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

## SA3E Long Form

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

| FOR COPYRIGHT OFFICE USE ONLY |                   |  |  |  |
|-------------------------------|-------------------|--|--|--|
| DATE RECEIVED AMOUNT          |                   |  |  |  |
|                               | \$                |  |  |  |
| 02/16/2024                    | ALLOCATION NUMBER |  |  |  |
|                               |                   |  |  |  |
|                               |                   |  |  |  |

Return completed workbook by email to:

coplicsoa@loc.gov

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

| Α          | AC  | COUNTING PERIOD COVERED BY THIS STATEMENT:   |                   |                            |             |        |  |  |
|------------|---|--|-------------------|----------------------------|-------------|--------|--|--|
| Accounting |   | 2023/2   |                   |                            |             |        |  |  |
| Period     |   |  |                   |                            |             |        |  |  |
| B<br>Owner | rate  | Instructions:  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.  List any other name or names under which the owner conducts the business of the cable system.  If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.  Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.  3324 |                   |                            |             |        |  |  |
|            | LE  | GAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM  |                   |                            |             |        |  |  |
|            |   | BLUE RIDGE CABLE TECHNOLOGIES INC  |                   |                            |             |        |  |  |
|            |   | Blue Ridge Communications  |                   |                            |             |        |  |  |
|            |   |  |                   |                            | 332         | 420232 |  |  |
|            |   |  |                   |                            | 3324        | 2023/2 |  |  |
|            |   |  |                   |                            |             |        |  |  |
|            |   | PO Box 215   |                   |                            |             |        |  |  |
|            |   | Palmerton, Pa 18071  |                   |                            |             |        |  |  |
| С          |   | TRUCTIONS: In line 1, give any business or trade names used to ines already appear in space B. In line 2, give the mailing address o   |                   |                            |             |        |  |  |
| System     | 1 IDENTIFICATION OF CABLE SYSTEM:                           |  |                   |                            |             |        |  |  |
|            |   | MAILING ADDRESS OF CABLE SYSTEM:   |                   |                            |             |        |  |  |
|            | 2 (Number, Street, rural route, apartment, or suite number) |  |                   |                            |             |        |  |  |
|            |   | (City, town, state, zip code)  |                   |                            |             |        |  |  |
| D          | Ins   | tructions: For complete space D instructions, see page 1b. Identify  | only the frst com | munity served below and re | elist on pa | ge 1b  |  |  |
| Area       | with  | n all communities.   |                   |                            |             |        |  |  |
| Served     |   | CITY OR TOWN   | STATE             |                            |             |        |  |  |
| First      |   | TUNKHANNOCK  | PA                |                            |             |        |  |  |
| Community  | В   | elow is a sample for reporting communities if you report multiple ch   | annel line-ups in | Space G.                   |             |        |  |  |
|            |   | CITY OR TOWN (SAMPLE)  | STATE             | CH LINE UP                 | SUE         | GRP#   |  |  |
| Sample     | Ald   |  | MD                | A                          |             | 1      |  |  |
|            | Allia   | ance<br>ing  | MD<br>MD          | B<br>B                     |             | 3      |  |  |
|            | Gei   | '''y   | IVID              |                            |             |        |  |  |

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

FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 3324 **BLUE RIDGE CABLE TECHNOLOGIES INC** 

Instructions: 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.

D Area Served

Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.

If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).

When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSF Schedule) in the appropriate columns below

| CITY OR TOWN                 | STATE    | CH LINE UP | SUB GRP# |                      |
|------------------------------|----------|------------|----------|----------------------|
| UNKHANNOCK                   | PA       | AA         | 1        | First                |
| ALBANY TOWNSHIP              | PA       | AA         | 3        | Community            |
| AUBURN TOWNSHIP              | PA       | AA         | 1        |                      |
| BRAINTRIM TOWNSHIP           | PA       | AA         | 1        |                      |
| CHERRY TOWNSHIP              | PA       | AA         | 1        |                      |
| CLINTON TOWNSHIP             | PA       | AA         | 1        | See instructions for |
| COLLEY TOWNSHIP              | PA       | AA         | 1        | additional informati |
| ALLAS TOWNSHIP               | PA       | AA         | 2        | on alphabetization.  |
| DUSHORE                      | PA       | AA         | 1        |                      |
| ATON TOWNSHIP                | PA       | AA         | 1        |                      |
| ALLS TOWNSHIP                | PA       | AA         | 1        |                      |
| ORKSTON TOWNSHIP             | PA       | AA         | 1        | Add rows as necess   |
| UNLOCK TOWNSHIP              | PA       | AA         | 2        |                      |
| UNTINGTON TOWNSHIP           | PA       | AA         | 2        |                      |
| ACEYVILLE                    | PA       | AA         | 1        |                      |
| AKE TOWNSHIP                 | PA       | AA         | 2        |                      |
| EHMAN TOWNSHIP               | PA       | AA         | 2        |                      |
| EMON TOWNSHIP                | PA       | AA         | 1        |                      |
| IEHOOPANY TOWNSHIP           | PA       | AA         | 1        |                      |
| IESHOPPEN                    | PA       | AA         | 1        |                      |
| IESHOPPEN TOWNSHIP           | PA       | AA         | 1        |                      |
| IONROE TOWNSHIP              | PA       | AA         | 1        |                      |
| EW ALBANY                    | PA       | AA         | 3        |                      |
| EW COLUMBUS                  | PA       | AA         | 2        |                      |
| EWTON TOWNSHIP               | PA       | AA         | 1        |                      |
| IORTH BRANCH                 | PA       | AA         | 1        |                      |
| IOXEN TOWNSHIP               | PA       | AA         | 1        |                      |
| VERFIELD TOWNSHIP            | PA       | AA         | 1        |                      |
| OSS TOWNSHIP                 | PA       | AA         | 2        |                      |
| ERRY TOWNSHIP                | PA       | AA         | 3        |                      |
| UNKHANNOCK TOWNSHIP          | PA       | AA         | 1        |                      |
| USCARORA TOWNSHIP            | PA       | AA         | 3        |                      |
| INION TOWNSHIP               | PA       | AA         | 2        |                      |
| VASHINGTON TOWNSHIP          | PA       | AA         | 1        |                      |
| VILMOT TOWNSHIP              | PA       | AA         | 3        |                      |
| VINDHAM TOWNSHIP             | PA       | AA         | 3        |                      |
| VYALUSING                    | PA<br>PA | AA         | 3        |                      |
| VYALUSING VYALUSING TOWNSHIP | PA<br>PA | AA         | 3        |                      |
| TIALUUNU TUVNUINF            | FA       | <b>AA</b>  | 3        |                      |

U.S. Copyright Office

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

3324

#### **BLUE RIDGE CABLE TECHNOLOGIES INC**

Ε

Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

| BLO  | OCK 1       |             |        | BLOCK 2             |             |      |  |  |
|--|-------------|-------------|--------|---------------------|-------------|------|--|--|
|  | NO. OF      |             | П      |                     | NO. OF      |      |  |  |
| CATEGORY OF SERVICE                              | SUBSCRIBERS | RATE        |        | CATEGORY OF SERVICE | SUBSCRIBERS | RATE |  |  |
| Residential:                                     |             |             |        |                     |             |      |  |  |
| <ul> <li>Service to first set</li> </ul>         | 3,860       | \$52.95/Mth |        |                     |             |      |  |  |
| <ul> <li>Service to additional set(s)</li> </ul> | 6,059       | \$0.00/Mth  |        |                     |             |      |  |  |
| <ul> <li>FM radio (if separate rate)</li> </ul>  |             |             |        |                     |             |      |  |  |
| Motel, hotel                                     |             |             |        |                     |             |      |  |  |
| Commercial                                       | 115         | \$52.95/Mth |        |                     |             |      |  |  |
| Converter  |             |             |        |                     |             |      |  |  |
| Residential                                      |             |             |        |                     |             |      |  |  |
| Non-residential                                  |             |             | 1   "" |                     |             |      |  |  |
|  |             |             | 1  ''' |                     |             |      |  |  |

F

Services Other Than Secondary Transmissions: Rates

### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

**Block 1:** Give the standard rate charged by the cable system for each of the applicable services listed.

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

|   | BLOCK 2             |                               |          |  |  |
|---|---------------------|-------------------------------|----------|--|--|
| CATEGORY OF SERVICE                         | CATEGORY OF SERVICE | RATE                          |          |  |  |
| Continuing Services:                        |                     | Installation: Non-residential |          |  |  |
| • Pay cable                                 | \$16.95/Mth         | Motel, hotel                  |          |  |  |
| <ul> <li>Pay cable—add'l channel</li> </ul> | \$16.95/Mth         | Commercial                    |          |  |  |
| Fire protection                             |                     | • Pay cable                   |          |  |  |
| •Burglar protection                         |                     | Pay cable-add'l channel       |          |  |  |
| Installation: Residential                   |                     | Fire protection               |          |  |  |
| • First set                                 | \$ 54.95            | Burglar protection            |          |  |  |
| Additional set(s)                           |                     | Other services:               |          |  |  |
| • FM radio (if separate rate)               |                     | Reconnect                     | \$ 54.95 |  |  |
| Converter                                   |                     | Disconnect                    |          |  |  |
|   |                     | Outlet relocation             |          |  |  |
|   |                     | Move to new address           |          |  |  |
|   |                     |                               |          |  |  |

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name **BLUE RIDGE CABLE TECHNOLOGIES INC** 3324 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [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 **Primary** substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identifi 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 WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the 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 subject 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 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 identifec Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION 1. CALL CARRIAGE SIGN CHANNEL OF (Yes or No) **NUMBER STATION** (If Distant) **WBRE** 28 Ν NO WILKES-BARRE, PA 16 Ν WNEP NO WILKES-BARRE, PA See instructions for WOLF 56 NO WILKES-BARRE, PA additional information Ī on alphabetization. WQMY 53 NO WILLIAMSPORT, PA ı **WQPX** 64 NO I SCRANTON, PA **WSKG** 46 Ε YES 0 **BINGHAMTON, NY** NO **WSWB** 38 I SCRANTON, PA WVIA 44 Ε NO WILKES-BARRE, PA WYOU 22 N NO WILKES-BARRE, PA WNEP-2 16.2 ı NO WILKES-BARRE, PA WSWB-2 38.2 I NO SCRANTON, PA WSWB-3 38.3 NO Ī SCRANTON, PA WILKES-BARRE, PA WBRE-2 28.2 Ī NO WBRE-3 28.3 NO WILKES-BARRE, PA

ACCOUNTING PERIOD: 2023/2 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **BLUE RIDGE CABLE TECHNOLOGIES INC** 3324 PRIMARY TRANSMITTERS: RADIO Н 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. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary** Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio 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. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

FORM SA3E. PAGE 5. ACCOUNTING PERIOD: 2023/2

| TORWI SASE, I AGE 3.  |                       |                           |                             |                     |                    | ACCOUNTING         | 11 LINIOD. 2023/2 |  |  |
|---|-----------------------|---------------------------|-----------------------------|---------------------|--------------------|--------------------|-------------------|--|--|
| LEGAL NAME OF OWNER OF BLUE RIDGE CABLE 1   |                       |                           |                             |                     |                    | SYSTEM ID#<br>3324 | Namo              |  |  |
| SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  |                       |                           |                             |                     |                    |                    |                   |  |  |
| In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.   |                       |                           |                             |                     |                    |                    |                   |  |  |
| 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE   |                       |                           |                             |                     |                    |                    |                   |  |  |
| • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?   |                       |                           |                             |                     |                    |                    |                   |  |  |
| Note: If your answer is "No   | ", leave the          | rest of this pa           | ige blank. If your answer i | s "Yes," you        |                    |                    | Program Log       |  |  |
| Log of SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages.  Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast 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).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976. |                       |                           |                             |                     |                    |                    |                   |  |  |
| C   | IDOTITIIT             | E PROGRAM                 | <u> </u>                    |                     | EN SUBSTITUTE      | 7. REASON          |                   |  |  |
| TITLE OF PROGRAM  | 2. LIVE?<br>Yes or No | 3. STATION'S<br>CALL SIGN | 4. STATION'S LOCATION       | 5. MONTH<br>AND DAY | 6. TIMES FROM — TO | FOR DELETION       |                   |  |  |
|   |                       |                           |                             |                     |                    |                    |                   |  |  |
|   |                       |                           |                             |                     |                    |                    |                   |  |  |
|   |                       |                           |                             |                     |                    |                    |                   |  |  |
|   |                       |                           |                             |                     |                    |                    |                   |  |  |
|   |                       |                           |                             |                     |                    |                    |                   |  |  |
|   |                       |                           |                             |                     |                    |                    |                   |  |  |
|   |                       |                           |                             |                     |                    |                    |                   |  |  |
|   |                       |                           |                             |                     | _                  |                    |                   |  |  |
|   |                       |                           |                             |                     | _                  |                    |                   |  |  |
|   |                       |                           |                             |                     |                    |                    |                   |  |  |
|   |                       |                           |                             |                     |                    |                    |                   |  |  |
|   |                       |                           |                             |                     |                    |                    |                   |  |  |
|   |                       |                           |                             |                     | <u> </u>           |                    |                   |  |  |
|   |                       |                           |                             |                     |                    |                    |                   |  |  |
|   |                       |                           |                             |                     |                    |                    |                   |  |  |
|   |                       |                           |                             |                     |                    |                    |                   |  |  |
|   |                       |                           |                             |                     | _                  |                    |                   |  |  |
|   |                       |                           |                             |                     |                    |                    |                   |  |  |
|   |                       |                           |                             |                     |                    |                    |                   |  |  |
|   |                       |                           |                             |                     |                    |                    |                   |  |  |
|   |                       |                           |                             |                     |                    |                    |                   |  |  |
|   | ļ                     |                           |                             |                     |                    |                    | 1                 |  |  |

ACCOUNTING PERIOD: 2023/2 FORM SA3E. PAGE 6.

| Name                                     | BLUE RIDGI  |      | SYSTEM: CHNOLOGIES I | NC    |  |           |      |              | S    | 3324 |
|--|---|------|----------------------|-------|--|-----------|------|--------------|------|------|
| <b>J</b><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-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages.  Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G.  Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc- |      |                      |       |  |           |      |              |      |      |
|  | DATES AND HOURS OF PART-TIME CARRIAGE   |      |                      |       |  |           |      |              |      |      |
|  |   | WHEN | I CARRIAGE OCCL      | JRRED |  |           | WHEI | N CARRIAGE O | CCUF | RRED |
|  | CALL SIGN   |      | HOUF                 | RS    |  | CALL SIGN |      | Н            | OUR  | S    |
|  |   | DATE | FROM                 | ТО    |  |           | DATE | FROM         |      | ТО   |
|  |   |      | _                    |       |  |           |      |              |      |      |
|  |   |      |                      |       |  |           |      |              | =    |      |
|  |   |      |                      |       |  |           |      |              |      |      |
|  |   |      | _                    |       |  |           |      |              | _    |      |
|  |   |      | _                    |       |  |           |      |              |      |      |
|  |   |      | _                    |       |  |           |      |              | _    |      |
|  |   |      | _                    |       |  |           |      |              |      |      |
|  |   |      | _                    |       |  |           |      |              |      |      |
|  |   |      | _                    |       |  |           |      |              |      |      |
|  |   |      |                      |       |  |           |      |              |      |      |
|  |   |      |                      |       |  |           |      |              |      |      |
|  |   |      | <u> </u>             |       |  |           |      |              |      |      |
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|  |   |      |                      |       |  |           |      | 1            |      |      |

| LEGA  | L NAME OF OWNER OF CABLE SYSTEM:  JE RIDGE CABLE TECHNOLOGIES INC  | S   | 3324            | Name   |  |  |  |  |  |  |
|---|--|---|-----------------|--|--|--|--|--|--|--|
| Inst<br>all a<br>(as<br>page  | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  IMPORTANT: You must complete a statement in space P concerning gross receipts.  (Amount of gross receipts) |   |                 |  |  |  |  |  |  |  |
| COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe:  Complete block 1, showing your minimum fee.  Complete block 2, showing whether your system carried any distant television stations.  If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee.  If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.  If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of |  |   |                 |  |  |  |  |  |  |  |
| blocd  If part 3 be 1 lf part 2 in Block  | k 3 below.<br>rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be e  | ntered on line 2 in blocald be entered on line are required to pay at is 1.064 percent of the |                 |  |  |  |  |  |  |  |
|   | Enter the result here. This is your minimum fee.  DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colum "Yes" in this block.  | information you gave i  | <b>4,254.72</b> |  |  |  |  |  |  |  |
| Block   | Did your cable system carry any distant television stations during the accounting period       Yes—Complete the DSE schedule. No—Leave block 3 below blank and complete the DSE schedule.  Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero  |   | 956.82          |  |  |  |  |  |  |  |
| 3   | Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero   |   | 0.00            |  |  |  |  |  |  |  |
|   | Line 3. Add lines 1 and 2 and enter here   | \$  | 956.82          |  |  |  |  |  |  |  |
| 4   | <ul> <li>Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger</li> <li>Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.</li> <li>Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9</li> </ul>  |   | 0.00            | Cable systems<br>submitting<br>additional<br>deposits under<br>Section 111(d)(7) |  |  |  |  |  |  |
|   | (Interest Worksheet)   | \$  | 725.00          | should contact<br>the Licensing<br>additional fees.<br>Division for the          |  |  |  |  |  |  |
|   | TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here   |   | 4,979.72        | appropriate<br>form for<br>submitting the<br>additional fees.                    |  |  |  |  |  |  |
|   | Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (Signeral instructions located in the paper SA3 form for more information.)   | See page (i) of the   |                 |  |  |  |  |  |  |  |

ACCOUNTING PERIOD: 2023/2 FORM SA3E, PAGE 8.

|                                    |   | ORIVI SASE. FAGE 6. |  |  |  |  |  |
|------------------------------------|---|---------------------|--|--|--|--|--|
| Name                               | LEGAL NAME OF OWNER OF CABLE SYSTEM:  BLUE RIDGE CABLE TECHNOLOGIES INC   | SYSTEM ID#<br>3324  |  |  |  |  |  |
| M<br>Channels                      | CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.  1. Enter the total number of channels on which the cable system carried television broadcast stations.  14  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.  73 |                     |  |  |  |  |  |
| N<br>Individual to<br>Be Contacted | Individual to we can contact about this statement of account.)  |                     |  |  |  |  |  |
| for Further<br>Information         | Name Steven Holler Telephone 610-826-921  | 0                   |  |  |  |  |  |
|                                    | Address PO Box 215 (Number, street, rural route, apartment, or suite number)  Palmerton, Pa 18071   |                     |  |  |  |  |  |
|                                    | (City, town, state, zip)  Email sholler@pencor.com Fax (optional)   |                     |  |  |  |  |  |
| 0                                  | CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)  |                     |  |  |  |  |  |
| Certifcation                       | • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  |                     |  |  |  |  |  |
|                                    | (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or   | ad.                 |  |  |  |  |  |
|                                    | (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identifing in line 1 of space B and that the owner is not a corporation or partnership; or  (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable s  |                     |  |  |  |  |  |
|                                    | 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)]   | ,                   |  |  |  |  |  |
|                                    | X /s/ David L. Masenheimer  |                     |  |  |  |  |  |
|                                    | 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 presbutton, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.  | ss the "F2"         |  |  |  |  |  |
|                                    | Typed or printed name: <b>David Masenheimer</b>   |                     |  |  |  |  |  |
|                                    | Title: President  (Title of official position held in corporation or partnership)   |                     |  |  |  |  |  |
|                                    | Date: February 16, 2024   |                     |  |  |  |  |  |

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 telephon 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 ance search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in t completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of lav

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  | TEM ID# | Nama   |  |  |  |  |
|---|---------|--|--|--|--|--|
| BLUE RIDGE CABLE TECHNOLOGIES INC   | 3324    | Name   |  |  |  |  |
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  For more information on when to exclude these amounts, see the note on page (viii) of the general instructions in the | -       | Special<br>Statement<br>Concerning<br>Gross Receipts |  |  |  |  |
| 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?  X NO  YES. Enter the total here and list the satellite carrier(s) below   |         |  |  |  |  |  |
| Name Mailing Address 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.  |         | Q  |  |  |  |  |
| Line 1 Enter the amount of late payment or underpayment   |         | Interest<br>Assessment                               |  |  |  |  |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here   | days    |  |  |  |  |  |
| Line 3 Multiply line 2 by the number of days late and enter the sum here  | -       |  |  |  |  |  |
| Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,  |         |  |  |  |  |  |
| space L, (page 7)   | -       |  |  |  |  |  |
| * To view the interest rate chart click on <a href="https://www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.  |         |  |  |  |  |  |
| Owner Address   |         |  |  |  |  |  |
| First community served  |         |  |  |  |  |  |
| Accounting period  ID number  |         |  |  |  |  |  |

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# 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 C of your Form SA3E, the station was carried part time because of lack of activated channel capacity, its basis of carriage value is determined by (1) calculating the number of hours the cable system carried the station during the accounting period, and (2) dividing that number by the total number of hours the station broadcast over the air during the accounting period. The basis of carriage value for all other stations listed in space G is 1.0.

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

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

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

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

Step 2: Divide the result of step 1 by the total number of days in the calendar year (365—or 366 in a leap year). This gives you the 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 and the base rate fee. In addition, cable systems located within certain television market areas may be required to calculate the 3.75 fee and/or the Syndicated Exclusivity Surcharge. Note: Distant multicast streams are not subject to the 3.75 fee or the Syndicated Exclusivity Surcharge. Distant simulcast streams are not subject to any royalty payment

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

The Syndicated Exclusivity Surcharge. Cable systems located in whole or in part within a major television market, as defined by FCC rules and regulations, must calculate a Syndicated Exclusivity Surcharge for the carriage of any commercial VHF station that places a grade B contour, 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 beer carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.
- 3) A station of the same type substituted for a carried network, non-commercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 767.63 (a) [referring to 76.61 (b),(d)] in effect on June 24, 1981.
- 4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.
- 5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

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

Substitution of Grandfathered Stations. Under section 76.65 of the former FCC rules, a cable system was not required to delete any 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 Syndicated Exclusivity Surcharge. The Copyright Royalty Tribunal has stated its view that, since section 76.65 of the former FCC rules would not have permitted substitution of a grandfathered station, the 3.75 percent Rate applies to a station substituted for a grandfathered station if carriage of the station exceeds the market quota imposed for the importation of distant stations.

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

- Determine which distant stations were carried by the system 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.

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

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

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

1.064% of gross receipts

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

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

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

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

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

- Calculate a separate base rate fee for each subscriber group, using (1) the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) the amount of gross receipts attributable to that group.
- 6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.
- 7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

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

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

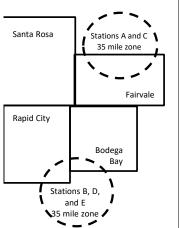
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

#### **EXAMPLE:**

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

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



|    | Distant Stations Carried |             | Identification o |                        |                  |
|----|--------------------------|-------------|------------------|------------------------|------------------|
|    | STATION                  | DSE         | CITY             | OUTSIDE LOCAL          | GROSS RECEIPTS   |
| in | A (independent)          | 1.0         |                  | SERVICE AREA OF        | FROM SUBSCRIBERS |
| 6  | B (independent)          | 1.0         | Santa Rosa       | Stations A, B, C, D ,E | \$310,000.00     |
| -  | C (part-time)            | 0.083       | Rapid City       | Stations A and C       | 100,000.00       |
|    | D (part-time)            | 0.139       | Bodega Bay       | Stations A and C       | 70,000.00        |
|    | E (network)              | <u>0.25</u> | Fairvale         | Stations B, D, and E   | 120,000.00       |
|    | TOTAL DSEs               | 2.472       |                  | TOTAL GROSS RECEIPTS   | \$600,000.00     |

Minimum Fee Total Gross Receipts \$600,000.00 x .01064 \$6,384.00

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

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

| DSE SCHEDULE. PAG    | E 11. (CONTINUED)                               |                    |  |                     |                         |          |
|----------------------|---|--------------------|--|---------------------|-------------------------|----------|
| 4                    | LEGAL NAME OF OWNER OF CABL                     | LE SYSTEM:         |  |                     | S                       | STEM ID# |
| <b>'</b>             | BLUE RIDGE CABLE T                              | ECHNOLOGIE         | ES INC   |                     |                         | 3324     |
|                      | SUM OF DSEs OF CATEGO                           |                    |  | T                   |                         |          |
|                      | Add the DSEs of each statio                     |                    | 10.  |                     |                         |          |
|                      | Enter the sum here and in line                  |                    | s schedule.  |                     | 0.25                    |          |
|                      |   | ·                  |  | <u></u>             |                         | _        |
| 2                    | Instructions:                                   | Oina list the sec  | U -:E -U -I:-LL -L-L:  | . :                 | - I-H "O" iI F          |          |
|                      | In the column headed "Call of space G (page 3). | Sign": list the ca | ill signs of all distant stations  | s identified by the | e letter "O in column 5 |          |
| Computation          | In the column headed "DSE                       | ": for each indep  | endent station, give the DSI   | as "1.0": for ea    | ach network or noncom-  |          |
| of DSEs for          | mercial educational station, gi                 |                    |  | , ,                 |                         |          |
| Category "O"         |   |                    | CATEGORY "O" STATION   | NS: DSEs            |                         |          |
| Stations             | CALL SIGN                                       | DSE                | CALL SIGN  | DSE                 | CALL SIGN               | DSE      |
|                      | WSKG  | 0.250              |  |                     |                         |          |
|                      |   |                    |  |                     |                         |          |
|                      |   |                    |  |                     |                         |          |
|                      |   |                    |  |                     |                         |          |
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| Add rows as          |   |                    |  |                     |                         |          |
| necessary.           |   |                    |  |                     |                         |          |
| Remember to copy     |   |                    |  |                     |                         |          |
| all formula into new |   |                    |  |                     |                         |          |
| rows.                |   |                    |  |                     |                         |          |
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| Name  | BLUE RIDGE CABLE TECHNOLOGIES INC  Instructions: CAPACITY  Column 1: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information your in space J. Calculate only you DES for each station.  Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Column 4: Divide the figure in column 2 by the figure in old to the station of the carried out at least to the third decimal point. This is the "basis of carriage value" for the station.  Column 5: For each independent station, give the "type-value" as "10." For each network or noncommercial educational station, give the type-value as "2.5".  Column 6: Multiply the figure in column 4 by the figure in column 5 as "10." For each network or noncommercial educational station, give the type-value as "2.5".  Column 6: Multiply the figure in column 4 by the figure in column 4 by the figure in column 6. Station 5 DSE. (For more information on rounding, see page (viii) of the general instructions in the paper and station of the paper of the station of the general instructions in the paper of the decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper of the paper of the general instructions in the paper of the general paper of the general instructions in the paper of the general paper of the gener | 3324 3324  |  |  |  |   |  |               |
|---|--|--|--|--|--|---|--|---------------|
| Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel | Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3) Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information opine in space. J Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. 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 be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 4: Divide the figure in column 4 by the figure in column 5, and give the result in column 6. 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.  CATEGORY LAC STATIONS: COMPUTATION OF DSEs  1. CALL SIGN  CARRIED BY SATION ON AIR  SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. Enter the sum here and in line 2 of part 5 of this schedule,  SIGN OF CATEGORY LAC STATIONS: Add the DSEs of each station. Enter the sum here and in line 2 of part 5 of this schedule,  Sations:  **Value**  **SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. Enter the sum here and in line 2 of part 5 of this schedule,  **Value carried by your system in substitution for a program that your system was permitted to deside under FCC rules and regular tors in effect on Color 19, 1976 (as shown by the letter P'r) in column 7 of space 1; and  **Was carried by your system in substitution for a program that your system was permitted to deside under FCC rules and regular tors in effects on Color 19, 1976 (as shown by the letter P'r) in column 7 of space 1; and  **Unions: in effect on Color 19, 1976 (as shown by the letter P'r) in column 7 of space 1; and  **Column 3: Enter  |  |  |  |  |   |  |               |
| Capacity  |  | С  | ATEGORY LA   | STATIONS:  | COMPUTAT   | ION OF DSEs   |  |               |
|   | _  | OF HOU<br>CARRIE   | JRS C  | F HOURS<br>TATION  | CARRIAC  |   |  | iE            |
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|   |  |  | ÷  |  |  | x   | =  |               |
|   | Add the DSEs   | of each station.   |  | ıle,   | <b>&gt;</b>  | 0.00  |  |               |
| Computation of DSEs for Substitute-Basis Stations                                   | Column 1: Giv  • Was carried tions in efferations in efferations of the space I).  Column 2: at your option.  Column 3:  Column 4:   | d by your system in subsitect on October 19, 1976 one or more live, nonnetween for each station give the This figure should corrected the number of day Divide the figure in colur | itution for a progra<br>(as shown by the look programs durin<br>e number of live, no<br>spond with the info<br>s in the calendar y<br>nn 2 by the figure i | m that your syste teter "P" in column g that optional car innetwork programmation in space ear: 365, except in column 3, and o | m was permitted of 7 of space I); a rriage (as shown the string of the sulful of the s | d to delete under FCC ruind by the word "Yes" in column stitution for programs th column 4. Round to no I | les and regularing 2 of at were deleted ess than the thirc   | form)         |
|   |  | SU   | BSTITUTE-BAS   | SIS STATION  | S: COMPUT  | ATION OF DSEs   |  |               |
|   |  | OF   | OF DAYS  | 4. DSE   |  | OF  | OF DAYS  | 4. DSE        |
|   |  |  |  | ····   |  | <mark></mark>   |  | <mark></mark> |
|   |  |  |  | ····   |  | <mark></mark>   | ······   | =             |
|   |  | ÷  |  | =  |  | 4   | -  | =             |
|   | Add the DSEs   | s OF SUBSTITUTE-BAS<br>of each station.  | IS STATIONS:   | ule,   |  |   | inting period. This accounting period.  I. This figure must educational station, on less than the structions in the paper.  E. G. DSE  JE G. DSE  JE G. DSE  O  In: accounting period.  I. This figure must educational station, on less than the structions in the paper.  In accounting period.  I. This figure must education, on less than the paper.  In accounting period.  I. This figure must education, on less than the paper.  In accounting period.  I. This figure must education, on less than the paper.  In accounting period.  I. This figure must education, on less than the paper.  In accounting period.  I. This figure must education, on less than the paper.  In accounting period.  I. This figure must education, on less than the paper.  In accounting period.  I. This figure must education, on less than the paper.  In accounting period.  I. This figure must education, on less than the paper.  In accounting period.  I. This figure must education, on less than the paper.  In accounting period.  I. This figure must education, on less than the paper.  In accounting period.  I. This figure must education, on less than the paper.  In accounting period.  I. This figure must education, on less than the paper.  In accounting period.  I. This figure must education, on less than the paper.  In accounting period.  I. This figure must education, on less than the paper.  In accounting period.  I. This figure must education, on less than the paper.  In accounting period.  I. This figure must education, on less than the paper.  In accounting period.  I. This figure must education, on less than the paper.  In accounting period.  I. This figure must education, on less than the paper.  In accounting period.  I. This figure must education, on less than the paper.  In accounting period.  I. This figure must education, on less than the paper.  In accounting period.  I. This figure must education, on less than the paper.  In accounting period.  I. This figure must education, on less than the paper.  In accounting period.  I. This figure mu |               |
| 5   |  |  |  | es in parts 2, 3, ar   | d 4 of this sched  | ule and add them to provi   | de the total   |               |
| Total Number  | 1. Number o  | of DSEs from part 2 ●  |  |  |  | <b>&gt;</b>   | 0.25   |               |
| of DSEs   | Column 3: For each station, give the lotal number of hours that the station broadcast over the air during the accounting period. 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 be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1,0." For each network or noncommercial educational station give the type-value" as "1,0." For each network or noncommercial educational station give the type-value" as "1,0." For each network or noncommercial educational station give the type-value" as "1,0." For each network or noncommercial educational station give the type-value" as "1,0." For each network or noncommercial educational station give the type-value" as "1,0." For each network or noncommercial educational station give the type-value" as "1,0." For each network or noncommercial educational station give the type-value" as "1,0." For each network or noncommercial educational station give the type-value" as "1,0." For each network or noncommercial educational station give the type-value" as "1,0." For each network or noncommercial educational station in the page 3Ad form.  CATEGORY LAC STATIONS: COMPUTATION OF DSES  1. CALL 2. NUMBER 3. NUMBER 3. NUMBER 4. BASIS OF CARRIAGE VALUE 5. TYPE 5. |  |  |  |  |   |  |               |
|   | 3. Number o  | of DSEs from part 4 ●  |  |  |  | <b>-</b>  | 0.00   |               |
|   | TOTAL NUMBE  | ER OF DSEs   |  |  |  |   | ,  | 0.25          |

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2023/2

|  | OWNER OF CABLE  CABLE TECHI  |  | SINC   |  |   |   | S  | YSTEM ID#<br>3324 | Name  |
|--|--|--|--|--|---|---|--|-------------------|---|
| n block A: If your answer if schedule.         |  | emainder of p  | ·  | 7 of the DSE sche  | edule blank ar  | nd complete pa  | rt 8, (page 16) of                                 | the               | 6   |
| If your answer if                              | "No," complete blo   |  |  | TELEVISION M   | ARKETS  |   |  |                   | Computation o                               |
| s the cable system<br>effect on June 24,       | ,  |  |  | ıller markets as de  |   | ection 76.5 of I  | FCC rules and reg                                  | ulations in       | 3.75 Fee                                    |
| <del></del>                                    | plete part 8 of the<br>plete blocks B and  |  | OO NOT COME  | PLETE THE REMA   | AINDER OF F   | PART 6 AND 7.   |  |                   |   |
|  |  | BLO  | CK B: CARR   | IAGE OF PERI   | MITTED DS   | SEs   |  |                   |   |
| Column 1:<br>CALL SIGN                         | under FCC rules  | and regulations<br>of DSE Sche   | ons prior to Jur<br>dule. (Note: Th  | part 2, 3, and 4 of<br>ne 25, 1981. For fu<br>ne letter M below n<br>Act of 2010.) | ırther explana  | ation of permitte   | ed stations, see th                                | e                 |   |
| Column 2:<br>BASIS OF<br>PERMITTED<br>CARRIAGE | (Note the FCC r. A Stations carrivation of the Stations carrivation of the Station of the Statio | eles and regued pursuant for as defined all educations distation (76.) The schedant to individually carries (IHF station will be station willight will be station will be station will be station will be stat | lations cited be to the FCC mand in 76.5(kk) (7 al station [76.565) (see paragule). Lal waiver of Fed on a part-timithin grade-B of the football in the first part of the football in the foot | ne or substitute ba<br>contour, [76.59(d)(   | se in effect of<br>6.57, 76.59(b<br>e)(1), 76.63(a<br>63(a) referring<br>bstitution of g<br>sis prior to Ju | n June 24, 198 p), 76.61(b)(c), p) referring to 70 g to 76.61(d)] grandfathered s | 76.63(a) referring<br>5.61(e)(1)<br>tations in the |                   |   |
| Column 3:                                      |  | e stations ide   | ntified by the le  | parts 2, 3, and 4 etter "F" in column  |   |   | orksheet on page                                   | 14 of             |   |
| 1. CALL<br>SIGN                                | 2. PERMITTED<br>BASIS  | 3. DSE   | 1. CALL<br>SIGN  | 2. PERMITTED<br>BASIS  | 3. DSE  | 1. CALL<br>SIGN   | 2. PERMITTED<br>BASIS                              | 3. DSE            |   |
| WSKG   | С  | 0.25   |  |  |   |   |  |                   |   |
|  |  |  |  |  |   |   |  |                   |   |
|  |  |  |  |  |   |   |  |                   |   |
|  |  |  |  |  |   |   |  |                   |   |
|  |  |  |  |  |   | Ш   |  | 0.25              |   |
|  |  | E  | SLOCK C: CC  | MPUTATION O  | F 3.75 FEE  |   |  |                   |   |
| ine 1: Enter the                               | e total number of  | DSEs from  | part 5 of this   | schedule   |   |   |  |                   |   |
|  | sum of permitte  |  |  |  |   |   |  |                   |   |
|  |  |  |  | r of DSEs subject<br>7 of this schedu  |   | o rate.   |  |                   |   |
| ine 4: Enter gro                               | oss receipts from  | space K (p   | age 7)   |  |   |   | x 0.03   | 375               | Do any of the<br>DSEs represer<br>partially |
| ine 5: Multiply I                              | ine 4 by 0.0375  | and enter si   | um here  |  |   |   | x  |                   | permited/<br>partially<br>nonpermitted      |
| ine 6: Enter tot                               | al number of DS  | Es from line   | 3  |  |   |   |  |                   | carriage? If yes, see part 9 instructions.  |
| ine 7: Multiply I                              | ine 6 by line 5 a  | nd enter her   | e and on line  | 2. block 3. spac   | e L (page 7)  | )   |  | 0.00              |   |

| Name        |
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| 6           |
| Computation |
| 3.75 Fee    |
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ACCOUNTING PERIOD: 2023/2

| Name  |  | ABLE TECHNOLO   |   |  |  | SYSTEM ID#                         |  |  |  |  |  |  |
|---|--|---|---|--|--|------------------------------------|--|--|--|--|--|--|
| 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 carried 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—Substitue carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form.  Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule.  Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station.  IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. |   |   |  |  |                                    |  |  |  |  |  |  |
|   |  | PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS                          |   |  |  |                                    |  |  |  |  |  |  |
|   | 1. CALL  | 2. PRIOR  | 3. ACCOUNTING                             | 4. BASIS OF  | 5. PRESENT   | 6. PERMITTED                       |  |  |  |  |  |  |
| İ   | SIGN   | DSE   | PERIOD                                    | CARRIAGE   | DSE  | DSE                                |  |  |  |  |  |  |
|   |  |   |   |  |  |                                    |  |  |  |  |  |  |
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| <b>7</b> Computation of the   | ,  | "Yes," complete blocks  | nd C blank and complete                   | •  |  |                                    |  |  |  |  |  |  |
| Syndicated  |  |   | BLOCK A: MAJOR                            | TELEVISION MARKE   | ET   |                                    |  |  |  |  |  |  |
| Exclusivity<br>Surcharge  | Is any portion of the c  | able system within a to   | o 100 maior television mark               | et as defned by section 76   | i.5 of FCC rules in effect Ju  | ne 24, 1981?                       |  |  |  |  |  |  |
|   | X Yes—Complete   |   | o roc major to one on                     | No—Proceed to  |  |                                    |  |  |  |  |  |  |
|   | BLOCK B: Ca  | arriage of VHF/Grade I  | B Contour Stations                        | BLOCK  | C: Computation of Exem   | pt DSEs                            |  |  |  |  |  |  |
|   | Is any station listed in<br>commercial VHF station<br>or in part, over the cal   | block B of part 6 the p<br>on that places a grade<br>ble system?<br>tation below with its appro | rimary stream of a<br>B contour, in whole | Was any station listed nity served by the cab to former FCC rule 76. | in block B of part 7 carrie<br>le system prior to March 3<br>.159)<br>ation below with its appropria | d in any commu-<br>1, 1972? (refer |  |  |  |  |  |  |
| İ   | CALL SIGN  |   | L SIGN DSE                                | CALL SIGN  | DSE CALL SIG   | GN DSE                             |  |  |  |  |  |  |
|   | CALL SIGN  | DSE CAL   | L SIGN DSE                                | CALL SIGN  | DSE CALL SIG   | DSE DSE                            |  |  |  |  |  |  |
|   |  |   |   |  |  |                                    |  |  |  |  |  |  |
| l   |  |   |   |  |  |                                    |  |  |  |  |  |  |
|   |  | ТОТЛ  | AL DSEs 0.00                              |  | TOTAL DS   | SEs <b>0.00</b>                    |  |  |  |  |  |  |

| LEGAL NA      | ME OF OWNER OF CABLE SYSTEM: BLUE RIDGE CABLE TECHNOLOGIES INC  | SYSTEM ID#<br>3324 | Name                                |
|---------------|---|--------------------|-------------------------------------|
|               | BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE  |                    |                                     |
| Section 1     | Enter the amount of gross receipts from space K (page 7)  | 1,339,729.10       | 7                                   |
| Section 2     | A. Enter the total DSEs from block B of part 7  | 0.00               | Computation                         |
|               | B. Enter the total number of exempt DSEs from block C of part 7   | 0.00               | of the<br>Syndicated<br>Exclusivity |
|               | C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.   | 0.00               | Surcharge                           |
| • Is an       | y portion of the cable system within a top 50 television market as defined by the FCC?  Yes—Complete section 3 below.  X No—Complete section 4 below.   |                    |                                     |
|               | SECTION 3: TOP 50 TELEVISION MARKET   |                    |                                     |
| Section<br>3a | Did your cable system retransmit the signals of any partially distant television stations during the accounting period?      Yes—Complete part 9 of this schedule.      No—Complete the applicable section below.   |                    |                                     |
|               | If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.  | E                  |                                     |
|               | A. Enter 0.00599 of gross receipts (the amount in section1)   |                    |                                     |
|               | B. Enter 0.00377 of gross receipts (the amount in section.1)  |                    |                                     |
|               | C. Subtract 1.000 from total permitted DSEs (the figure on  |                    |                                     |
|               | line C in section 2) and enter here   | _                  |                                     |
|               | D. Multiply line B by line C and enter here   |                    |                                     |
|               | E. Add lines A and D. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge  |                    |                                     |
| Section<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.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge  |                    |                                     |
|               | OFOTION 4: OFOOND TO TELEVICION MARKET  |                    |                                     |
|               | SECTION 4: SECOND 50 TELEVISION MARKET  |                    |                                     |
| Section<br>4a | Did your cable system retransmit the signals of any partially distant television stations during the accounting period?  X Yes—Complete part 9 of this schedule.  No—Complete the applicable section below.   |                    |                                     |
|               | If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1) | SE .               |                                     |
|               | B. Enter 0.00189 of gross receipts (the amount in section 1)  |                    |                                     |
|               | C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here  |                    |                                     |
|               | D. Multiply line B by line C and enter here   |                    |                                     |
|               | E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge  |                    |                                     |

| Name          |   |  | YSTEM ID#<br>3324 |  |  |  |  |  |  |
|---------------|---|--|-------------------|--|--|--|--|--|--|
| 7             |   | SECTION CASE TECHNOLOGICO INC  |                   |  |  |  |  |  |  |
| <i>I</i>      | 4b  | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.   |                   |  |  |  |  |  |  |
| Computation   |   | A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ _\$   |                   |  |  |  |  |  |  |
| Syndicated    |   | B. Enter 0.00189 of gross receipts (the amount in section 1)   |                   |  |  |  |  |  |  |
| Surcharge     |   | C. Multiply line B by 3.000 and enter here   |                   |  |  |  |  |  |  |
|               | D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$ |  |                   |  |  |  |  |  |  |
|               |   | E. Subtract 4.000 from the total DSEs (the figure on line C in   |                   |  |  |  |  |  |  |
|               |   |  | _                 |  |  |  |  |  |  |
|               |   |  |                   |  |  |  |  |  |  |
|               |   | Enter here and on line 2, block 4, space L (page 7)  |                   |  |  |  |  |  |  |
|               |   | Syllulcated Exclusivity Sulcinarge.  |                   |  |  |  |  |  |  |
|               |   |  |                   |  |  |  |  |  |  |
| 8             |   |  |                   |  |  |  |  |  |  |
| 0             |   |  |                   |  |  |  |  |  |  |
| of            | -   | ır answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.<br>ır answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B belov   | v                 |  |  |  |  |  |  |
| Base Rate Fee |   |  |                   |  |  |  |  |  |  |
|               |   | is a partially distant station? A station is partially distant lif, at the time your system carried it, some of your subscribers ocated within that station's local service area and others were located outside that area. For the definition of a station's "local |                   |  |  |  |  |  |  |
|               | service   | e area," see page (v) of the general instructions.   |                   |  |  |  |  |  |  |
|               |   | BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS  |                   |  |  |  |  |  |  |
|               | • Did y   |  |                   |  |  |  |  |  |  |
|               |   | X Yes—Complete part 9 of this schedule. No—Complete the following sections.  |                   |  |  |  |  |  |  |
|               |   | BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE  |                   |  |  |  |  |  |  |
|               | Section<br>1  | Enter the amount of gross respirite from angel V (2002.7)  |                   |  |  |  |  |  |  |
|               | Coation   |  | _                 |  |  |  |  |  |  |
|               | 2   | (If block A of part 6 was checked "Yes,"   |                   |  |  |  |  |  |  |
|               |   | use the total number of DSEs from part 5.) ▶   | _                 |  |  |  |  |  |  |
|               | Section 3   | If the figure in section 2 is <b>4.000 or less.</b> compute your base rate fee here and leave section 4 blank.   |                   |  |  |  |  |  |  |
|               |   | NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.  |                   |  |  |  |  |  |  |
|               |   | A. Enter 0.01064 of gross receipts   |                   |  |  |  |  |  |  |
|               |   | (the amount in section 1)  | _                 |  |  |  |  |  |  |
|               |   | B. Enter 0.00701 of gross receipts   |                   |  |  |  |  |  |  |
|               |   | (the amount in section 1) ▶  |                   |  |  |  |  |  |  |
|               |   | C. Subtract 1.000 from total DSEs  |                   |  |  |  |  |  |  |
|               |   | (the figure in section 2) and enter here   |                   |  |  |  |  |  |  |
|               |   | D. Multiply line B by line C and enter here  | _                 |  |  |  |  |  |  |
|               |   | E. Add lines A, and D. This is your base rate fee. Enter here  |                   |  |  |  |  |  |  |
|               | A Enter 0.00300 of gross receipts (the amount in section 1)       | 0.00   |                   |  |  |  |  |  |  |
|               |   | Base Rate Fee  | 0.00              |  |  |  |  |  |  |

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2023/2

| The state of current of current  | ACCOUNTING                    | 3 1 EMIOD: 2023/2                     |
|--|-------------------------------|---------------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#                    | Name                                  |
| BLUE RIDGE CABLE TECHNOLOGIES INC  | 3324                          |                                       |
| Section If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.  |                               |                                       |
| A. Enter 0.01064 of gross receipts (the amount in section 1)   |                               | 8                                     |
| B. Enter 0.00701 of gross receipts   |                               | Computation                           |
| (the amount in section 1) \$   |                               | of<br>Base Rate Fee                   |
| C. Multiply line B by 3.000 and enter here <b>&gt;</b>   |                               | Duod Hato I oo                        |
| D. Enter 0.00330 of gross receipts (the amount in section 1) \$  |                               |                                       |
| (und annount in deceded)   |                               |                                       |
| 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 televi   | sion broadcast signals        |                                       |
| shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported ups in Space G.   | ed multiple channel line-     | 9                                     |
| In General: If any of the stations you carried were partially distant, the statute allows you, in computing your receipts from subscribers located within the station's local service area, from your system's total gross receip  |                               | Computation                           |
| this exclusion, you must:  | is. To take davantage of      | of<br>Base Rate Fee                   |
| First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that   | are distant to the same       | and                                   |
| station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system   | n. Determine the number of    | Syndicated<br>Exclusivity             |
| DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate bas<br><b>Finally:</b> Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your  |                               | Surcharge<br>for                      |
| NOTE: If any portion of your cable system is located within the top 100 television market and the station is no must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both 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 partiall carried to that community.  | y distant station you         | Permitted<br>Stations                 |
| <b>Step 2:</b> For each wholly distant and each partially distant station you carried, determine which of your subscroutside the station's local service area. A subscriber located outside the local service area of a station is distat the same token, the station is distant to the subscriber.)   |                               |                                       |
| <b>Step 3:</b> Divide your subscribers into subscriber groups according to the complement of stations to which they subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stat system will have only one subscriber group when the distant stations it carried have local service areas that or                                  | ions. Note that a cable       |                                       |
| Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each subscriber groups.   | ı of your system's            |                                       |
| In each section:   |                               |                                       |
| • Identify the communities/areas represented by each subscriber group.   |                               |                                       |
| • Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is subscribers in the group.   | distant to all of the         |                                       |
| • lf:  |                               |                                       |
| 1) your system is located wholly outside all major and smaller television markets, give each station's DSE as and 4 of this schedule; or,  | you gave it in parts 2, 3,    |                                       |
| <ol><li>any portion of your system is located in a major or smaller televison market, give each station's DSE as yo<br/>part 6 of this schedule.</li></ol>   | u gave 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 in the paper SA3 form.  | the general instructions      |                                       |
| • Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this sche page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscrib DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You your actual calculations on the form. | per group (that is, the total |                                       |

# LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 3324 **BLUE RIDGE CABLE TECHNOLOGIES INC** Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

| LEGAL NAME OF OWNE                           |                |                   | ;              |                      |            | S                           | 3324       | Name                     |
|--|----------------|-------------------|----------------|----------------------|------------|-----------------------------|------------|--------------------------|
| В  |                | COMPUTATION O     |                | TE FEES FOR EAG      |            | BER GROUP<br>SUBSCRIBER GRO |            |                          |
| COMMUNITY/ AREA Communities in Wyoming Count |                |                   | COMMUNITY/ ARE | <b>9</b> Computation |            |                             |            |                          |
| CALL SIGN                                    | DSE            | CALL SIGN         | DSE            | CALL SIGN            | DSE        | CALL SIGN                   | DSE        | of                       |
|  |                |                   |                | WSKG                 | 0.25       |                             |            | Base Rate Fe             |
|  |                | -                 |                |                      |            |                             |            | and                      |
|  |                |                   |                |                      |            |                             |            | Syndicated               |
|  |                |                   |                |                      |            |                             |            | Exclusivity<br>Surcharge |
|  |                | -                 |                |                      |            |                             |            | for                      |
|  |                |                   |                |                      |            |                             |            | Partially                |
|  |                |                   |                |                      |            |                             |            | Distant                  |
|  |                |                   |                |                      |            |                             |            | Stations                 |
|  |                |                   |                |                      |            |                             |            |                          |
|  |                | -                 |                |                      |            |                             |            |                          |
|  |                |                   |                |                      |            |                             |            |                          |
|  |                |                   |                |                      |            |                             |            |                          |
|  |                |                   |                |                      |            |                             |            |                          |
| Total DSEs                                   |                |                   | 0.00           | Total DSEs           |            |                             | 0.25       |                          |
| Gross Receipts First G                       | roup           | \$ 84             | 5,212.85       | Gross Receipts Sec   | cond Group | \$ 3                        | 359,705.70 |                          |
| <b>Base Rate Fee</b> First G                 | roup           | \$                | 0.00           | Base Rate Fee Sec    | cond Group | \$                          | 956.82     |                          |
|  | THIRD          | SUBSCRIBER GRO    | UP             |                      | FOURTH     | SUBSCRIBER GRO              | UP         |                          |
| COMMUNITY/ AREA                              | Comm           | unities in Bradfo | rd Count       | COMMUNITY/ ARE       | A          |                             | 0          |                          |
| CALL SIGN                                    | DSE            | CALL SIGN         | DSE            | CALL SIGN            | DSE        | CALL SIGN                   | DSE        |                          |
|  |                |                   |                |                      |            |                             |            |                          |
|  |                |                   |                |                      |            |                             |            |                          |
|  |                | -                 |                |                      |            |                             |            |                          |
|  |                |                   |                |                      |            |                             |            |                          |
|  |                | -                 |                |                      |            |                             |            |                          |
|  |                |                   |                |                      |            |                             |            |                          |
|  |                |                   |                |                      |            |                             |            |                          |
|  |                |                   |                |                      |            |                             |            |                          |
|  |                |                   |                |                      |            |                             |            |                          |
|  |                |                   |                |                      |            |                             |            |                          |
|  |                |                   |                |                      |            |                             |            |                          |
|  |                |                   |                |                      |            |                             |            |                          |
| Total DSEs                                   | 1              |                   | 0.00           | Total DSEs           |            |                             | 0.00       |                          |
| Gross Receipts Third (                       | Group          | <u>\$ 13</u>      | 4,810.55       | Gross Receipts Fou   | irth Group | \$                          | 0.00       |                          |
| Base Rate Fee Third (                        | Group          | \$                | 0.00           | Base Rate Fee Fou    | ırth Group | \$                          | 0.00       |                          |
| Base Rate Fee: Add th                        |                |                   | criber group   | as shown in the boxe | s above.   | ¢                           | 956 92     |                          |
| Enter here and in blocl                      | k 3, line 1, : | space ∟ (page 7)  |                |                      |            | <b>Þ</b>                    | 956.82     |                          |

| EGAL NAME OF OWNE           |            |                        | :                                       |                       |          | •                  | 3324 3324  | Name                  |
|-----------------------------|------------|------------------------|---|-----------------------|----------|--------------------|------------|-----------------------|
| BI                          |            |                        |   | TE FEES FOR EACH      |          |                    |            |                       |
|                             |            | SUBSCRIBER GRO         |   |                       |          | SUBSCRIBER GRO     |            | 9                     |
| COMMUNITY/ AREA             | Commi      | unities in Wyomi       | ng Coun                                 | COMMUNITY/ AREA       | Commu    | inities in Luzerne | County     | Computa               |
| CALL SIGN                   | DSE        | CALL SIGN              | DSE                                     | CALL SIGN             | DSE      | CALL SIGN          | DSE        | of                    |
|                             |            |                        |   |                       |          |                    |            | Base Rate             |
|                             |            |                        |   |                       |          | ,                  |            | and                   |
|                             |            | _                      |   |                       |          |                    |            | Syndicate             |
|                             |            |                        |   |                       |          |                    |            | Exclusivi<br>Surcharg |
|                             | <u> </u>   |                        |   |                       |          | ,                  |            | for                   |
|                             |            | <del> </del>           | <u></u>                                 |                       | <b></b>  |                    |            | Partially             |
|                             |            | H                      |   |                       |          |                    |            | Distant               |
|                             |            |                        |   |                       |          |                    |            | Stations              |
|                             |            |                        |   |                       |          |                    |            |                       |
|                             |            |                        |   |                       | <b></b>  |                    |            |                       |
|                             |            |                        |   |                       |          |                    |            |                       |
|                             |            |                        |   |                       |          |                    |            |                       |
|                             |            |                        |   |                       |          |                    |            |                       |
| otal DSEs                   |            |                        | 0.00                                    | Total DSEs            | -1       |                    | 0.00       |                       |
| Bross Receipts First G      | roun       | s 845                  | ,212.85                                 | Gross Receipts Secon  | d Group  | <b>s</b> :         | 359,705.70 |                       |
| noos receipts i not o       | гоир       | <del>*</del> 040       | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Gross Receipts Geoor  | а Огоар  |                    | 500,100.10 |                       |
| <b>ase Rate Fee</b> First G | roup       | \$                     | 0.00                                    | Base Rate Fee Secon   | d Group  | \$                 | 0.00       |                       |
|                             | THIRD      | SUBSCRIBER GRO         | UP                                      |                       | FOURTH   | SUBSCRIBER GRO     | UP         |                       |
| OMMUNITY/ AREA              | Comm       | unities in Bradfo      | rd Count                                | COMMUNITY/ AREA0      |          |                    |            |                       |
| CALL SIGN                   | DSE        | CALL SIGN              | DSE                                     | CALL SIGN             | DSE      | CALL SIGN          | DSE        |                       |
|                             |            |                        |   |                       |          |                    |            |                       |
|                             |            | +                      |   |                       |          |                    |            |                       |
|                             |            |                        |   |                       | <u> </u> |                    |            |                       |
|                             |            |                        |   |                       |          |                    |            |                       |
|                             |            |                        |   |                       | <b>1</b> |                    |            |                       |
|                             |            | <b>-</b>               |   |                       |          |                    |            |                       |
|                             |            | =                      |   |                       |          | ,                  |            |                       |
|                             |            |                        |   |                       |          |                    |            |                       |
|                             |            |                        |   |                       |          |                    |            |                       |
|                             |            |                        |   |                       | <u> </u> |                    |            |                       |
|                             |            |                        |   |                       | <u> </u> | ,                  |            |                       |
|                             |            |                        |   |                       |          |                    |            |                       |
|                             |            | •                      |   |                       |          |                    |            |                       |
| otal DSEs                   | •          |                        | 0.00                                    | Total DSEs            | •        |                    | 0.00       |                       |
| Gross Receipts Third C      | Group      | s 134                  | ,810.55                                 | Gross Receipts Fourth | Group    | \$                 | 0.00       |                       |
|                             |            |                        |   |                       |          |                    |            |                       |
| Base Rate Fee Third G       | Group      | \$                     | 0.00                                    | Base Rate Fee Fourth  | Group    | \$                 | 0.00       |                       |
|                             | o hoss = 1 | to food for an it will | oribo                                   | on about the thirty   | ahau-    |                    |            |                       |
|                             |            | LE LEDE TOL BOCH STIPS | caper group                             | as shown in the boxes | apove.   | 1                  |            |                       |

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name BLUE RIDGE CABLE TECHNOLOGIES INC 3324 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mus also compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market of **Base Rate Fee 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 and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown . \$