rate Fee Fou    | rth Group | \$              | 0.00 |                          |
| Base Rate Fee: Ad<br>Enter here and in bl   |         |                                  | scriber group | as shown in the boxe | es above. | \$              |      |                          |

| LEGAL NAME OF OWN                     |            | E SYSTEM:        |              |                      |             | ę               | 6YSTEM ID#<br>025207 | Name              |
|---------------------------------------|------------|------------------|--------------|----------------------|-------------|-----------------|----------------------|-------------------|
|                                       |            |                  |              | ATE FEES FOR EAG     |             |                 |                      |                   |
| ONE HUNDRED TH                        |            | SUBSCRIBER GROUP | 0            | ONE HUNDRED TH       |             | SUBSCRIBER GROU | P<br>0               | 9                 |
|                                       |            |                  | v            |                      |             |                 | U                    | Computation       |
| CALL SIGN                             | DSE        | CALL SIGN        | DSE          | CALL SIGN            | DSE         | CALL SIGN       | DSE                  | of                |
|                                       |            |                  |              |                      |             |                 |                      | Base Rate Fee     |
|                                       |            |                  |              |                      |             |                 |                      | and<br>Syndicated |
|                                       |            |                  |              |                      |             |                 |                      | Exclusivity       |
|                                       |            |                  |              |                      |             |                 |                      | Surcharge         |
|                                       |            |                  |              |                      |             |                 |                      | for<br>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    | cond Group  | \$              | 0.00                 |                   |
| ONE HUNDRED TH                        | IRTY-FIFTH | SUBSCRIBER GROU  | JP           | ONE HUNDRED T        | HIRTY-SIXTH | SUBSCRIBER GRO  | OUP                  |                   |
| COMMUNITY/ AREA                       |            |                  | 0            | COMMUNITY/ ARE       | A           |                 | 0                    |                   |
| CALL SIGN                             | DSE        | CALL SIGN        | DSE          | CALL SIGN            | DSE         | CALL SIGN       | DSE                  |                   |
|                                       |            |                  |              |                      |             |                 |                      |                   |
|                                       |            |                  |              |                      |             |                 |                      |                   |
|                                       |            |                  |              |                      |             | -               |                      |                   |
|                                       |            |                  |              |                      |             |                 |                      |                   |
|                                       |            |                  |              |                      |             |                 |                      |                   |
|                                       |            |                  |              |                      |             |                 |                      |                   |
|                                       |            |                  |              |                      |             | -               |                      |                   |
|                                       |            |                  |              |                      |             |                 |                      |                   |
|                                       |            |                  |              |                      |             |                 |                      |                   |
|                                       |            |                  |              |                      |             |                 |                      |                   |
|                                       |            |                  |              |                      |             |                 |                      |                   |
| Total DSEs                            |            |                  | 0.00         | Total DSEs           |             |                 | 0.00                 |                   |
| Gross Receipts Third                  | l Group    | \$               | 0.00         | Gross Receipts Fou   | irth Group  | \$              | 0.00                 |                   |
| Base Rate Fee Third                   | l Group    | \$               | 0.00         | Base Rate Fee Fou    | irth Group  | \$              | 0.00                 |                   |
| e Rate Fee: Add<br>er here and in blo |            |                  | criber group | as shown in the boxe | es above.   | \$              |                      |                   |

| LEGAL NAME OF OWI    |           | LE SYSTEM:                                       |               |                      |             | ę               | 6YSTEM ID#<br>025207 | Name                      |
|----------------------|-----------|--|---------------|----------------------|-------------|-----------------|----------------------|---------------------------|
|                      |           |  |               | ATE FEES FOR EAG     |             |                 |                      |                           |
|                      |           | SUBSCRIBER GROU                                  |               |                      |             | SUBSCRIBER GROU |                      | 9                         |
| COMMUNITY/ AREA      |           |  | 0             | COMMUNITY/ ARE       | :A          |                 | 0                    | Computation               |
| CALL SIGN            | DSE       | CALL SIGN  | DSE           | CALL SIGN            | DSE         | CALL SIGN       | DSE                  | of                        |
|                      |           |  |               |                      |             |                 |                      | Base Rate Fe              |
|                      |           | -  |               |                      |             | -               |                      | and                       |
|                      |           | -  |               |                      |             |                 |                      | Syndicated<br>Exclusivity |
|                      |           |  |               |                      |             |                 |                      | Surcharge                 |
|                      |           |  |               |                      |             |                 |                      | for                       |
|                      |           |  |               |                      |             | -               |                      | Partially                 |
|                      |           |  |               |                      |             |                 |                      | Distant<br>Stations       |
|                      |           |  |               |                      |             |                 |                      | olutions                  |
|                      |           |  |               |                      |             |                 |                      |                           |
|                      |           | -  |               |                      |             |                 |                      |                           |
|                      |           |  |               |                      |             |                 |                      |                           |
|                      |           |  |               |                      |             |                 |                      |                           |
| Total DSEs           |           |  | 0.00          | Total DSEs           |             |                 | 0.00                 |                           |
|                      |           |  | 0.00          | Gross Receipts Sec   | cond Group  | \$              | 0.00                 |                           |
| ·                    | ·         |  |               |                      | ·           |                 |                      |                           |
| Base Rate Fee First  | Group     | \$   | 0.00          | Base Rate Fee Sec    | cond Group  | \$              | 0.00                 |                           |
| ONE HUNDRED THI      | RTY-NINTH | SUBSCRIBER GRO                                   | UP            | ONE HUNDRE           | ED FORTIETH | SUBSCRIBER GRO  | DUP                  |                           |
| COMMUNITY/ AREA      | ۸<br>     |  | 0             | COMMUNITY/ ARE       | A           |                 | 0                    |                           |
| CALL SIGN            | DSE       | CALL SIGN  | DSE           | CALL SIGN            | DSE         | CALL SIGN       | DSE                  |                           |
|                      |           |  |               |                      |             |                 |                      |                           |
|                      |           |  |               |                      |             |                 |                      |                           |
|                      |           | -  |               |                      |             |                 |                      |                           |
|                      |           | -  |               |                      |             | -               |                      |                           |
|                      |           |  |               |                      |             | -               |                      |                           |
|                      |           |  |               |                      |             |                 |                      |                           |
|                      |           |  |               |                      |             |                 |                      |                           |
|                      |           | -  |               |                      |             |                 |                      |                           |
|                      |           |  |               |                      |             |                 |                      |                           |
|                      |           |  |               |                      |             |                 |                      |                           |
|                      |           |  |               |                      |             |                 |                      |                           |
|                      |           |  |               |                      |             |                 |                      |                           |
| Total DSEs           |           |  | 0.00          | Total DSEs           |             |                 | 0.00                 |                           |
| Gross Receipts Third | l Group   | \$   | 0.00          | Gross Receipts Fou   | urth Group  | \$              | 0.00                 |                           |
| Base Rate Fee Third  | l Group   | \$   | 0.00          | Base Rate Fee Fou    | irth Group  | \$              | 0.00                 |                           |
|                      |           | <b>te fees</b> for each subs<br>space L (page 7) | scriber group | as shown in the boxe | es above.   | \$              |                      |                           |

| LEGAL NAME OF OV                         |             | LE SYSTEM:       |              |                      |             |                   | SYSTEM ID# | Name                 |
|--|-------------|------------------|--------------|----------------------|-------------|-------------------|------------|----------------------|
| Cogeco US (Mi                            | ami), LLC   |                  |              |                      |             |                   | 025207     | Name                 |
|  | BLOCK A:    | COMPUTATION O    | F BASE RA    | ATE FEES FOR EAG     | CH SUBSCF   | RIBER GROUP       |            |                      |
| ONE HUNDRED                              | FORTY-FIRST | SUBSCRIBER GROU  | P            | ONE HUNDRED FO       | ORTY-SECONE | SUBSCRIBER GROU   | P          | •                    |
| COMMUNITY/ ARE                           | A           |                  | 0            | COMMUNITY/ ARE       | A           |                   | 0          | 9                    |
|  |             |                  |              |                      |             |                   |            | Computation          |
| CALL SIGN                                | DSE         | CALL SIGN        | DSE          | CALL SIGN            | DSE         | CALL SIGN         | DSE        | of<br>Base Date For  |
|  |             |                  |              |                      |             | n <mark></mark>   |            | Base Rate Fee<br>and |
|  |             |                  |              |                      |             |                   |            | Syndicated           |
|  |             | -                |              |                      |             |                   |            | Exclusivity          |
|  |             |                  |              |                      |             |                   |            | Surcharge            |
|  |             |                  |              |                      |             |                   |            | for                  |
|  |             |                  |              |                      |             |                   |            | Partially            |
|  |             | -                |              |                      |             |                   |            | Distant              |
|  |             |                  |              |                      |             |                   |            | Stations             |
|  |             | -                |              |                      |             |                   |            |                      |
|  |             |                  |              |                      |             |                   |            |                      |
|  |             | -                |              |                      |             |                   |            |                      |
|  |             |                  |              |                      |             |                   |            |                      |
|  |             |                  |              |                      |             |                   |            |                      |
| Total DSEs                               | •           |                  | 0.00         | Total DSEs           | •           |                   | 0.00       |                      |
|  |             |                  |              |                      |             |                   |            |                      |
| Gross Receipts Firs                      | st Group    | \$               | 0.00         | Gross Receipts Sec   | cond Group  | \$                | 0.00       |                      |
|  |             |                  |              |                      |             |                   |            |                      |
| Base Rate Fee Firs                       | st Group    | \$               | 0.00         | Base Rate Fee Sec    | cond Group  | \$                | 0.00       |                      |
|  | FORTY-THIRD | SUBSCRIBER GROU  | P            |                      |             | I SUBSCRIBER GROU | P          |                      |
| COMMUNITY/ ARE                           |             | SOBOOKIBER GROOM | 0            | COMMUNITY/ ARE       |             |                   | 0          |                      |
|  |             |                  | •            |                      |             |                   | •          |                      |
| CALL SIGN                                | DSE         | CALL SIGN        | DSE          | CALL SIGN            | DSE         | CALL SIGN         | DSE        |                      |
|  |             |                  |              |                      |             |                   |            |                      |
|  |             |                  |              |                      |             |                   |            |                      |
|  |             |                  |              |                      |             |                   |            |                      |
|  |             |                  |              |                      |             |                   |            |                      |
|  |             |                  |              |                      |             |                   |            |                      |
|  |             | -                |              |                      |             |                   |            |                      |
|  |             |                  |              |                      |             |                   |            |                      |
|  |             | -                |              |                      |             |                   |            |                      |
|  |             |                  |              |                      |             | n <mark>-</mark>  |            |                      |
|  |             |                  |              |                      |             |                   |            |                      |
|  |             |                  |              |                      |             |                   |            |                      |
|  |             |                  |              |                      |             |                   |            |                      |
|  |             |                  |              |                      |             |                   |            |                      |
|  |             |                  |              |                      |             |                   |            |                      |
| Total DSEs                               |             |                  | 0.00         | Total DSEs           |             |                   | 0.00       |                      |
| Gross Receipts Thi                       | rd Group    | \$               | 0.00         | Gross Receipts Fou   | urth Group  | \$                | 0.00       |                      |
|  | - 'F        | ·                |              |                      |             | ·                 |            |                      |
|  |             |                  |              |                      |             |                   |            |                      |
| Base Rate Fee Thi                        | rd Group    | \$               | 0.00         | Base Rate Fee Fou    | irth Group  | \$                | 0.00       |                      |
|  |             |                  |              |                      |             |                   |            |                      |
|  |             |                  |              |                      |             |                   |            |                      |
| Base Rate Fee: Ad<br>Enter here and in b |             |                  | criber group | as shown in the boxe | es above.   | \$                |            |                      |
|  |             | (00.30 / )       |              |                      |             | *                 |            |                      |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       Cogeco US (Miami), LLC     025207 |            |                                  |              |                      |             |                 |      | Name                 |
|---|------------|----------------------------------|--------------|----------------------|-------------|-----------------|------|----------------------|
| ONE HUNDRED   |            | COMPUTATION O<br>SUBSCRIBER GROU |              | ATE FEES FOR EAC     |             | IBER GROUP      | P    |                      |
| COMMUNITY/ ARE  | A          |                                  | 0            | COMMUNITY/ ARE       | A           |                 | 0    | 9<br>Computation     |
| CALL SIGN   | DSE        | CALL SIGN                        | DSE          | CALL SIGN            | DSE         | CALL SIGN       | DSE  | of                   |
|   |            |                                  |              |                      |             |                 |      | Base Rate Fee<br>and |
|   |            |                                  |              |                      |             |                 |      | Syndicated           |
|   |            |                                  |              |                      |             |                 |      | Exclusivity          |
|   |            |                                  |              |                      |             |                 |      | Surcharge<br>for     |
|   |            |                                  |              |                      |             |                 |      | Partially            |
|   |            | -                                |              |                      |             |                 |      | Distant<br>Stations  |
|   |            |                                  |              |                      |             |                 |      | otations             |
|   |            |                                  |              |                      |             |                 |      |                      |
|   |            | -                                |              |                      |             |                 |      |                      |
|   |            |                                  |              |                      |             |                 |      |                      |
|   |            |                                  |              |                      |             |                 |      |                      |
| Total DSEs  |            |                                  | 0.00         | Total DSEs           |             |                 | 0.00 |                      |
| Gross Receipts Firs   | t Group    | \$                               | 0.00         | Gross Receipts Sec   | ond Group   | \$              | 0.00 |                      |
| Base Rate Fee Firs  | t Group    | \$                               | 0.00         | Base Rate Fee Sec    | ond Group   | \$              | 0.00 |                      |
| ONE HUNDRED FOR   | TY-SEVENTH | SUBSCRIBER GROU                  | D            | ONE HUNDRED F        | ORTY-EIGHTH | SUBSCRIBER GROU | P    |                      |
| COMMUNITY/ ARE  | A          |                                  | 0            | COMMUNITY/ ARE       | A           |                 | 0    |                      |
| CALL SIGN   | DSE        | CALL SIGN                        | DSE          | CALL SIGN            | DSE         | CALL SIGN       | DSE  |                      |
|   |            |                                  |              |                      |             |                 |      |                      |
|   |            |                                  |              |                      |             |                 |      |                      |
|   |            |                                  |              |                      |             |                 |      |                      |
|   |            |                                  |              |                      |             |                 |      |                      |
|   |            | -                                |              |                      |             |                 |      |                      |
|   |            |                                  |              |                      |             |                 |      |                      |
|   |            |                                  |              |                      |             |                 |      |                      |
|   |            |                                  |              |                      |             |                 |      |                      |
|   |            |                                  |              |                      |             |                 |      |                      |
|   |            |                                  |              |                      |             |                 |      |                      |
| Total DSEs  |            |                                  | 0.00         | Total DSEs           |             |                 | 0.00 |                      |
| Gross Receipts Thir   | d Group    | \$                               | 0.00         | Gross Receipts Fou   | rth Group   | \$              | 0.00 |                      |
| Base Rate Fee Thir  | d Group    | \$                               | 0.00         | Base Rate Fee Fou    | rth Group   | \$              | 0.00 |                      |
| Base Rate Fee: Ad<br>Enter here and in bl   |            |                                  | criber group | as shown in the boxe | s above.    | \$              |      |                      |

| LEGAL NAME OF OW<br>Cogeco US (Mia          |             | LE SYSTEM:                      |               |                      |             | \$             | 6YSTEM ID#<br>025207 | Name                    |
|---|-------------|---------------------------------|---------------|----------------------|-------------|----------------|----------------------|-------------------------|
|   | ORTY-NINTH  | COMPUTATION O<br>SUBSCRIBER GRC | UP            |                      | ED FIFTIETH | BER GROUP      |                      | 9                       |
| COMMUNITY/ AREA 0                           |             |                                 | 0             | COMMUNITY/ ARE       | A           |                | 0                    | <b>J</b><br>Computation |
| CALL SIGN                                   | DSE         | CALL SIGN                       | DSE           | CALL SIGN            | DSE         | CALL SIGN      | DSE                  | of                      |
|   |             |                                 |               |                      |             |                |                      | Base Rate Fee           |
|   |             |                                 |               |                      |             |                |                      | and<br>Syndicated       |
|   |             | -                               |               |                      |             |                |                      | Exclusivity             |
|   |             |                                 |               |                      |             |                |                      | Surcharge               |
|   |             |                                 |               |                      |             |                |                      | for<br>Partially        |
|   |             |                                 |               |                      |             |                |                      | Distant                 |
|   |             |                                 |               |                      |             |                |                      | Stations                |
|   |             |                                 |               |                      |             |                |                      |                         |
|   |             |                                 |               |                      |             |                |                      |                         |
|   |             | -                               |               |                      |             |                |                      |                         |
|   |             |                                 |               |                      |             |                |                      |                         |
|   |             |                                 |               |                      |             |                |                      |                         |
| Total DSEs                                  |             |                                 | 0.00          | Total DSEs           |             |                | 0.00                 |                         |
| Gross Receipts Firs                         | t Group     | \$                              | 0.00          | Gross Receipts Sec   | ond Group   | \$             | 0.00                 |                         |
| Base Rate Fee First                         | t Group     | \$                              | 0.00          | Base Rate Fee Sec    | ond Group   | \$             | 0.00                 |                         |
| ONE HUNDRED F                               | FIFTY-FIRST | SUBSCRIBER GRC                  | UP            | ONE HUNDRED FIF      | TY-SECOND   | SUBSCRIBER GRO | OUP                  |                         |
| COMMUNITY/ ARE                              | A           |                                 | 0             | COMMUNITY/ ARE       | A           |                | 0                    |                         |
| CALL SIGN                                   | DSE         | CALL SIGN                       | DSE           | CALL SIGN            | DSE         | CALL SIGN      | DSE                  |                         |
|   |             |                                 |               |                      |             |                |                      |                         |
|   |             |                                 |               |                      |             |                |                      |                         |
|   |             |                                 |               |                      |             |                |                      |                         |
|   |             | -                               |               |                      |             |                |                      |                         |
|   |             |                                 |               |                      |             |                |                      |                         |
|   |             |                                 |               |                      |             |                |                      |                         |
|   |             | -                               |               |                      |             |                |                      |                         |
|   |             |                                 | •••           |                      |             |                |                      |                         |
|   |             |                                 |               |                      |             |                |                      |                         |
|   |             |                                 |               |                      |             |                |                      |                         |
|   |             |                                 |               |                      |             |                |                      |                         |
| Total DSEs                                  |             |                                 | 0.00          | Total DSEs           |             |                | 0.00                 |                         |
| Gross Receipts Thir                         | d Group     | \$                              | 0.00          | Gross Receipts Fou   | rth Group   | \$             | 0.00                 |                         |
| Base Rate Fee Thir                          | d Group     | \$                              | 0.00          | Base Rate Fee Fou    | rth Group   | \$             | 0.00                 |                         |
| Base Rate Fee: Add<br>Enter here and in blo |             |                                 | scriber group | as shown in the boxe | s above.    | \$             |                      |                         |

| LEGAL NAME OF OWN                           |           | E SYSTEM:                        |              |                       |           | S              | 6YSTEM ID#<br>025207 | Name                    |
|---|-----------|----------------------------------|--------------|-----------------------|-----------|----------------|----------------------|-------------------------|
| ONE HUNDRED FI                              | FTY-THIRD | COMPUTATION OF<br>SUBSCRIBER GRO | JP           | ATE FEES FOR EAC      | TY-FOURTH |                |                      | 9                       |
| COMMUNITY/ AREA 0                           |           |                                  | 0            | COMMUNITY/ ARE/       | ۹         |                | 0                    | <b>9</b><br>Computation |
| CALL SIGN                                   | DSE       | CALL SIGN                        | DSE          | CALL SIGN             | DSE       | CALL SIGN      | DSE                  | of                      |
|   |           |                                  |              |                       |           |                |                      | Base Rate Fee<br>and    |
|   |           |                                  |              |                       |           |                |                      | Syndicated              |
|   |           |                                  |              |                       |           |                |                      | Exclusivity             |
|   |           |                                  |              |                       |           |                |                      | Surcharge<br>for        |
|   |           | -                                |              |                       |           |                |                      | Partially               |
|   |           |                                  |              |                       |           |                |                      | Distant                 |
|   |           |                                  |              |                       |           |                |                      | Stations                |
|   |           | -                                |              |                       |           |                |                      |                         |
|   |           |                                  |              |                       |           |                |                      |                         |
|   |           |                                  |              |                       |           |                |                      |                         |
|   |           |                                  |              |                       |           |                |                      |                         |
| Total DSEs                                  |           |                                  | 0.00         | Total DSEs            |           |                | 0.00                 |                         |
| Gross Receipts First                        | Group     | \$                               | 0.00         | Gross Receipts Seco   | ond Group | \$             | 0.00                 |                         |
|   |           |                                  |              |                       |           |                |                      |                         |
| Base Rate Fee First                         |           | \$                               | 0.00         | Base Rate Fee Seco    |           | \$             | 0.00                 |                         |
| COMMUNITY/ AREA                             |           | SUBSCRIBER GRO                   | ч<br>О       | COMMUNITY/ AREA       |           | SUBSCRIBER GRC | 900<br>0             |                         |
|   |           |                                  | •            |                       | `         |                | Ŭ                    |                         |
| CALL SIGN                                   | DSE       | CALL SIGN                        | DSE          | CALL SIGN             | DSE       | CALL SIGN      | DSE                  |                         |
|   |           |                                  |              |                       |           |                |                      |                         |
|   |           |                                  |              |                       |           |                |                      |                         |
|   |           |                                  |              |                       |           |                |                      |                         |
|   |           |                                  |              |                       |           |                |                      |                         |
|   |           |                                  |              |                       |           | -              |                      |                         |
|   |           |                                  |              |                       |           |                |                      |                         |
|   |           |                                  |              |                       |           |                |                      |                         |
|   |           |                                  |              |                       |           |                |                      |                         |
|   |           |                                  |              |                       |           |                |                      |                         |
|   |           |                                  |              |                       |           |                |                      |                         |
|   |           |                                  |              |                       |           |                |                      |                         |
| Total DSEs 0.00                             |           | 0.00                             | Total DSEs   |                       |           | 0.00           |                      |                         |
| Gross Receipts Third                        | Group     | \$                               | 0.00         | Gross Receipts Four   | rth Group | \$             | 0.00                 |                         |
| Base Rate Fee Third                         | Group     | \$                               | 0.00         | Base Rate Fee Four    | th Group  | \$             | 0.00                 |                         |
| Base Rate Fee: Add<br>Enter here and in blo |           |                                  | criber group | as shown in the boxes | s above.  | \$             |                      |                         |

| Base Rate For<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations<br>SEs 0.00<br>Receipts Second Group \$ 0.00<br>ate Fee Second Group \$ 0.00<br>NE HUNDRED SIXTIETH SUBSCRIBER GROUP<br>JNITY/ AREA 0  |          | FEES FOR EACH              | BASE RA |                  |          |                        |
|--|----------|----------------------------|---------|------------------|----------|------------------------|
| JNITY/ AREA       0       9         SIGN       DSE       CALL SIGN       DSE         Base Rate Fi       and       Syndicated       Exclusivity         Surcharge       for       Partially       Distant         SEs       0.00       stations       Stations         SEs       0.00       \$       0.00         NE HUNDRED SIXTIETH SUBSCRIBER GROUP       0.00       100   | EIGHTH   |                            |         |                  |          |                        |
| SIGN       DSE       CALL SIGN       DSE         SIGN       DSE       CALL SIGN       DSE         Base Rate Fra       and       Syndicated         Syndicated       Exclusivity       Surcharge         for       Partially       Distant         SEs       0.00       Stations         Seceipts Second Group       \$       0.00         NE HUNDRED SIXTIETH SUBSCRIBER GROUP       0   |          |                            | 0       | SUBSCRIBER GROUP | -SEVENTH | ONE HUNDRED FIFTY      |
| SIGN       DSE       CALL SIGN       DSE       of         Base Rate Fill       and       Syndicated         and       Syndicated       Exclusivity         Sucharge       for       Partially         Distant       Stations       Stations         SEs       0.00       Stations         Receipts Second Group       \$       0.00         NE HUNDRED SIXTIETH SUBSCRIBER GROUP       0   |          |                            | v       |                  |          |                        |
| and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations<br>SEs 0.00<br>Seceipts Second Group \$ 0.00<br>ate Fee Second Group \$ 0.00<br>NE HUNDRED SIXTIETH SUBSCRIBER GROUP<br>JNITY/ AREA 0   | SE       | CALL SIGN                  | DSE     | CALL SIGN        | DSE      | CALL SIGN              |
| Seceipts Second Group \$ 0.00<br>Receipts Second Group \$ 0.00<br>NE HUNDRED SIXTIETH SUBSCRIBER GROUP<br>JNITY/ AREA 0  |          |                            |         |                  |          |                        |
| Exclusivity<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations<br>SEs 0.00<br>Receipts Second Group \$ 0.00<br>ate Fee Second Group \$ 0.00<br>NE HUNDRED SIXTIETH SUBSCRIBER GROUP<br>JNITY/ AREA 0   |          |                            |         |                  |          |                        |
| Surcharge<br>for<br>Partially<br>Distant<br>Stations<br>SEs 0.00<br>Receipts Second Group \$ 0.00<br>ate Fee Second Group \$ 0.00<br>NE HUNDRED SIXTIETH SUBSCRIBER GROUP<br>JNITY/ AREA 0   |          |                            |         |                  |          |                        |
| Partially<br>Distant<br>Stations<br>SEs 0.00<br>Receipts Second Group \$ 0.00<br>ate Fee Second Group \$ 0.00<br>NE HUNDRED SIXTIETH SUBSCRIBER GROUP<br>JNITY/ AREA 0   |          |                            |         |                  |          |                        |
| Distant<br>Stations  |          |                            |         |                  |          |                        |
| Stations Sta |          |                            |         |                  |          |                        |
| SEs 0.00<br>Receipts Second Group \$ 0.00<br>ate Fee Second Group \$ 0.00<br>NE HUNDRED SIXTIETH SUBSCRIBER GROUP<br>JNITY/ AREA 0   |          |                            |         |                  |          |                        |
| Receipts Second Group       \$       0.00         ate Fee Second Group       \$       0.00         NE HUNDRED SIXTIETH SUBSCRIBER GROUP       JNITY/ AREA       0  |          |                            |         |                  |          |                        |
| Receipts Second Group       \$       0.00         ate Fee Second Group       \$       0.00         NE HUNDRED SIXTIETH SUBSCRIBER GROUP       JNITY/ AREA       0  |          |                            |         |                  |          |                        |
| Receipts Second Group       \$       0.00         ate Fee Second Group       \$       0.00         NE HUNDRED SIXTIETH SUBSCRIBER GROUP       JNITY/ AREA       0  |          |                            |         |                  |          |                        |
| Receipts Second Group       \$       0.00         ate Fee Second Group       \$       0.00         NE HUNDRED SIXTIETH SUBSCRIBER GROUP       JNITY/ AREA       0  |          |                            |         |                  |          |                        |
| Receipts Second Group       \$       0.00         ate Fee Second Group       \$       0.00         NE HUNDRED SIXTIETH SUBSCRIBER GROUP       JNITY/ AREA       0  |          |                            |         |                  |          |                        |
| ate Fee Second Group     \$     0.00       NE HUNDRED SIXTIETH SUBSCRIBER GROUP       JNITY/ AREA     0  |          | tal DSEs                   | 0.00    |                  |          | Total DSEs             |
| NE HUNDRED SIXTIETH SUBSCRIBER GROUP JNITY/ AREA 0   | roup     | oss Receipts Secon         | 0.00    | \$               | roup     | Gross Receipts First G |
| NE HUNDRED SIXTIETH SUBSCRIBER GROUP JNITY/ AREA 0   |          |                            |         | <b> </b>         |          |                        |
| JNITY/ AREA 0  | roup     | se Rate Fee Second         | 0.00    | \$               | roup     | Base Rate Fee First G  |
|  | KTIETH : | ONE HUNDRED                |         | SUBSCRIBER GROU  | TY-NINTH | ONE HUNDRED FIF        |
| SIGN DSE CALL SIGN DSE   |          | OMMUNITY/ AREA             | 0       |                  |          | COMMUNITY/ AREA        |
|  | SE       | CALL SIGN                  | DSE     | CALL SIGN        | DSE      | CALL SIGN              |
|  |          |                            |         |                  |          |                        |
|  |          |                            |         |                  |          |                        |
|  |          |                            |         |                  |          |                        |
|  |          |                            |         |                  |          |                        |
|  |          |                            |         |                  |          |                        |
|  |          |                            |         |                  |          |                        |
|  |          |                            |         |                  |          |                        |
|  |          |                            |         |                  |          |                        |
| <mark></mark>  |          |                            |         |                  |          |                        |
|  |          |                            |         |                  |          |                        |
|  |          |                            |         |                  |          |                        |
|  |          |                            |         |                  |          |                        |
| SEs 0.00   |          | tal DSEs                   | 0.00    | Total DSEs 0.00  |          |                        |
| Receipts Fourth Group \$ 0.00  | oup      | oss Receipts Fourth        | 0.00    | \$               | Group    | Gross Receipts Third ( |
| ate Fee Fourth Group \$ 0.00   | oup      | <b>ise Rate Fee</b> Fourth | 0.00    | \$               | Group    | Base Rate Fee Third (  |

| Ner   | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | FORM SA3E. PAGE 20<br>SYSTEM ID#   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|
| Name  | Cogeco US (Miami), LLC   | 025207   |  |  |  |  |  |  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |  |  |  |  |  |  |  |
| 9   | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mus also compute a 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<br>of<br>Base Rate Fee<br>and   | First 50 major television market     Second 50 major television market     INSTRUCTIONS:     Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of   |  |  |  |  |  |  |  |
| Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | Exempt DSEs in block C, part 7 of this schedule. If nor<br>Step 3: In line 3, subtract line 2 from line 1. This is the total num<br>Step 4: Compute the surcharge for each subscriber group using  | nber of DSEs used to compute the surcharge.  |  |  |  |  |  |  |
|   | 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 2: Eiler the Exempt DOL3<br>Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 2: Einer the Exempt bolds   |  |  |  |  |  |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE First Group   | SYNDICATED EXCLUSIVITY 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 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |  |  |  |  |  |  |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group  |  |  |  |  |  |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge<br>in the boxes above. Enter here and in block 4, line 2 of space L (  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |

|   | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | FORM SA3E. PAGE 20.<br>SYSTEM ID#  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| Name  | Cogeco US (Miami), LLC   | 025207   |  |  |  |  |  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EX  | CLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |  |  |  |  |  |
| 9   | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mus also compute a 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<br>of   | First 50 major television market   | Second 50 major television market  |  |  |  |  |  |
| of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscribe Exempt DSEs in block C, part 7 of this schedule. If n</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total n</li> <li>Step 4: Compute the surcharge for each subscriber group us</li> </ul> | commercial VHF Grade B contour stations listed in block A, part 9 of<br>r group for the VHF Grade B contour stations that were classified as<br>one enter zero.                      |  |  |  |  |  |
|   | FIFTH SUBSCRIBER GROUP   | SIXTH SUBSCRIBER GROUP   |  |  |  |  |  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |  |  |  |  |  |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs  |  |  |  |  |  |
|   | Line 2: Either the Exempt DoEs<br>Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 2: Einer the Excent DoEs  |  |  |  |  |  |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>First Group   | SYNDICATED EXCLUSIVITY SURCHARGE Second Group  |  |  |  |  |  |
|   | SEVENTH SUBSCRIBER GROUP   | EIGHTH SUBSCRIBER GROUP  |  |  |  |  |  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |  |  |  |  |  |
|   | Line 2: Enter the Exempt DSEs<br>Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge   | Line 2: Enter the Exempt DSEs<br>Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge |  |  |  |  |  |
|   | computation  |  |  |  |  |  |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surchar<br>in the boxes above. Enter here and in block 4, line 2 of space  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |

|                            |   | FORM SA3E. PAGE 20.   |  |  |  |  |  |  |
|----------------------------|---|---|--|--|--|--|--|--|
| Name                       | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#  |  |  |  |  |  |  |
|                            | Cogeco US (Miami), LLC  | 025207  |  |  |  |  |  |  |
|                            | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |   |  |  |  |  |  |  |
| 9                          | 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 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                | _   | _   |  |  |  |  |  |  |
| of<br>Base Rate Fee<br>and | First 50 major television market<br><b>INSTRUCTIONS:</b><br><b>Step 1:</b> In line 1, give the total DSEs by subscriber group for comm  | Second 50 major television market                                   |  |  |  |  |  |  |
| Syndicated<br>Exclusivity  | this schedule.<br><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber grou  |   |  |  |  |  |  |  |
| Surcharge                  | Exempt DSEs in block C, part 7 of this schedule. If none e  |   |  |  |  |  |  |  |
| for<br>Partially           | Step 3: In line 3, subtract line 2 from line 1. This is the total number<br>Step 4: Compute the surcharge for each subscriber group using the   |   |  |  |  |  |  |  |
| Distant<br>Stations        |   | figures applicable to the particular group. You do not need to show |  |  |  |  |  |  |
|                            |   |   |  |  |  |  |  |  |
|                            | NINTH SUBSCRIBER GROUP  | TENTH SUBSCRIBER GROUP  |  |  |  |  |  |  |
|                            | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs  |  |  |  |  |  |  |
|                            | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs                                       |  |  |  |  |  |  |
|                            | Line 3: Subtract line 2 from line 1   | Line 3: Subtract line 2 from line 1                                 |  |  |  |  |  |  |
|                            | and enter here. This is the   | and enter here. This is the   |  |  |  |  |  |  |
|                            | total number of DSEs for<br>this subscriber group   | total number of DSEs for<br>this subscriber group                   |  |  |  |  |  |  |
|                            | subject to the surcharge  | subject to the surcharge  |  |  |  |  |  |  |
|                            | computation   | computation   |  |  |  |  |  |  |
|                            |   |   |  |  |  |  |  |  |
|                            | SYNDICATED EXCLUSIVITY  | SYNDICATED EXCLUSIVITY  |  |  |  |  |  |  |
|                            | SURCHARGE   | SURCHARGE   |  |  |  |  |  |  |
|                            | First Group   | Second Group  |  |  |  |  |  |  |
|                            | ELEVENTH SUBSCRIBER GROUP   | TWELVTH SUBSCRIBER GROUP  |  |  |  |  |  |  |
|                            |   |   |  |  |  |  |  |  |
|                            | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs  |  |  |  |  |  |  |
|                            | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs                                       |  |  |  |  |  |  |
|                            | Line 3: Subtract line 2 from line 1<br>and enter here. This is the  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the  |  |  |  |  |  |  |
|                            | total number of DSEs for  | total number of DSEs for  |  |  |  |  |  |  |
|                            | this subscriber group   | this subscriber group   |  |  |  |  |  |  |
|                            | subject to the surcharge  | subject to the surcharge  |  |  |  |  |  |  |
|                            | computation   | computation   |  |  |  |  |  |  |
|                            |   |   |  |  |  |  |  |  |
|                            |   | SYNDICATED EXCLUSIVITY  |  |  |  |  |  |  |
|                            | SURCHARGE<br>Third Group  | SURCHARGE<br>Fourth Group   |  |  |  |  |  |  |
|                            |   |   |  |  |  |  |  |  |
|                            | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (page   |   |  |  |  |  |  |  |
|                            |   |   |  |  |  |  |  |  |

|                                  | ·  | FORM SA3E. PAGE 20.   |
|----------------------------------|--|---|
| Nama                             | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#  |
| Name                             | Cogeco US (Miami), LLC   | 025207  |
|                                  | BLOCK B: COMPUTATION OF SYNDICATED FXCLUS  | SIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| 9                                | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television ma<br>by section 76.5 of FCC rules in effect on June 24, 1981: | d the station is not exempt in Part 7, you mus also compute a   |
| Computation                      |  |   |
| of<br>Base Rate Fee              | First 50 major television market INSTRUCTIONS:   | Second 50 major television market   |
| and                              | Step 1: In line 1, give the total DSEs by subscriber group for comm  | ercial VHF Grade B contour stations listed in block A, part 9 of  |
| Syndicated<br>Exclusivity        | this schedule.<br><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group  | n for the VHE Grade B contour stations, that were classified as   |
| Surcharge                        | Exempt DSEs in block C, part 7 of this schedule. If none er  | •   |
| for                              | Step 3: In line 3, subtract line 2 from line 1. This is the total number   |   |
| Partially<br>Distant<br>Stations | Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts fi your actual calculations on this form.                                       | e formula outlined in block D, section 3 or 4 of part 7 of this<br>igures applicable to the particular group. You do not need to show |
|                                  | THIRTEENTH SUBSCRIBER GROUP  | FOURTEENTH 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   |
|                                  | First Group  | Second Group  |
|                                  |  |   |
|                                  | FIFTEENTH SUBSCRIBER GROUP   | SIXTEENTH 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   |
|                                  | Third Group  | Fourth Group  |
|                                  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (pag   | r each subscriber group as shown<br>je 7)   |
|                                  |  |   |

|   |  | FORM SA3E. PAGE 20.                               |  |  |  |  |  |
|---|--|---|--|--|--|--|--|
| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#  |  |  |  |  |  |
|   | Cogeco US (Miami), LLC   | 025207  |  |  |  |  |  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS  | SIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP        |  |  |  |  |  |
| 9   | <ul> <li>If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also constrained Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in a by section 76.5 of FCC rules in effect on June 24, 1981:</li> </ul>  |   |  |  |  |  |  |
| of  | First 50 major television market   |   |  |  |  |  |  |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>First 50 major television market</li> <li>Second 50 major television market</li> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul> |   |  |  |  |  |  |
|   |  |   |  |  |  |  |  |
|   | SEVENTEENTH SUBSCRIBER GROUP   | EIGHTEENTH 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                          |  |  |  |  |  |
|   |  |   |  |  |  |  |  |
|   | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY                            |  |  |  |  |  |
|   | SURCHARGE  | SURCHARGE   |  |  |  |  |  |
|   | First Group  | Second Group                                      |  |  |  |  |  |
|   |  |   |  |  |  |  |  |
|   | NINEENTH SUBSCRIBER GROUP  | TWENTYTH 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<br>subject to the surcharge  | this subscriber group<br>subject to the surcharge |  |  |  |  |  |
|   | computation  | computation                                       |  |  |  |  |  |
|   |  |   |  |  |  |  |  |
|   | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY                            |  |  |  |  |  |
|   | SURCHARGE<br>Third Group\$   | Fourth Group                                      |  |  |  |  |  |
|   | • • • • • • • • • • • • • • • • • • •  | • • • • • • • • • • • • • • • • • • •             |  |  |  |  |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (page  | 5 1   |  |  |  |  |  |
|   |  |   |  |  |  |  |  |

|                                  | ·   | FORM SA3E. PAGE 20.  |
|----------------------------------|---|--|
| Nama                             | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#   |
| Name                             | Cogeco US (Miami), LLC  | 025207   |
|                                  | BLOCK B: COMPLITATION OF SYNDICATED EXCLU   | SIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |
| 9<br>Computation<br>of           | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television m<br>by section 76.5 of FCC rules in effect on June 24, 1981: | d the station is not exempt in Part 7, you mus also compute a  |
| Base Rate Fee                    | INSTRUCTIONS:   |  |
| and<br>Syndicated                | Step 1: In line 1, give the total DSEs by subscriber group for comm this schedule.  | nercial VHF Grade B contour stations listed in block A, part 9 of  |
| Exclusivity                      | Step 2: In line 2, give the total number of DSEs by subscriber grou   | p for the VHF Grade B contour stations that were classified as   |
| Surcharge                        | Exempt DSEs in block C, part 7 of this schedule. If none e  |  |
| for                              | Step 3: In line 3, subtract line 2 from line 1. This is the total numbe   |  |
| Partially<br>Distant<br>Stations | Step 4: Compute the surcharge for each subscriber group using th schedule. In making this computation, use gross receipts f your actual calculations on this form.  | e formula outlined in block D, section 3 or 4 of part 7 of this<br>figures applicable to the particular group. You do not need to show |
|                                  | TWENTY-FIRST SUBSCRIBER GROUP   | TWENTY-SECOND SUBSCRIBER GROUP   |
|                                  |   |  |
|                                  | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs   |
|                                  | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs  |
|                                  | Line 3: Subtract line 2 from line 1   | Line 3: Subtract line 2 from line 1  |
|                                  | and enter here. This is the   | and enter here. This is the  |
|                                  | total number of DSEs for<br>this subscriber group   | total number of DSEs for<br>this subscriber group  |
|                                  | subject to the surcharge  | subject to the surcharge   |
|                                  | computation   | computation  |
|                                  |   |  |
|                                  |   |  |
|                                  | SURCHARGE<br>First Group  | Surcharge<br>Second Group  |
|                                  |   |  |
|                                  | TWENTY-THIRD SUBSCRIBER GROUP   | TWENTY-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<br>subject to the surcharge  |
|                                  | subject to the surcharge  | computation  |
|                                  |   |  |
|                                  | SYNDICATED EXCLUSIVITY  | SYNDICATED EXCLUSIVITY   |
|                                  | SURCHARGE   | SURCHARGE  |
|                                  | Third Group   | Fourth Group   |
|                                  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (page   | r each subscriber group as shown<br>ge 7)  |
|                                  |   |  |

|   |  | FORM SA3E. PAGE 20.                               |  |  |  |  |
|---|--|---|--|--|--|--|
| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#  |  |  |  |  |
|   | Cogeco US (Miami), LLC   | 025207  |  |  |  |  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS  | SIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP        |  |  |  |  |
| 9   | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television may<br>by section 76.5 of FCC rules in effect on June 24, 1981:  |   |  |  |  |  |
| Computation<br>of   | First 50 major television market   | Second 50 major television market                 |  |  |  |  |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>First 50 major television market</li> <li>Second 50 major television market</li> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul> |   |  |  |  |  |
|   |  |   |  |  |  |  |
|   | TWENTY-FIFTH SUBSCRIBER GROUP  | TWENTY-SIXTH SUBSCRIBER GROUP                     |  |  |  |  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs                        |  |  |  |  |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs                     |  |  |  |  |
|   | Line 3: Subtract line 2 from line 1  | 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<br>subject to the surcharge  | this subscriber group                             |  |  |  |  |
|   | computation  | subject to the surcharge                          |  |  |  |  |
|   |  |   |  |  |  |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE   | SYNDICATED EXCLUSIVITY SURCHARGE                  |  |  |  |  |
|   | First Group  | Second Group                                      |  |  |  |  |
|   | TWENTY-SEVENTH SUBSCRIBER GROUP  | TWENTY-EIGHTH SUBSCRIBER GROUP                    |  |  |  |  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs                        |  |  |  |  |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs                     |  |  |  |  |
|   | Line 3: Subtract line 2 from line 1  | Line 3: Subtract line 2 from line 1               |  |  |  |  |
|   | and enter here. This is the  | and enter here. This is the                       |  |  |  |  |
|   | total number of DSEs for<br>this subscriber group  | total number of DSEs for<br>this subscriber group |  |  |  |  |
|   | subject to the surcharge   | subject to the surcharge                          |  |  |  |  |
|   | - computation  | computation                                       |  |  |  |  |
|   | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY                            |  |  |  |  |
|   | SURCHARGE  | SURCHARGE   |  |  |  |  |
|   | Third Group  | Fourth Group                                      |  |  |  |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (pag   | 0   |  |  |  |  |
|   |  |   |  |  |  |  |
|   |  |   |  |  |  |  |

|   |   | FORM SA3E. PAGE 20.  |
|---|---|--|
| News  | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#   |
| Name  | Cogeco US (Miami), LLC  | 025207   |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCL   | USIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                        |
| 9   | If your cable system is located within a top 100 television market a<br>Syndicated Exclusivity Surcharge. Indicate which major television<br>by section 76.5 of FCC rules in effect on June 24, 1981:   |  |
| Computation   | Eiret 50 major talavision market  | Second 50 major television market                                  |
| of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity | <ul> <li>First 50 major television market</li> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for cor this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group</li> </ul>            | mmercial VHF Grade B contour stations listed in block A, part 9 of |
| Surcharge   | Exempt DSEs in block C, part 7 of this schedule. If none  |  |
| for<br>Partially<br>Distant<br>Stations                 | <ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total num</li> <li>Step 4: Compute the surcharge for each subscriber group using schedule. In making this computation, use gross receipt your actual calculations on this form.</li> </ul> |  |
|   | TWENTY-NINTH SUBSCRIBER GROUP   | THIRTIETH SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the V/HE 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<br>First Group  | Second Group \$  |
|   | THIRTY-FIRST SUBSCRIBER GROUP   | THIRTY-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<br>and enter here. This is the  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the |
|   | total number of DSEs for  | total number of DSEs for   |
|   | this subscriber group   | this subscriber group  |
|   | subject to the surcharge  | subject to the surcharge   |
|   | computation   | computation  |
|   | SYNDICATED EXCLUSIVITY  | SYNDICATED EXCLUSIVITY   |
|   | SURCHARGE<br>Third Group  | SURCHARGE<br>Fourth Group  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge<br>in the boxes above. Enter here and in block 4, line 2 of space L (p  |  |
|   |   |  |

|   |   | FORM SA3E. PAGE 20.                       |  |  |  |  |
|---|---|---|--|--|--|--|
| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#                                |  |  |  |  |
| Name  | Cogeco US (Miami), LLC  | 025207                                    |  |  |  |  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS   | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP |  |  |  |  |
| 9   | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television ma<br>by section 76.5 of FCC rules in effect on June 24, 1981:  |   |  |  |  |  |
| Computation   | First 50 major television market  | Second 50 major television market         |  |  |  |  |
| of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>First 50 major television market</li> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul> |   |  |  |  |  |
|   | THIRTY-THIRD SUBSCRIBER GROUP   | THIRTY-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                                 |  |  |  |  |
|   | First Group   | Second Group                              |  |  |  |  |
|   |   |   |  |  |  |  |
|   | THIRTY-FIFTH SUBSCRIBER GROUP   | THIRTY-SIXTH SUBSCRIBER GROUP             |  |  |  |  |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs                |  |  |  |  |
|   | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs             |  |  |  |  |
|   | Line 3: Subtract line 2 from line 1   | 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                                 |  |  |  |  |
|   | Third Group   | Fourth Group                              |  |  |  |  |
|   |   |   |  |  |  |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (page   | Ŭ I                                       |  |  |  |  |
|   |   |   |  |  |  |  |

|   |   | FORM SA3E. PAGE 20.   |
|---|---|---|
| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#  |
| Name  | Cogeco US (Miami), LLC  | 025207  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |   |
| 9   | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television ma<br>by section 76.5 of FCC rules in effect on June 24, 1981:  | the station is not exempt in Part 7, you mus also compute a   |
| Computation   |   |   |
| of<br>Base Rate Fee<br>and  | ☐ First 50 major television market<br>INSTRUCTIONS:<br>Step 1: In line 1, give the total DSEs by subscriber group for comme   | ☐ Second 50 major television market<br>ercial VHF Grade B contour stations listed in block A, part 9 of                 |
| Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | Syndicated       this schedule.         Exclusivity       Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were of Exempt DSEs in block C, part 7 of this schedule. If none enter zero.         for       Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.         Partially       Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not schedule. |   |
|   |   |   |
|   | THIRTY-SEVENTH SUBSCRIBER GROUP   | THIRTY-EIGHTH SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs  |
|   | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs   |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group |
|   | subject to the surcharge           computation  | subject to the surcharge<br>computation   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE First Group  | SYNDICATED EXCLUSIVITY SURCHARGE Second Group   |
|   | THIRTY-NINTH SUBSCRIBER GROUP   | FORTIETH SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs  |
|   | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs   |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group |
|   | subject to the surcharge  | subject to the surcharge  |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group  | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (page   |   |
|   |   |   |

|   |  | FORM SA3E. PAGE 20.  |
|---|--|--|
| Nama  | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#   |
| Name  | Cogeco US (Miami), LLC   | 025207   |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |  |
| 9   | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television ma<br>by section 76.5 of FCC rules in effect on June 24, 1981:   | the station is not exempt in Part 7, you mus also compute a  |
| Computation   | Eiret 50 major talovision market   | Second 50 major tolovicion market  |
| of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | of       First 50 major television market       Second 50 major television market         ate Fee       INSTRUCTIONS:         nd       Step 1:       In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.         sivity       Step 2:       In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.         or       Step 3:       In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.         sially       Step 4:       Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show |  |
|   | FORTY-FIRST SUBSCRIBER GROUP   | FORTY-SECOND SUBSCRIBER GROUP  |
|   |  | Line 1: Enter the VHF DSEs   |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|   | FORTY-THIRD SUBSCRIBER GROUP   | FORTY-FOURTH SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|   | Third Group  | Fourth Group   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (page  | each subscriber group as shown   |
|   |  |  |

|  |  | FORM SA3E. PAGE 20.  |
|--|--|--|
| Name   | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#   |
| Name   | Cogeco US (Miami), LLC   | 025207   |
|  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |  |
| 9  | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television ma<br>by section 76.5 of FCC rules in effect on June 24, 1981: |  |
| Computation<br>of  | ☐ First 50 major television market   | Second 50 major television market  |
| of       □ First 50 major television market       □ Second 50 m         Base Rate Fee<br>and       INSTRUCTIONS:         Syndicated       Step 1:       In line 1, give the total DSEs by subscriber group for commercial VHF Grade<br>this schedule.         Surcharge<br>for       Step 2:       In line 2, give the total number of DSEs by subscriber group for the VHF Grade<br>Exempt DSEs in block C, part 7 of this schedule. If none enter zero.         Partially<br>Distant<br>Stations       In line 3, subtract line 2 from line 1. This is the total number of DSEs used to<br>schedule. In making this computation, use gross receipts figures applicable<br>your actual calculations on this form. |  | ercial VHF Grade B contour stations listed in block A, part 9 of<br>of the VHF Grade B contour stations that were classified as<br>iter zero.<br>of DSEs used to compute the surcharge.<br>of ormula outlined in block D, section 3 or 4 of part 7 of this |
|  | FORTY-FIFTH SUBSCRIBER GROUP   | FORTY-SIXTH SUBSCRIBER GROUP   |
|  |  |  |
|  | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|  | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs  |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   |
|  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>First Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Second Group  |
|  | FORTY-SEVENTH SUBSCRIBER GROUP   | FORTY-EIGHTH SUBSCRIBER GROUP  |
|  | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|  | Line 2: Enter the Exempt DSEs.   | Line 2: Enter the Exempt DSEs  |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   |
|  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group  |
|  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (page  | Ŭ I  |
|  |  |  |

|                                |  | FORM SA3E. PAGE 20.  |
|--------------------------------|--|--|
| Nama                           | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#   |
| Name                           | Cogeco US (Miami), LLC   | 025207   |
|                                | BLOCK B: COMPUTATION OF SYNDICATED EXCLU   | JSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| 9                              | If your cable system is located within a top 100 television market as<br>Syndicated Exclusivity Surcharge. Indicate which major television r<br>by section 76.5 of FCC rules in effect on June 24, 1981: |  |
| nputation<br>of                | First 50 major television market   | Second 50 major television market  |
| Rate Fee<br>and                | INSTRUCTIONS:<br>Step 1: In line 1, give the total DSEs by subscriber group for com  |  |
| ndicated                       | this schedule.   |  |
| clusivity                      | <b>Step 2:</b> In line 2, give the total number of DSEs by subscriber gro  |  |
| rcharge<br>for                 | Exempt DSEs in block C, part 7 of this schedule. If none<br>Step 3: In line 3, subtract line 2 from line 1. This is the total numb   |  |
| artially<br>Distant<br>tations | Step 4: Compute the surcharge for each subscriber group using t schedule. In making this computation, use gross receipts your actual calculations on this form.  | he formula outlined in block D, section 3 or 4 of part 7 of this figures applicable to the particular group. You do not need to show |
|                                | FORTY-NINTH SUBSCRIBER GROUP   | FIFTIETH SUBSCRIBER GROUP  |
|                                |  |  |
|                                | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|                                | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs  |
|                                | Line 3: Subtract line 2 from line 1<br>and enter here. This is the   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the   |
|                                | total number of DSEs for   | total number of DSEs for   |
|                                | this subscriber group  | this subscriber group  |
|                                | subject to the surcharge   | subject to the surcharge   |
|                                | computation  | computation  |
|                                | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY   |
|                                | SURCHARGE  | SURCHARGE  |
|                                | First Group \$   | Second Group   |
|                                | FIFTY-FIRST SUBSCRIBER GROUP   | FIFTY-SECOND SUBSCRIBER GROUP  |
|                                | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|                                | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs  |
|                                | Line 3: Subtract line 2 from line 1  | Line 3: Subtract line 2 from line 1  |
|                                | and enter here. This is the total number of DSEs for   | and enter here. This is the total number of DSEs for   |
|                                | this subscriber group  | this subscriber group  |
|                                | subject to the surcharge   | subject to the surcharge   |
|                                | computation  | computation  |
|                                | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY   |
|                                | SURCHARGE  | SURCHARGE  |
|                                | Third Group  | Fourth Group   |
|                                | Third Group  | or each subscriber group as shown  |

|  |  | FORM SA3E. PAGE 20.  |
|--|--|--|
| Name   | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#   |
| Name   | Cogeco US (Miami), LLC   | 025207   |
|  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |  |
| 9  | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television ma<br>by section 76.5 of FCC rules in effect on June 24, 1981: |  |
| Computation  | First 50 major television market   | Second 50 major television market  |
| of       First 50 major television market       Second 50 major television market         Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations       INSTRUCTIONS:         Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations       In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in<br>this schedule.         Step 2:       In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that the<br>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.         Step 4:       Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 conscience on the schedule. In making this computation, use gross receipts figures applicable to the particular group. You<br>your actual calculations on this form. |  | ercial VHF Grade B contour stations listed in block A, part 9 of<br>of or the VHF Grade B contour stations that were classified as<br>ner zero.<br>of DSEs used to compute the surcharge.<br>e formula outlined in block D, section 3 or 4 of part 7 of this |
|  | FIFTY-THIRD SUBSCRIBER GROUP   | FIFTY-FOURTH SUBSCRIBER GROUP  |
|  |  |  |
|  | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|  | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs  |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge  |
|  | computation  | computation  |
|  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>First Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Second Group  |
|  | FIFTY-FIFTH SUBSCRIBER GROUP   | FIFTY-SIXTH SUBSCRIBER GROUP   |
|  | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|  | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs  |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   |
|  | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY   |
|  | SURCHARGE<br>Third Group   | SURCHARGE<br>Fourth Group  |
|  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (page  | 0  |
|  |  |  |

|   |  | FORM SA3E. PAGE 20.   |
|---|--|---|
| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#  |
| Humo  | Cogeco US (Miami), LLC   | 025207  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |   |
| 9   | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television ma<br>by section 76.5 of FCC rules in effect on June 24, 1981:   |   |
| Computation<br>of   | First 50 major television market   | Second 50 major television market   |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commthis schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none exempt DSEs in block C, part 7 of this is the total number of Step 3: In line 3, subtract line 2 from line 1. This is the total number Step 4: Compute the surcharge for each subscriber group using the surcharge for each subscriber gr</li></ul> | nercial VHF Grade B contour stations listed in block A, part 9 of<br>p for the VHF Grade B contour stations that were classified as<br>nter zero.<br>r of DSEs used to compute the surcharge. |
|   | FIFTY-SEVENTH SUBSCRIBER GROUP   | FIFTY-EIGHTH SUBSCRIBER GROUP   |
|   |  |   |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs   |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation                            |
|   | FIFTY-NINTH SUBSCRIBER GROUP   | SIXTIETH SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs         Line 2: Enter the Exempt DSEs   | Line 1: Enter the VHF DSEs<br>Line 2: Enter the Exempt DSEs   |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation                            |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (pag   |   |
|   |  |   |

|   |  | FORM SA3E. PAGE 20.  |
|---|--|--|
| Namo  | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#   |
| Name  | Cogeco US (Miami), LLC   | 025207   |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |  |
| <b>9</b><br>Computation   | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television ma<br>by section 76.5 of FCC rules in effect on June 24, 1981:   | I the station is not exempt in Part 7, you mus also compute a  |
| of  | First 50 major television market   | Second 50 major television market  |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 5 this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to the particular group. You do not need to the particular group.</li> </ul> |  |
|   | SIXTY-FIRST SUBSCRIBER GROUP   | SIXTY-SECOND SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs<br>Line 2: Enter the Exempt DSEs<br>Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge   | Line 1: Enter the VHF DSEs<br>Line 2: Enter the Exempt DSEs<br>Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge |
|   | computation SYNDICATED EXCLUSIVITY SURCHARGE First Group   |  |
|   | SIXTY-THIRD SUBSCRIBER GROUP   | SIXTY-FOURTH SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs<br>Line 2: Enter the Exempt DSEs<br>Line 3: Subtract line 2 from line 1   | Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1   |
|   | and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (pag   |  |
|   |  |  |

|   |  | FORM SA3E. PAGE 20.  |
|---|--|--|
| Name  |  | SYSTEM ID#   |
|   | Cogeco US (Miami), LLC   | 025207   |
| 9   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS<br>If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television market<br>by section 76.5 of FCC rules in effect on June 24, 1981:          |  |
| Computation<br>of       Image: Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed<br>this schedule.         Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations       Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations the<br>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<br>for schedule. In making this computation, use gross receipts figures applicable to the particular group.<br>your actual calculations on this form. |  | nercial VHF Grade B contour stations listed in block A, part 9 of<br>p for the VHF Grade B contour stations that were classified as<br>nter zero.<br>r of DSEs used to compute the surcharge.<br>e formula outlined in block D, section 3 or 4 of part 7 of this     |
|   | SIXTY-FIFTH SUBSCRIBER GROUP   | SIXTY-SIXTH SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs         Line 2: Enter the Exempt DSEs         Line 3: Subtract line 2 from line 1         and enter here. This is the         total number of DSEs for         this subscriber group         subject to the surcharge         computation | Line 1: Enter the VHF DSEs         Line 2: Enter the Exempt DSEs         Line 3: Subtract line 2 from line 1         and enter here. This is the         total number of DSEs for         this subscriber group         subject to the surcharge         computation |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (pag   | <b>U</b>   |

|   |   | FORM SA3E. PAGE 20.  |
|---|---|--|
| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#   |
| Name  | Cogeco US (Miami), LLC  | 025207   |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS   | SIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |
| 9   | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television m<br>by section 76.5 of FCC rules in effect on June 24, 1981:   |  |
| Computation<br>of   | First 50 major television market  | Second 50 major television market  |
| of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commthis schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none e Step 3: In line 3, subtract line 2 from line 1. This is the total number Step 4: Compute the surcharge for each subscriber group using the</li></ul> | nercial VHF Grade B contour stations listed in block A, part 9 of<br>p for the VHF Grade B contour stations that were classified as<br>enter zero.<br>r of DSEs used to compute the surcharge. |
|   |   |  |
|   | SIXTY-NINTH SUBSCRIBER GROUP  | SEVENTIETH 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  |
|   | First Group   | Second Group   |
|   |   |  |
|   | SEVENTY-FIRST SUBSCRIBER GROUP  | SEVENTY-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<br>and enter here. This is the  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the   |
|   | total number of DSEs for  | total number of DSEs for   |
|   | this subscriber group   | this subscriber group  |
|   | subject to the surcharge  | subject to the surcharge   |
|   | computation   | computation  |
|   | SYNDICATED EXCLUSIVITY  | SYNDICATED EXCLUSIVITY   |
|   | SURCHARGE   | SURCHARGE  |
|   | Third Group   | Fourth Group   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (pag  |  |
|   |   |  |

|   |  | FORM SA3E. PAGE 20.  |
|---|--|--|
| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#   |
| Name  | Cogeco US (Miami), LLC   | 025207   |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP<br>If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mus also compute a<br>Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined<br>by section 76.5 of FCC rules in effect on June 24, 1981: |  |
| 9   |  |  |
| Computation   | First 50 major talavision market   | Second 50 major talavisian market  |
| of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | of   |  |
|   |  |  |
|   | SEVENTY-THIRD SUBSCRIBER GROUP   | SEVENTY-FOURTH SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation                   |
|   | First Group  | Second Group   |
|   | SEVENTY-FIFTH SUBSCRIBER GROUP   | SEVENTY-SIXTH SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|   | Line 2: Enter the Exempt DSEs<br>Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge   | Line 2: Enter the Exempt DSEs<br>Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge |
|   |  |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (pag   | each subscriber group as shown<br>e 7)   |
|   |  |  |

|                                  |   | FORM SA3E. PAGE 20.  |
|----------------------------------|---|--|
|                                  | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#   |
| Name                             | Cogeco US (Miami), LLC  | 025207   |
|                                  | BLOCK B: COMPUTATION OF SYNDICATED EXCLU  | JSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| 9                                | If your cable system is located within a top 100 television market a Syndicated Exclusivity Surcharge. Indicate which major television by section 76.5 of FCC rules in effect on June 24, 1981: |  |
| omputation<br>of                 | First 50 major television market  | Second 50 major television market  |
| se Rate Fee<br>and               | INSTRUCTIONS:<br>Step 1: In line 1, give the total DSEs by subscriber group for com   |  |
| Syndicated                       | this schedule.  |  |
| Exclusivity<br>Surcharge         | Step 2: In line 2, give the total number of DSEs by subscriber gro<br>Exempt DSEs in block C, part 7 of this schedule. If none  |  |
| for                              | <b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total numb   |  |
| Partially<br>Distant<br>Stations | Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts your actual calculations on this form.                               | the formula outlined in block D, section 3 or 4 of part 7 of this<br>figures applicable to the particular group. You do not need to show |
|                                  | SEVENTY-SEVENTH SUBSCRIBER GROUP  | SEVENTY-EIGHTH SUBSCRIBER GROUP  |
|                                  | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs   |
|                                  | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs  |
|                                  |   |  |
|                                  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the   |
|                                  | total number of DSEs for  | total number of DSEs for   |
|                                  | this subscriber group   | this subscriber group  |
|                                  | subject to the surcharge  | subject to the surcharge   |
|                                  | computation   | computation  |
|                                  | SYNDICATED EXCLUSIVITY  | SYNDICATED EXCLUSIVITY   |
|                                  | SURCHARGE   | SURCHARGE  |
|                                  | First Group   | Second Group   |
|                                  | SEVENTY-NINTH SUBSCRIBER GROUP  | EIGHTIETH SUBSCRIBER GROUP   |
|                                  |   |  |
|                                  | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs   |
|                                  | Line 3: Subtract line 2 from line 1   | Line 3: Subtract line 2 from line 1  |
|                                  | and enter here. This is the   | and enter here. This is the  |
|                                  | total number of DSEs for<br>this subscriber group   | total number of DSEs for<br>this subscriber group  |
|                                  | subject to the surcharge  | subject to the surcharge   |
|                                  | computation   | computation  |
|                                  | SYNDICATED EXCLUSIVITY  | SYNDICATED EXCLUSIVITY   |
|                                  | SURCHARGE   | SURCHARGE  |
|                                  | Third Group   | Fourth Group   |
|                                  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge f<br>in the boxes above. Enter here and in block 4, line 2 of space L (pa   | Ŭ I  |

|                                  | ·   | FORM SA3E. PAGE 20.   |
|----------------------------------|---|---|
| Name                             | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#  |
| Name                             | Cogeco US (Miami), LLC  | 025207  |
|                                  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |   |
| 9                                | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television ma<br>by section 76.5 of FCC rules in effect on June 24, 1981:  | I the station is not exempt in Part 7, you mus also compute a |
| Computation                      | First 50 major talavision market  | Second 50 major talavision market                             |
| of<br>Base Rate Fee<br>and       | First 50 major television market<br>INSTRUCTIONS:<br>Step 1: In line 1, give the total DSEs by subscriber group for comme   | Second 50 major television market                             |
| Syndicated                       | this schedule.  |   |
| Exclusivity<br>Surcharge         | Step 2: In line 2, give the total number of DSEs by subscriber group<br>Exempt DSEs in block C, part 7 of this schedule. If none en   |   |
| for                              | <b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number   |   |
| Partially<br>Distant<br>Stations | Partially         Step 4:         Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 o           Distant         schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not not schedule. |   |
|                                  | EIGHTY-FIRST SUBSCRIBER GROUP   | EIGHTY-SECOND SUBSCRIBER GROUP                                |
|                                  |   | EIGHTT-SECOND SUBSCRIDER 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   |
|                                  | First Group   | Second Group  |
|                                  |   |   |
|                                  | EIGHTY-THIRD SUBSCRIBER GROUP   | EIGHTY-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   | computation   |
|                                  | SYNDICATED EXCLUSIVITY  | SYNDICATED EXCLUSIVITY  |
|                                  | SURCHARGE   | SURCHARGE   |
|                                  | Third Group   | Fourth Group  |
|                                  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for in the boxes above. Enter here and in block 4, line 2 of space L (page  |   |
|                                  |   |   |

|   |  | FORM SA3E. PAGE 20.  |
|---|--|--|
| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#   |
| Name  | Cogeco US (Miami), LLC   | 025207   |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS  | SIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |
| 9   | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television ma<br>by section 76.5 of FCC rules in effect on June 24, 1981: | · · · ·  |
| Computation   | First 50 major television market   | Second 50 major television market  |
| of       First 50 major television market       Second 50 major television market         Base Rate Fee<br>and       INSTRUCTIONS:         Syndicated       Step 1:       In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in<br>this schedule.         Surcharge<br>for       Step 2:       In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that the<br>Exempt DSEs in block C, part 7 of this schedule. If none enter zero.         Partially       Step 3:       In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.         Step 4:       Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 or<br>schedule. In making this computation, use gross receipts figures applicable to the particular group. You<br>your actual calculations on this form. |  | ercial VHF Grade B contour stations listed in block A, part 9 of<br>o for the VHF Grade B contour stations that were classified as<br>neter zero.<br>of DSEs used to compute the surcharge.<br>e formula outlined in block D, section 3 or 4 of part 7 of this |
|   | EIGHTY-FIFTH SUBSCRIBER GROUP  | EIGHTY-SIXTH SUBSCRIBER GROUP  |
|   |  |  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge  |
|   |  |  |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>First Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Second Group  |
|   | EIGHTY-SEVENTH SUBSCRIBER GROUP  | EIGHTY-EIGHTH SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   |
|   | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY   |
|   | SURCHARGE<br>Third Group   | SURCHARGE<br>Fourth Group  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (page  | 5 1  |
|   |  |  |

|                                  |   | FORM SA3E. PAGE 20.  |
|----------------------------------|---|--|
|                                  | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#   |
| Name                             | Cogeco US (Miami), LLC  | 025207   |
|                                  | BLOCK B: COMPUTATION OF SYNDICATED EXCL   | USIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| 9                                | If your cable system is located within a top 100 television market a Syndicated Exclusivity Surcharge. Indicate which major television by section 76.5 of FCC rules in effect on June 24, 1981: | and the station is not exempt in Part 7, you mus also compute a  |
| Computation                      | Eiret 50 major television market  | Second 50 major tolovicion market  |
| of<br>Base Rate Fee<br>and       | First 50 major television market<br>INSTRUCTIONS:<br>Step 1: In line 1, give the total DSEs by subscriber group for cor   | _ ,  |
| Syndicated                       | this schedule.  |  |
| Exclusivity<br>Surcharge         | Step 2: In line 2, give the total number of DSEs by subscriber gro<br>Exempt DSEs in block C, part 7 of this schedule. If none  | •  |
| for                              | <b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total num  |  |
| Partially<br>Distant<br>Stations | Step 4: Compute the surcharge for each subscriber group using schedule. In making this computation, use gross receipt your actual calculations on this form.                                    | the formula outlined in block D, section 3 or 4 of part 7 of this<br>s figures applicable to the particular group. You do not need to show |
|                                  | EIGHTY-NINTH SUBSCRIBER GROUP   | NINETIETH 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 computation  | subject to the surcharge   |
|                                  |   | computation  |
|                                  | SYNDICATED EXCLUSIVITY  | SYNDICATED EXCLUSIVITY   |
|                                  | SURCHARGE   | SURCHARGE  |
|                                  | First Group   | Second Group   |
|                                  | NINETY-FIRST SUBSCRIBER GROUP   | NINETY-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<br>and enter here. This is the  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the   |
|                                  | total number of DSEs for  | total number of DSEs for   |
|                                  | this subscriber group   | this subscriber group  |
|                                  | subject to the surcharge  | subject to the surcharge   |
|                                  | computation   | computation  |
|                                  | SYNDICATED EXCLUSIVITY  | SYNDICATED EXCLUSIVITY   |
|                                  | SURCHARGE   | SURCHARGE  |
|                                  | Third Group   | Fourth Group   |
|                                  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge<br>in the boxes above. Enter here and in block 4, line 2 of space L (p  | for each subscriber group as shown<br>age 7)   |
|                                  |   |  |

|                                  | ·  | FORM SA3E. PAGE 20.   |
|----------------------------------|--|---|
| Name                             | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#  |
| Name                             | Cogeco US (Miami), LLC   | 025207  |
|                                  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |   |
| 9                                | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television ma<br>by section 76.5 of FCC rules in effect on June 24, 1981: | I the station is not exempt in Part 7, you mus also compute a   |
| Computation                      |  |   |
| of<br>Base Rate Fee<br>and       | First 50 major television market<br>INSTRUCTIONS:<br>Step 1: In line 1, give the total DSEs by subscriber group for comme  | Second 50 major television market<br>ercial VHF Grade B contour stations listed in block A, part 9 of |
| Syndicated                       | this schedule.   |   |
| Exclusivity                      | Step 2: In line 2, give the total number of DSEs by subscriber group   |   |
| Surcharge<br>for                 | Exempt DSEs in block C, part 7 of this schedule. If none en<br>Step 3: In line 3, subtract line 2 from line 1. This is the total number  |   |
| Partially<br>Distant<br>Stations | Step 4: Compute the surcharge for each subscriber group using the  |   |
|                                  | NINETY-THIRD SUBSCRIBER GROUP  | NINETY-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   |
|                                  | First Group \$   | Second Group  |
|                                  |  |   |
|                                  | NINETY-FIFTH SUBSCRIBER GROUP  | NINETY-SIXTH SUBSCRIBER GROUP   |
|                                  | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |
|                                  | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs   |
|                                  | Line 3: Subtract line 2 from line 1  | 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   |
|                                  | Third Group  | Fourth Group  |
|                                  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (page  |   |
|                                  |  |   |

|   |  | FORM SA3E. PAGE 20.   |
|---|--|---|
| Name  |  | SYSTEM ID#  |
|   | Cogeco US (Miami), LLC   | 025207  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS  | SIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| 9   | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television ma<br>by section 76.5 of FCC rules in effect on June 24, 1981:   |   |
| Computation<br>of   | First 50 major television market   | Second 50 major television market   |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for comm this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none er</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number</li> <li>Step 4: Compute the surcharge for each subscriber group using the</li> </ul> | ercial VHF Grade B contour stations listed in block A, part 9 of<br>o for the VHF Grade B contour stations that were classified as<br>nter zero.<br>• of DSEs used to compute the surcharge.        |
|   | NINETY-SEVENTH SUBSCRIBER GROUP  | NINETY-EIGHTH SUBSCRIBER GROUP  |
|   |  |   |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs   |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation                                  |
|   | First Group  | Second Group  |
|   | NINETY-NINTH SUBSCRIBER GROUP  | ONE HUNDREDTH SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |
|   | Line 2: Enter the Exempt DSEs<br>Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 2: Enter the Exempt DSEs<br>Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (pag   |   |
|   |  |   |

|   |  | FORM SA3E. PAGE 20.   |
|---|--|---|
| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#  |
| Name  | Cogeco US (Miami), LLC   | 025207  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLU   | SIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| 9   | If your cable system is located within a top 100 television market an<br>Syndicated Exclusivity Surcharge. Indicate which major television m<br>by section 76.5 of FCC rules in effect on June 24, 1981:   | · · ·   |
| Computation<br>of   | First 50 major television market   | Second 50 major television market   |
| of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>First 50 major television market</li> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for comm<br/>this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group<br/>Exempt DSEs in block C, part 7 of this schedule. If none e</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number</li> <li>Step 4: Compute the surcharge for each subscriber group using th<br/>schedule. In making this computation, use gross receipts for<br/>your actual calculations on this form.</li> </ul> | up for the VHF Grade B contour stations that were classified as<br>enter zero.<br>er of DSEs used to compute the surcharge. |
|   |  |   |
|   | ONE HUNDERED FIRST SUBSCRIBER GROUP  | ONE HUNDERED 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<br>subject to the surcharge  | this subscriber group   |
|   | computation  | subject to the surcharge computation  |
|   |  |   |
|   | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY  |
|   | SURCHARGE<br>First Group   | SURCHARGE<br>Second Group   |
|   | ONE HUNDERED THIRD SUBSCRIBER GROUP  | ONE HUNDERED 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<br>this subscriber group  | total number of DSEs for<br>this subscriber group   |
|   | subject to the surcharge   | subject to the surcharge  |
|   | computation  | computation   |
|   |  |   |
|   |  |   |
|   | SURCHARGE<br>Third Group   | SURCHARGE<br>Fourth Group   |
|   |  |   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge fo<br>in the boxes above. Enter here and in block 4, line 2 of space L (page   |   |
|   |  |   |

|   | -   | FORM SA3E. PAGE 20.   |
|---|---|---|
| Nome  | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#  |
| Name  | Cogeco US (Miami), LLC  | 025207  |
|   | BLOCK B. COMPUTATION OF SYNDICATED EXCL   | USIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |
| 9   | If your cable system is located within a top 100 television market a Syndicated Exclusivity Surcharge. Indicate which major television by section 76.5 of FCC rules in effect on June 24, 1981:   | and the station is not exempt in Part 7, you mus also compute a   |
| Computation<br>of   | ☐ First 50 major television market  | Second 50 major television market   |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for comthis schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group to the subscriber of DSEs in block C, part 7 of this schedule. If none</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs are schedule. In making this computation, use gross receipts</li> </ul> | nmercial VHF Grade B contour stations listed in block A, part 9 of<br>oup for the VHF Grade B contour stations that were classified as<br>enter zero.<br>ber of DSEs used to compute the surcharge. |
| Stations  | your actual calculations on this form.  |   |
|   | ONE HUNDRED FIFTH SUBSCRIBER GROUP  | ONE HUNDRED SIXTH SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs  |
|   | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs   |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group   |
|   | subject to the surcharge  | subject to the surcharge  |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>First Group  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Second Group   |
|   | ONE HUNDRED SEVENTH SUBSCRIBER GROUP  | ONE HUNDRED EIGHTH SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs  |
|   | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs   |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation                                  |
|   |   |   |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group  | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge f<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 1)  |   |
|   |   |   |

|   |  | FORM SA3E. PAGE 20.  |
|---|--|--|
| Name  |  | SYSTEM ID#   |
|   | Cogeco US (Miami), LLC   | 025207   |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS  | SIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |
| 9   | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television ma<br>by section 76.5 of FCC rules in effect on June 24, 1981:   |  |
| Computation<br>of   | First 50 major television market   | Second 50 major television market  |
| or<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for comm this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none er</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number</li> <li>Step 4: Compute the surcharge for each subscriber group using the</li> </ul> | ercial VHF Grade B contour stations listed in block A, part 9 of<br>o for the VHF Grade B contour stations that were classified as<br>nter zero.<br>• of DSEs used to compute the surcharge. |
|   | ONE HUNDRED NINTH SUBSCRIBER GROUP   | ONE HUNDRED TENTH SUBSCRIBER GROUP   |
|   |  |  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation                           |
|   | ONE HUNDRED ELEVENTH SUBSCRIBER GROUP  | ONE HUNDRED TWELVTH SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs   | Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE Third Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (pag   |  |
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|   |  | FORM SA3E. PAGE 20.                        |
|---|--|--|
| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#                                 |
| Name  | Cogeco US (Miami), LLC   | 025207                                     |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS  | SIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP |
| 9   | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television ma<br>by section 76.5 of FCC rules in effect on June 24, 1981:   |  |
| Computation   | Eirst 50 major tolovision market   | Second 50 major tolovision market          |
| of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | Rate Fee       INSTRUCTIONS:         and       Step 1:       In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.         dicated       this schedule.         usivity       Step 2:       In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.         for       Step 3:       In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.         step 4:       Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to sh |  |
|   |  |  |
|   | ONE HUNDRED THIRTEENTH SUBSCRIBER GROUP  | ONE HUNDRED FOURTEENTH 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                                |
|   |  |  |
|   |  |  |
|   | SURCHARGE  | SURCHARGE                                  |
|   | First Group  | Second Group                               |
|   |  |  |
|   | ONE HUNDRED FIFTEENTH SUBSCRIBER GROUP   | ONE HUNDRED SIXTEENTH 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              |
|   | 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                                  |
|   | Third Group  | Fourth Group                               |
|   |  |  |
|   |  |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (page  |  |
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|   |  | FORM SA3E. PAGE 20.   |
|---|--|---|
| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#  |
| Name  | Cogeco US (Miami), LLC   | 025207  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLU   | SIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| 9   | If your cable system is located within a top 100 television market an<br>Syndicated Exclusivity Surcharge. Indicate which major television m<br>by section 76.5 of FCC rules in effect on June 24, 1981: | · · ·   |
| Computation   | Firet 50 major television market   | Second 50 major television market   |
| of       First 50 major television market       Second 50 major television market         Base Rate Fee<br>and       INSTRUCTIONS:         Step 1:       In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block<br>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 of<br>Exempt DSEs in block C, part 7 of this schedule. If none enter zero.         Partially       Step 3:       In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.         Step 4:       Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part<br>schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not<br>your actual calculations on this form. |  | up for the VHF Grade B contour stations that were classified as<br>enter zero.<br>er of DSEs used to compute the surcharge.<br>ne formula outlined in block D, section 3 or 4 of part 7 of this |
|   |  | П   |
|   | ONE HUNDRED SEVENTEENTH SUBSCRIBER GROUP   | ONE HUNDRED EIGHTEENTH 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   |
|   | First Group  | Second Group  |
|   |  |   |
|   |  |   |
|   | ONE HUNDRED NINTEENTH SUBSCRIBER GROUP   | ONE HUNDRED TWENTIETH SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs   |
|   | Line 3: Subtract line 2 from line 1  | Line 3: Subtract line 2 from line 1   |
|   | and enter here. This is the total number of DSEs for   | and enter here. This is the total number of DSEs for  |
|   | this subscriber group  | this subscriber group   |
|   | subject to the surcharge   | subject to the surcharge  |
|   | computation  | computation   |
|   |  |   |
|   |  |   |
|   | SURCHARGE<br>Third Group   | SURCHARGE<br>Fourth Group   |
|   |  |   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge fo<br>in the boxes above. Enter here and in block 4, line 2 of space L (page   |   |
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|                                    |   | FORM SA3E. PAGE 20.  |
|------------------------------------|---|--|
| Name                               | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>Cogeco US (Miami), LLC  | SYSTEM ID#   |
|                                    |   | 025207   |
|                                    | BLOCK B: COMPUTATION OF SYNDICATED EXCLU  | USIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| 9                                  | If your cable system is located within a top 100 television market a Syndicated Exclusivity Surcharge. Indicate which major television by section 76.5 of FCC rules in effect on June 24, 1981: |  |
| Computation<br>of                  | First 50 major television market  | Second 50 major television market  |
| Base Rate Fee<br>and<br>Syndicated | INSTRUCTIONS:<br>Step 1: In line 1, give the total DSEs by subscriber group for com<br>this schedule.   | mercial VHF Grade B contour stations listed in block A, part 9 of  |
| Exclusivity<br>Surcharge           | Step 2: In line 2, give the total number of DSEs by subscriber gro<br>Exempt DSEs in block C, part 7 of this schedule. If none  |  |
| for                                | Step 3: In line 3, subtract line 2 from line 1. This is the total numb  | per of DSEs used to compute the surcharge.   |
| Partially<br>Distant<br>Stations   | Step 4: Compute the surcharge for each subscriber group using t<br>schedule. In making this computation, use gross receipts<br>your actual calculations on this form.                           | the formula outlined in block D, section 3 or 4 of part 7 of this<br>s figures applicable to the particular group. You do not need to show |
|                                    | ONE HUNDRED TWENTY-FIRST SUBSCRIBER GROUP   | ONE HUNDRED TWENTY-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<br>this subscriber group   | this subscriber group  |
|                                    | subject to the surcharge  | subject to the surcharge   |
|                                    | computation   | computation  |
|                                    | SYNDICATED EXCLUSIVITY  | SYNDICATED EXCLUSIVITY   |
|                                    | SURCHARGE   | SURCHARGE  |
|                                    | First Group   | Second Group   |
|                                    |   |  |
|                                    | ONE HUNDRED TWENTY-THIRD SUBSCRIBER GROUP   | ONE HUNDRED TWENTY-FOURTH SUBSCRIBER GROUP   |
|                                    | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs   |
|                                    | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs  |
|                                    | Line 3: Subtract line 2 from line 1   | Line 3: Subtract line 2 from line 1  |
|                                    | and enter here. This is the total number of DSEs for  | and enter here. This is the total number of DSEs for   |
|                                    | this subscriber group   | this subscriber group  |
|                                    | subject to the surcharge  | subject to the surcharge   |
|                                    | computation   | computation  |
|                                    | SYNDICATED EXCLUSIVITY  | SYNDICATED EXCLUSIVITY   |
|                                    | SURCHARGE   | SURCHARGE  |
|                                    | Third Group   | Fourth Group   |
|                                    | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge f   | for each subscriber group as shown   |
|                                    | in the boxes above. Enter here and in block 4, line 2 of space L (pa  |  |
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|                                    |   | FORM SA3E. PAGE 20.   |
|------------------------------------|---|---|
| Name                               | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>Cogeco US (Miami), LLC  | SYSTEM ID#  |
|                                    |   | 025207  |
|                                    | BLOCK B: COMPUTATION OF SYNDICATED EXCLU  | SIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| 9                                  | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television m<br>by section 76.5 of FCC rules in effect on June 24, 1981: |   |
| Computation<br>of                  | ☐ First 50 major television market  | Second 50 major television market   |
| Base Rate Fee<br>and<br>Syndicated | INSTRUCTIONS:<br>Step 1: In line 1, give the total DSEs by subscriber group for comm<br>this schedule.  |   |
| Exclusivity<br>Surcharge           | Step 2: In line 2, give the total number of DSEs by subscriber grou<br>Exempt DSEs in block C, part 7 of this schedule. If none e   |   |
| for                                | Step 3: In line 3, subtract line 2 from line 1. This is the total number  |   |
| Partially<br>Distant<br>Stations   | Step 4: Compute the surcharge for each subscriber group using th schedule. In making this computation, use gross receipts f your actual calculations on this form.  | e formula outlined in block D, section 3 or 4 of part 7 of this figures applicable to the particular group. You do not need to show |
|                                    |   | 11  |
|                                    | ONE HUNDRED TWENTY-FIFTH SUBSCRIBER GROUP   | ONE HUNDRED TWENTY-SIXTH SUBSCRIBER GROUP   |
|                                    | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs  |
|                                    | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs   |
|                                    | Line 3: Subtract line 2 from line 1   | 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<br>subject to the surcharge   | this subscriber group<br>subject to the surcharge   |
|                                    | computation   | computation   |
|                                    | SYNDICATED EXCLUSIVITY  | SYNDICATED EXCLUSIVITY  |
|                                    | SURCHARGE   | SURCHARGE   |
|                                    | First Group   | Second Group  |
|                                    |   |   |
|                                    | ONE HUNDRED TWENTY-SEVENTH SUBSCRIBER GROUP   | ONE HUNDRED TWENTY-EIGHTH SUBSCRIBER GROUP  |
|                                    | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs  |
|                                    | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs   |
|                                    | Line 3: Subtract line 2 from line 1   | Line 3: Subtract line 2 from line 1   |
|                                    | and enter here. This is the   | and enter here. This is the   |
|                                    | total number of DSEs for<br>this subscriber group   | total number of DSEs for<br>this subscriber group   |
|                                    | subject to the surcharge  | subject to the surcharge  |
|                                    | computation   | computation   |
|                                    | SYNDICATED EXCLUSIVITY  | SYNDICATED EXCLUSIVITY  |
|                                    | SURCHARGE   | SURCHARGE   |
|                                    | Third Group   | Fourth Group  |
|                                    |   |   |
|                                    | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (page   |   |
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|  |  | FORM SA3E. PAGE 20.  |
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| Name   | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#   |
| Name   | Cogeco US (Miami), LLC   | 025207   |
|  | BLOCK B: COMPUTATION OF SYNDICATED EXCLU   | SIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |
| 9  | If your cable system is located within a top 100 television market an<br>Syndicated Exclusivity Surcharge. Indicate which major television m<br>by section 76.5 of FCC rules in effect on June 24, 1981: |  |
| Computation  | □ First 50 major television market   | Second 50 major television market  |
| of       □ First 50 major television market       □ Second 50 major television market         Base Rate Fee<br>and       INSTRUCTIONS:         Syndicated       Step 1:       In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block<br>this schedule.         Surcharge<br>for       Step 2:       In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were of<br>Exempt DSEs in block C, part 7 of this schedule. If none enter zero.         Partially       Distant       Step 4:       Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 1<br>schedule. In making this computation, use gross receipts figures applicable to the particular group. You do no<br>your actual calculations on this form. |  | mercial VHF Grade B contour stations listed in block A, part 9 of<br>up for the VHF Grade B contour stations that were classified as<br>enter zero.<br>er of DSEs used to compute the surcharge.<br>ne formula outlined in block D, section 3 or 4 of part 7 of this |
|  | ONE HUNDRED TWENTY-NINTH SUBSCRIBER GROUP  | ONE HUNDRED THIRTIETH SUBSCRIBER GROUP   |
|  | ONE HUNDRED TWENTY-NINTH 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  |
|  | First Group  | Second Group   |
|  |  |  |
|  |  |  |
|  | ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP  | ONE HUNDRED THIRTY-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<br>subject to the surcharge  | this subscriber group<br>subject to the surcharge  |
|  | computation  | computation  |
|  |  |  |
|  | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY   |
|  | SURCHARGE  | SURCHARGE  |
|  | Third Group  | Fourth Group   |
|  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge fo<br>in the boxes above. Enter here and in block 4, line 2 of space L (page   |  |
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|   |  | FORM SA3E. PAGE 20.  |
|---|--|--|
| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#   |
|   | Cogeco US (Miami), LLC   | 025207   |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLU   | JSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| 9   | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mus also compute a<br>Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined<br>by section 76.5 of FCC rules in effect on June 24, 1981: |  |
| Computation<br>of                                 | First 50 major television market   | Second 50 major television market  |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commutis schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group</li> </ul>   | mercial VHF Grade B contour stations listed in block A, part 9 of up for the VHF Grade B contour stations that were classified as    |
| Surcharge<br>for                                  | Exempt DSEs in block C, part 7 of this schedule. If none of <b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number  |  |
| Partially<br>Distant<br>Stations                  | Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts your actual calculations on this form.  | he formula outlined in block D, section 3 or 4 of part 7 of this figures applicable to the particular group. You do not need to show |
|   |  |  |
|   | ONE HUNDRED THIRTY-THIRD SUBSCRIBER GROUP  | ONE HUNDRED THIRTY-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<br>subject to the surcharge  | this subscriber group<br>subject to the surcharge  |
|   | computation  | computation  |
|   | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY   |
|   | SURCHARGE  | STRUCTED EXCLOSIVITY   |
|   | First Group \$   | Second Group   |
|   |  |  |
|   | ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP  | ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs  |
|   | Line 3: Subtract line 2 from line 1  | Line 3: Subtract line 2 from line 1  |
|   | and enter here. This is the  | and enter here. This is the  |
|   | total number of DSEs for<br>this subscriber group  | total number of DSEs for<br>this subscriber group  |
|   | subject to the surcharge   | subject to the surcharge   |
|   | computation  | computation  |
|   | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY   |
|   | SURCHARGE  | SURCHARGE  |
|   | Third Group  | Fourth Group   |
|   |  |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (pa  |  |
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|                                    |   | FORM SA3E. PAGE 20.                                  |
|------------------------------------|---|--|
| Name                               | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>Cogeco US (Miami), LLC  | SYSTEM ID#   |
|                                    |   | 025207   |
|                                    | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS   | SIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP           |
| 9                                  | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a 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<br>of                  | First 50 major television market  | Second 50 major television market                    |
| Base Rate Fee<br>and<br>Syndicated | INSTRUCTIONS:<br>Step 1: In line 1, give the total DSEs by subscriber group for comm<br>this schedule.  | _ ,  |
| Exclusivity                        | Step 2: In line 2, give the total number of DSEs by subscriber group  |  |
| Surcharge<br>for                   | Exempt DSEs in block C, part 7 of this schedule. If none en<br>Step 3: In line 3, subtract line 2 from line 1. This is the total number   |  |
| Partially<br>Distant<br>Stations   | Step 4: Compute the surcharge for each subscriber group using the   |  |
|                                    | ONE HUNDRED THIRTY-SEVENTH SUBSCRIBER GROUP   | ONE HUNDRED THIRTY-EIGHTH SUBSCRIBER GROUP           |
|                                    |   |  |
|                                    | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs                           |
|                                    | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs                        |
|                                    | Line 3: Subtract line 2 from line 1   | 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<br>subject to the surcharge   | this subscriber group<br>subject to the surcharge    |
|                                    | computation   | computation  |
|                                    | SYNDICATED EXCLUSIVITY  | SYNDICATED EXCLUSIVITY                               |
|                                    | SURCHARGE   | SURCHARGE  |
|                                    | First Group   | Second Group   |
|                                    | ONE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP   | ONE HUNDRED FORTIETH 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<br>total number of DSEs for   | and enter here. This is the total number of DSEs for |
|                                    | this subscriber group   | this subscriber group                                |
|                                    | subject to the surcharge  | subject to the surcharge                             |
|                                    | computation   | computation  |
|                                    | SYNDICATED EXCLUSIVITY  | SYNDICATED EXCLUSIVITY                               |
|                                    | SURCHARGE<br>Third Group  | SURCHARGE<br>Fourth Group                            |
|                                    |   |  |
|                                    | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (pag  | Ŭ I  |
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|                                    |  | FORM SA3E. PAGE 20.  |
|------------------------------------|--|--|
| Name                               | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#   |
|                                    | Cogeco US (Miami), LLC   | 025207   |
|                                    | BLOCK B: COMPUTATION OF SYNDICATED EXCLU   | JSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| 9                                  | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mus also compute a<br>Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined<br>by section 76.5 of FCC rules in effect on June 24, 1981: |  |
| Computation<br>of                  | ☐ First 50 major television market   | Second 50 major television market  |
| Base Rate Fee<br>and<br>Syndicated | INSTRUCTIONS:<br>Step 1: In line 1, give the total DSEs by subscriber group for com<br>this schedule.  |  |
| Exclusivity                        | <b>Step 2:</b> In line 2, give the total number of DSEs by subscriber gro  | •  |
| Surcharge<br>for                   | Exempt DSEs in block C, part 7 of this schedule. If none <b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number 1.  |  |
| Partially<br>Distant<br>Stations   | Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts your actual calculations on this form.  | he formula outlined in block D, section 3 or 4 of part 7 of this figures applicable to the particular group. You do not need to show |
|                                    | ONE HUNDRED FORTY-FIRST SUBSCRIBER GROUP   | ONE HUNDRED FORTY-SECOND SUBSCRIBER GROUP  |
|                                    | UNE HUNDRED FORTT-FIRST 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<br>subject to the surcharge  | this subscriber group<br>subject to the surcharge  |
|                                    | computation  | computation  |
|                                    |  |  |
|                                    | SYNDICATED EXCLUSIVITY SURCHARGE   | SYNDICATED EXCLUSIVITY SURCHARGE   |
|                                    | First Group  | Second Group   |
|                                    |  |  |
|                                    | ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP   | ONE HUNDRED FORTY-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<br>this subscriber group  | total number of DSEs for<br>this subscriber group  |
|                                    | subject to the surcharge   | subject to the surcharge   |
|                                    | computation  | computation  |
|                                    | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY   |
|                                    | SURCHARGE  | SURCHARGE  |
|                                    | Third Group  | Fourth Group   |
|                                    | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (pa  |  |
|                                    |  |  |
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|  |   | FORM SA3E. PAGE 20.   |
|--|---|---|
| Name   | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>Cogeco US (Miami), LLC  | SYSTEM ID#<br>025207  |
|  |   |   |
| <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant | If your cable system is located within a top 100 television market ar<br>Syndicated Exclusivity Surcharge. Indicate which major television m<br>by section 76.5 of FCC rules in effect on June 24, 1981:<br>First 50 major television market<br><b>INSTRUCTIONS:</b><br><b>Step 1:</b> In line 1, give the total DSEs by subscriber group for comm<br>this schedule.<br><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group<br>Exempt DSEs in block C, part 7 of this schedule. If none of<br><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number<br><b>Step 4:</b> Compute the surcharge for each subscriber group using the surface for each subscriber group using the surface f | market any portion of your cable system is located in as defined<br>Second 50 major television market<br>mercial VHF Grade B contour stations listed in block A, part 9 of<br>up for the VHF Grade B contour stations that were classified as<br>enter zero.<br>er of DSEs used to compute the surcharge.<br>he formula outlined in block D, section 3 or 4 of part 7 of this   |
| Distant<br>Stations  | schedule. In making this computation, use gross receipts your actual calculations on this form.         ONE HUNDRED FORTY-FIFTH SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs         Line 2: Enter the Exempt DSEs         Line 3: Subtract line 2 from line 1         and enter here. This is the         total number of DSEs for         this subscriber group         subject to the surcharge         computation         SYNDICATED EXCLUSIVITY         SURCHARGE         First Group  | Image: Synthesize of the synthesize |
|  |   |   |
|  | ONE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP  | ONE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP   |
|  | Line 1: Enter the VHF DSEs<br>Line 2: Enter the Exempt DSEs<br>Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge  | Line 1: Enter the VHF DSEs<br>Line 2: Enter the Exempt DSEs<br>Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge  |
|  | computation SYNDICATED EXCLUSIVITY SURCHARGE Third Group  |   |
|  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (pa   | 5 1   |
|  |   |   |

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|---|--|--|
| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>Cogeco US (Miami), LLC   | SYSTEM ID#   |
|   |  | 025207   |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLU   | JSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| 9   | If your cable system is located within a top 100 television market au<br>Syndicated Exclusivity Surcharge. Indicate which major television r<br>by section 76.5 of FCC rules in effect on June 24, 1981:   |  |
| Computation   | First 50 major television market   | Second 50 major television market  |
| of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for com this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber gro Exempt DSEs in block C, part 7 of this schedule. If none</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total numb</li> <li>Step 4: Compute the surcharge for each subscriber group using t</li> </ul> | mercial VHF Grade B contour stations listed in block A, part 9 of<br>up for the VHF Grade B contour stations that were classified as<br>enter zero.<br>er of DSEs used to compute the surcharge. |
| Stations  | your actual calculations on this form.   |  |
|   |  | П  |
|   | ONE HUNDRED FORTY-NINTH SUBSCRIBER GROUP   | ONE HUNDRED FIFTIETH 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<br>subject to the surcharge  | this subscriber group<br>subject to the surcharge  |
|   | computation  | computation  |
|   |  |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE   | SYNDICATED EXCLUSIVITY SURCHARGE   |
|   | First Group \$   | Second Group   |
|   |  |  |
|   | ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP   | ONE HUNDRED FIFTY-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<br>and enter here. This is the   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the   |
|   | total number of DSEs for   | total number of DSEs for   |
|   | this subscriber group  | this subscriber group  |
|   | subject to the surcharge   | subject to the surcharge   |
|   | computation  | computation  |
|   | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY   |
|   | SURCHARGE  | SURCHARGE  |
|   | Third Group  | Fourth Group   |
|   |  |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (pa  |  |
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|   |  | FORM SA3E. PAGE 20.  |
|---|--|--|
| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#   |
| Nume  | Cogeco US (Miami), LLC   | 025207   |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLL   | JSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                        |
| 9   | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mus also compute a 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<br>of   | First 50 major television market   | Second 50 major television market                                  |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |  |  |
|   |  |  |
|   | ONE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP   | ONE HUNDRED FIFTY-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  | computation  |
|   | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY   |
|   | SURCHARGE  | SURCHARGE  |
|   | First Group  | Second Group   |
|   |  |  |
|   | ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP   | ONE HUNDRED FIFTY-SIXTH SUBSCRIBER GROUP                           |
|   |  |  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs           |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the |
|   | total number of DSEs for   | total number of DSEs for   |
|   | this subscriber group  | this subscriber group  |
|   | subject to the surcharge   | subject to the surcharge   |
|   | computation  |  |
|   |  |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE   | SYNDICATED EXCLUSIVITY SURCHARGE                                   |
|   | Third Group \$   | Fourth Group   |
|   |  |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (pa  |  |
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| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#  |
|---|---|---|
|   | Cogoco US (Miami) LLC   | 005007  |
|   | Cogeco US (Miami), LLC  | 025207  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLU  | SIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                        |
| 9   | 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 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<br>of                                 | ☐ First 50 major television market  | Second 50 major television market                                 |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity | INSTRUCTIONS:<br>Step 1: In line 1, give the total DSEs by subscriber group for comm<br>this schedule.<br>Step 2: In line 2, give the total number of DSEs by subscriber grou   | nercial VHF Grade B contour stations listed in block A, part 9 of |
| Surcharge   | Exempt DSEs in block C, part 7 of this schedule. If none e  |   |
| for<br>Partially<br>Distant<br>Stations           | <ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total numbe</li> <li>Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts f your actual calculations on this form.</li> </ul>  |   |
|   | ONE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP  | ONE HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP                         |
|   |   |   |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs  |
|   | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs                                     |
|   | Line 3: Subtract line 2 from line 1   | Line 3: Subtract line 2 from line 1                               |
|   | and enter here. This is the   | and enter here. This is the                                       |
|   | total number of DSEs for<br>this subscriber group   | total number of DSEs for<br>this subscriber group                 |
|   | subject to the surcharge  | subject to the surcharge  |
|   | computation   | computation   |
|   | SYNDICATED EXCLUSIVITY  | SYNDICATED EXCLUSIVITY  |
|   | SURCHARGE   | SURCHARGE   |
|   | First Group   | Second Group  |
|   | ONE HUNDRED FIFTY-NINTH SUBSCRIBER GROUP  | ONE HUNDRED SIXTIETH SUBSCRIBER GROUP                             |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs  |
|   | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs                                     |
|   | Line 3: Subtract line 2 from line 1   | Line 3: Subtract line 2 from line 1                               |
|   | and enter here. This is the total number of DSEs for  | and enter here. This is the total number of DSEs for              |
|   | this subscriber group   | this subscriber group   |
|   | subject to the surcharge  | subject to the surcharge  |
|   | computation   | computation   |
|   | SYNDICATED EXCLUSIVITY  |   |
|   | SURCHARGE<br>Third Group  | SURCHARGE<br>Fourth Group   |
|   |   |   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (page   | 0 1   |
|   |   |   |