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						
02/27/2024	\$						
02/21/2024	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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:											
Accounting	2023/2											
Period												
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.											
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM										
	Entouch System Inc											
				6091	520232							
				60915	2023/2							
	11011 Richmond Ave, Suite 400											
	Houston, TX 77042-6723											
С	INSTRUCTIONS: In line 1, give any business or trade names used to i	dentify the busine	ss and operation of the sys	tem unless	s these							
C	names already appear in space B. In line 2, give the mailing address o	f the system, if dif	ferent from the address give	en in space	∍ В.							
System	1 IDENTIFICATION OF CABLE SYSTEM:											
	ETS Cable Vision											
	MAILING ADDRESS OF CABLE SYSTEM:											
	11011 Richmond Ave, Suite 400 2 (Number, street, rural route, apartment, or suite number)											
	Houston, TX 77042-6723											
	(City, town, state, zip code)											
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst com	munity served below and re	elist on pag	je 1b							
Area	with all communities.											
Served	CITY OR TOWN	STATE										
First	Cypress (Blackhourse Ranch)	TX										
Community	Below is a sample for reporting communities if you report multiple ch	annel line-ups in S	Space G.									
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	3 GRP#							
Sample	Alla	MD	A		1							
	Alliance Gering	MD MD	B B		3							
	Gring	IVID	D		J							

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.			Accoont	114G FEMOD. 2023/2					
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#						
Entouch System Inc			60915						
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.									
Note: Entities and properties such as hotels, apartments, condominiums, or mobile hombelow the identified city or town.	e parks should be	e reported in pare	ntheses						
If all communities receive the same complement of television broadcast stations (i.e., 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-comm	a subscriber grou								
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#						
Cypress (Blackhourse Ranch)	TX			First					
Cypress (Coles Crossing) Cypress (Cypress Creek Lakes)	TX TX TX			Community					
Cypress (Lone Oak) Cypress (Stablegate)	TX								
Cypress (Westgate)	TX			See instructions for					
Houston (Berkshire)	TX			additional information					
Houston (Summerwood)	TX			on alphabetization.					
Katy (Cardiff Ranch) Katy (Cinco Southwest)	TX TX								
Katy (Grayson Lakes)	TX								
Katy (Seven Meadows)	TX			Add rows as necessary.					
Missouri City (Sienna Plantation)	TX								
Missouri City (Riverstone)	TX								
Richmond (Long Meadow Farm)	TX								
Richmond (Riverpark West)	TX								
Richmond (Westeimer Lakes)	TX								
Richmond (Williams Ranch) Rosharon (Sterling Lakes)	TX TX								
Spring (Spring Trails)	TX								
Spring (Gleannloch Farms)	TX								
Sugerland (Aliana)	TX								
Sugerland (Tellfair)	TX								
Sugerland (Riverstone)	TX								

Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:
SYSTEM ID#
Entouch System Inc
60915

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		NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE			
Residential:						
 Service to first set 	1,138	\$ 54.37				
 Service to additional set(s) 		\$ 54.37				
 FM radio (if separate rate) 						
Motel, hotel		\$ 54.37				
Commercial		\$ 54.37				
Converter						
Residential						
Non-residential						

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

BLOCK 1							BLOCK 2		
CATEGORY OF SERVICE	F	RATE CATEGORY OF SERVICE RATE					TEGORY OF SERVICE	F	RATE
Continuing Services:			Installation: Non-residential						
 Pay cable 			Motel, hotel			Exp	panded Basic	\$	34.79
 Pay cable—add'l channel 			Commercial			Dig	ital Tier (Premier Pak)	\$	15.00
 Fire protection 			• Pay cable			Spc	orts Tier	\$	6.95
Burglar protection			Pay cable-add'l channel			Am	erica's Tier	\$	4.95
Installation: Residential			Fire protection			Pre	mium HD Tier	\$	3.25
 First set 	\$	89.94	Burglar protection						
 Additional set(s) 	\$	50.00	Other services:						
 FM radio (if separate rate) 			Reconnect	\$	50.00				
Converter			Disconnect						
			Outlet relocation	\$	50.00				
			Move to new address	\$	50.00				

FORM SA3E. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM	M:				SYSTEM ID#	Name	
Entouch System Inc					60915		
PRIMARY TRANSMITTERS: TELEVISION							
In General: In space G, identify every tele carried by your cable system during the ad						G	
FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections							
76.59(d)(2) and (4), 76.61(e)(2) and (4), o substitute program basis, as explained in			(2) and (4))]; an	d (2) certain statio	ns carried on a	Primary Transmitters	
Substitute Basis Stations: With respe	ect to any dista	nt stations car	ried by your cal	ole system on a su	ıbstitute program	Television	
basis under specifc FCC rules, regulations • Do not list the station here in space G—I			pecial Statemen	t and Program Lo	a)—if the		
station was carried only on a substitute	basis.			_			
 List the station here, and also in space I, basis. For further information concernir 							
in the paper SA3 form.							
Column 1: List each station's call sign. each multicast stream associated with a s							
cast stream as "WETA-2". Simulcast strea							
NETA-simulcast). Column 2: Give the channel number the	ne FCC has as:	signed to the	television station	n for broadcasting	over-the-air in		
its community of license. For example, WF	RC is Channel						
on which your cable system carried the sta Column 3: Indicate in each case wheth		s a network s	tation, an indep	endent station, or	a noncommercial		
educational station, by entering the letter °	'N" (for network	(t), "N-M" (for r	network multicas	st), "I" (for indepen	dent), "I-M"		
for independent multicast), "E" (for nonco For the meaning of these terms, see page					al multicast).		
Column 4: If the station is outside the	local service ar	ea, (i.e. "dista	int"), enter "Yes'	". If not, enter "No"	'. For an ex-		
planation of local service area, see page (Column 5: If you have entered "Yes" in					which your		
cable system carried the distant station du	ring the accou	nting period. I	ndicate by enter	ring "LAC" if your			
carried the distant station on a part-time b For the retransmission of a distant mult					it is the subject		
of a written agreement entered into on or l	before June 30	, 2009, betwe	en a cable syste	em or an associati	on representing		
the cable system and a primary transmitte tion "E" (exempt). For simulcasts, also ent							
explanation of these three categories, see	page (v) of the	general instr	uctions located	in the paper SA3	form.		
Column 6: Give the location of each st FCC. For Mexican or Canadian stations, it							
Note: If you are utilizing multiple channel	,		•				
		CHANN	EL LINE-UP	AA			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	o. Eddy months of Styrmon		
	NUMBER	STATION		(If Distant)			
KETH - TBN HD	57	N	No		Houston, TX		
KFTH - GRIT TV	668	N	No		Houston, TX	See instructions for	
KFTH - UniMAS HD	83 / 298	N	No		Houston, TX	additional informati	
KHOU - Bounce	650	N	No		Houston, TX	on alphabetization.	
	11 / 301	N	No		Houston, TX		
KHOU - CBS HD						}	
KHOU - True Crime Network	673	N	No		Houston, TX		
KHOU - Quest	672	N	No		Houston, TX		
KIAH - Antenna TV	664	N	No		Houston, TX		
KIAH - Comet	665	N	No		Houston, TX	ļ	
KIAH - Court TV	653	N	No		Houston, TX	ļ	
KIAH - CW HD	5 / 305	N	No		Houston, TX		
KLTJ - Daystar	99	Е	No		Houston, TX		
KPRC - Heroes & Icons	671	N	No		Houston, TX	Ì	
KPRC - MeTV	663	N			Houston, TX		
			No No			i	
KPRC - NBC HD	12 / 302	N	No		Houston, TX	}	
KPRC - Start TV	674	N	No		Houston, TX	}	
KPXB - iON HD	7 / 315	N	No		Houston, TX	ļ	
KRIV - FOX HD	9 / 300	N	No		Houston, TX	,	
KRIV - Decades (was Light TV)	669	N	No		Houston, TX		
KTBU - Quest (was Mega TV)	55	N	No		Houston, TX		
KTMD - Telemundo HD	6 / 307	N	No		Houston, TX		
KTMD - TeleXitos	651	N	No		Houston, TX		
KTRK - ABC HD	13 / 304	N	No			1	
					Houston, TX	1	
KTRK - LAFF	662	N 	No 		Houston, TX	}	
KTRK - Live Well HD	661	N	No		Houston, TX		
KTXH - Buzzr	675	N	No		Houston, TX		
KTXH - Movies	670	N	No		Houston, TX		
KTXH - My TV HD	4 / 306	N	No		Houston, TX		
KUBE - The Kube HD	56	N	No		Houston, TX		
KUHT - Create	658	N	No		Houston, TX		
KUHT - PBS HD	8 / 303	N	No		Houston, TX		
KUHT - PBS Kids	124	N	No	,	Houston, TX		
KXLN - Court TV Mystery	667	N	No		Houston, TX		
KXLN - Univision HD	10 / 299	N N	No No		Houston, TX		
KYAZ - Azteca	2	N	No		Houston, TX		
KZJL - Estrella TV	54	N	No		Houston, TX	Ī	

U.S. Copyright Office

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **Entouch System Inc** 60915 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

FURINI SAJE. PAGE 5.						ACCOUNTING	PERIOD: 2023/2
LEGAL NAME OF OWNER OF Entouch System Inc	CABLE SYST	FEM:			\$	60915	Name
SUBSTITUTE CARRIAGI	E: SPECIA	AL STATEME	NT AND PROGRAM LOC	;			
In General: In space I, ident substitute basis during the a explanation of the programm form.	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regul	lations, or authorizations.	For a further	Substitute
1. SPECIAL STATEMEN	CONCER	NING SUBST	TITUTE CARRIAGE				Carriage:
During the accounting per		ır cable system	n carry, on a substitute bas	is, any nonne	etwork television progra	m	Special Statement and
broadcast by a distant sta					Yes		Program Log
Note: If your answer is "No log in block 2.	", leave the	rest of this page	ge blank. If your answer is	"Yes," you m	ust complete the progra	ım	
2. LOG OF SUBSTITUTE	PROGRA	MS					
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love L Column 2: If the prograr Column 3: Give the call Column 4: Give the broatthe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gir Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	nce, please of every no distant statigulations, of tion. Do no ucury" or "NE news broadsign of the sadcast statication adding statication and day we "5/7." es when the Example: a er "R" if the and regulation ogramming	attach addition innetwork televition and that your authorization of use general each Basketball: deast live, enterstation broadcaph's location (thous, if any, the when your system of a program carrulisted program carrunons in effect di	al pages. rision program (substitute pour cable system substitute is. See page (vi) of the ger categories like "movies", or 76ers vs. Bulls." or "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the stem carried the substitute orgram was carried by your ied by a system from 6:01: I was substituted for programing the accounting period	orogram) that d for the program instruction "basketball" lo." station is lice station is ide program. Use cable system 15 p.m. to 6:24 mming that y i; enter the le	, during the accounting gramming of another states on slocated in the paper. List specific program ensed by the FCC or, in ntified). The numerals, with the most accurate 28:30 p.m. should be your system was require tter "P" if the listed pro	nth ely	
					EN SUBSTITUTE	7. REASON	
1. TITLE OF PROGRAM	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	6. TIMES	FOR DELETION	
	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO		
					<u> </u>		
					<u> </u>		
					<u> </u>		
						"	
					<u> </u>	"	
					<u> </u>		
						"	
					_		
					_		
					_		

LEG	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID# 60915	Name						
Inst all a (as pag	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. Service(s) 4 2,196,297.67 (Amount of gross receipts)								
• Cor • Cor • If you fee • If you acc	YRIGHT ROYALTY FEE actions: Use the blocks in this space L to determine the royalty fee you owe: inplete block 1, showing your minimum fee. inplete block 2, showing whether your system carried any distant television stations. Dur system did not carry any distant television stations, leave block 3 blank. Enter the after block 1 on line 1 of block 4, and calculate the total royalty fee. Dur system did carry any distant television stations, you must complete the applicable prompanying this form and attach the schedule to your statement of account.	parts of the DSE Schedule	L Copyright Royalty Fee						
bloo ▶ If pa	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should ck 3 below. art 6 of the DSE schedule was completed, the amount from line 7 of block C should be blow.								
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sh block 4 below.	ould be entered on line							
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or moleast the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064								
	Enter the result here. This is your minimum fee.	\$ 23,368.61							
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with th space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colu "Yes" in this block. • Did your cable system carry any distant television stations during the accounting pel Yes—Complete the DSE schedule. X No—Leave block 3 below blank and	mn 4, you must check							
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$ -							
	Line 2. 3.75 Fee: 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	\$ -							
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	\$ 23,368.61	Cable systems						
	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.		submitting additional deposits under						
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	Section 111(d)(7) should contact the Licensing						
	Line 4. FILING FEE	\$ 725.00	additional fees. 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	\$ 24,093.61	appropriate form for submitting the additional fees.						
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. general instructions located in the paper SA3 form for more information.)	(See page (i) of the							

	LEGAL NAME OF OWNER	OF CABLE S	STEM:	SYSTEM ID#							
Name	Entouch System			60915							
	CHANNELS										
M	Instructions: You	must give	1) the number of channels on which the cable system carried television broadcast sta	tions							
۱	to its subscribers a	nd (2) the	able system's total number of activated channels, during the accounting period.								
Channels	Enter the total number of channels on which the cable										
			lannels on which the cable ladcast stations	36							
	system carried ter	ievision bi	ducasi stations								
	2. Enter the total nu	umber of a	ctivated channels								
			arried television broadcast stations	007							
1		-		307							
				-							
N	INDIVIDUAL TO B	E CONTA	CTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual								
IN	we can contact abo		` · ·								
Individual to			·								
Be Contacted											
for Further	Name Morga	n Conk	e Telephone 34	47-835-7661							
Information											
	Address 650 Co	ollege R	oad East, Suite 3100								
	(Number,	street, rural i	oute, apartment, or suite number)								
		ton, NJ	08540								
	(City, town	ı, state, zip)									
	Email	morga	n.conkle@astound.com Fax (optional)								
	ACDITICAL ATION (TI			. ,							
•	CERTIFICATION (1)	nis statem	nt of account must be certifed and signed in accordance with Copyright Office regulat	lions.)							
0											
Certifcation	• I, the undersigned,	hereby ce	ify that (Check one, but only one, of the boxes.)								
	(Owner other the	an corner	tion or partnership) I am the owner of the cable system as identifed in line 1 of space B; o	or.							
	(Owner other tha	an corpora	in the partitle ship) rain the owner of the cable system as identified in line 1 of space b, t	JI							
	(A gent of owner	athor tha	connection or nectors him) I am the duly outhorized agent of the august of the color	stam as identified							
			corporation or partnership) I am the duly authorized agent of the owner of the cable sys hat the owner is not a corporation or partnership; or	sterri as identified							
	V (055			Call late							
	(Officer or partr in line 1 of sp		officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner	of the cable system							
			t of account and hereby declare under penalty of law that all statements of fact contained h	nerein							
	[18 U.S.C., Section		to the best of my knowledge, information, and belief, and are made in good faith.								
	,	,									
		Χ	/s/ Parisa Salehani								
			electronic signature on the line above using an "/s/" signature to certify this statement.	as have and proce the "FO"							
			John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatition.	•							
		Typed	r printed name: Parisa Salehani								
		71									
		Title:	Senior Vice President, Controller								
		. 100.	(Title of official position held in corporation or partnership)								
		Date:	March 1, 2024								
İ											

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: Entouch System Inc	SYSTEM ID# 60915	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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the baservice of providing secondary transmissions of primary broadcast transmitters, the system shall not incluse scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 1 For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmiss made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	sic de sub- 19." the	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Name Mailing Address		
INTEREST ASSESSMENTS You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment and explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	ayment.	Q
Line 1 Enter the amount of late payment or underpayment		Interest 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	- 0274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the offiling.	original	
Owner Address		
First community served Accounting period ID number		

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

DSE SCHEDULE. PAGE	TT. (CONTINUED)											
4	LEGAL NAME OF OWNER OF CABL	E SYSTEM:			SYSTEM ID:							
1	Entouch System Inc					60915						
						<u> </u>						
	SUM OF DSEs OF CATEGOR	RY "O" STATIO	NS:									
	 Add the DSEs of each station 	n.										
	Enter the sum here and in line		is schedule.		0.00							
		r or part o or an	io concuano.		0.00							
	Instructions:											
		the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5										
	of space G (page 3).											
Computation	In the column headed "DSE"	": for each inden	endent station, give the DSF	as "1.0": for	each network or noncom-							
of DSEs for	n the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom- nercial educational station, give the DSE as ".25."											
	mercial educational station, give the DSE as ".25." CATEGORY "O" STATIONS: DSEs											
Category "O"					1							
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE						
Add rows as												
necessary.												
Remember to copy all												
formula into new												
rows.												
					, , , , , , , , , , , , , , , , , , ,							

Name	Entouch Sys	OWNER OF CABLE SYSTEM:					S	YSTEM ID# 60915				
3	Instructions: Column 1: Li	CAPACITY st the call sign of all dista P: For each station, give the	he number of ho	urs your cable systen	n carried the sta	tion during the accounting	g period. This					
Computation of DSEs for Stations Carried Part	Column 3 Column 4 be carried out	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 given 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 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station,										
Time Due to Lack of Activated Channel	Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the page sacrity. SA3 form.											
Capacity		C	ATEGORY L	AC STATIONS: (COMPUTATI	ON OF DSEs						
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	JRS ED BY	NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE		6. DS	SE				
			÷	=		<u>x</u>	=					
			÷			x x	= =					
			÷	=		x	=					
			÷ ÷			x x						
			÷	=		x	=					
			÷	-		x	=					
	Add the DSEs	s OF CATEGORY LAC S of each station. Im here and in line 2 of p		dule,		0.00						
Computation of DSEs for Substitute-Basis Stations	Was carried tions in effe Broadcast of space I). Column 2: at your option. Column 3: Column 4:	ect on October 19, 1976 (one or more live, nonnetwo For each station give the This figure should corres Enter the number of days Divide the figure in colum	itution for a prog as shown by the ork programs dur number of live, i spond with the in s in the calendar in 2 by the figure	ram that your system letter "P" in column 7 ing that optional carrimonnetwork programs formation in space I. year: 365, except in a in column 3, and giv	was permitted to of space I); and age (as shown by a carried in substance I have been been been been been been been be	to delete under FCC rules	2 of were deleted s than the third	rm).				
	1	SU	BSTITUTE-BA	ASIS STATIONS	: COMPUTA	TION OF DSEs	1	ı				
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR		1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE				
		÷		=		÷		=				
				=		÷		=				
		······				÷		=				
				=		÷		=				
	Add the DSEs	s OF SUBSTITUTE-BAS of each station. um here and in line 3 of p		dule,	▶	0.00						
5		ER OF DSEs: Give the am s applicable to your system		oxes in parts 2, 3, and	4 of this schedule	e and add them to provide	the total					
Total Number	1. Number o	f DSEs from part 2 ●					0.00					
of DSEs		f DSEs from part 3 ●			 !	<u> </u>	0.00					
	3. Number o	f DSEs from part 4 ●				<u> </u>	0.00					
	TOTAL NUMBE	R OF DSEs						0.00				

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

Entouch Syste		SYSTEM:					S	YSTEM ID# 60915	Name
Instructions: Block A must be completed. In block A: • If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the schedule. • If your answer if "No," complete blocks B and C below.									6
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				ELEVISION MA	ARKETS				Computation of
Is the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in effect on June 24, 1981? Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7. No—Complete blocks B and C below.									3.75 Fee
BLOCK B: CARRIAGE OF PERMITTED DSEs									
Column 1: CALL SIGN List the call signs of distant stations listed in part 2, 3, and 4 of this schedule that your system was permitted to carry under FCC rules and regulations prior to June 25, 1981. For further explanation of permitted stations, see the instructions for the DSE Schedule. (Note: The letter M below refers to an exempt multicast stream as set forth in the Satellite Television Extension and Localism Act of 2010.)									
Column 2: BASIS OF PERMITTED CARRIAGE Enter the appropriate letter indicating the basis on which you carried a permitted station. (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)] B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1) C Noncommerical educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)] D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule). E Carried pursuant to individual waiver of FCC rules (76.7) *F A station previously carried on a part-time or substitute basis prior to June 25, 1981 G Commercial UHF station within grade-B contour, [76.59(d)(5), 76.61(e)(5), 76.63(a) referring to 76.61(e)(5)] M Retransmission of a distant multicast stream.									
Column 3:		e stations ide	entified by the	n parts 2, 3, and 4 letter "F" in columr			worksheet on paç	ge 14 of	
1. CALL SIGN	PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	PERMITTED BASIS	3. DSE	
	<mark></mark>			•	······································	•••••••••••••••••••••••••••••••••••••••	•	0.00	
								0.00	
		B	LOCK C: CC	MPUTATION OF	F 3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule					
Line 2: Enter the	sum of permitte	d DSEs from	m block B ab	ove			,	-	
				er of DSEs subject t 7 of this schedu		rate.	,-	0.00	
Line 4: Enter gro	oss receipts from	space K (p	age 7)						Do any of the
							x 0.0	375	DSEs represent partially
Line 5: Multiply I	ine 4 by 0.0375	and enter s	um here						permited/ partially
Line 6: Enter tota	al number of DS	Es from line	÷ 3				X		nonpermitted carriage? If yes, see part 9 instructions.
Line 7: Multiply line 6 by line 5 and enter here and on line 2. block 3. space L (page 7)								0.00	o mondonona.

ACCOUNTING PERIOD: 2023/2

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Entouch System Inc 60915									
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Column 1: List the call sign for each distant station identified by the letter "F" in column 2 of part 6 of the DSE schedule. 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:									
		PERMITTE	D DSE FOR STA	TIONS CARRIE	D ON A PAR	T-TIME ΔN	JD SUBSTI	THE BASIS		
	1. CALL	2. PRIO		COUNTING	4. BASIS			RESENT	6. PF	RMITTED
	SIGN	DSE		ERIOD	CARRIA			DSE	0.12	DSE
7 Computation of the	Instructions: Block A must be completed. In block A: If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.									
Syndicated			BLOCK	(A: MAJOR	TELEVISIO	N MARK	ET			
Exclusivity										
Surcharge	• Is any portion of the o	cable system wi	ithin a top 100 majo	or television mar	et as defned b	by section 7	76.5 of FCC	rules in effect Ju	ıne 24, 1	981?
	X Yes—Complete	blocks B and	C .		No—l	Proceed to	part 8			
	BLOCK B: Ca	arriage of VHF	/Grade B Contour	Stations		BLOCI	K C: Compu	ıtation of Exem	pt DSEs	
	Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole or in part, over the cable system? X Yes—List each station below with its appropriate permitted DSE No—Enter zero and proceed to part 8. Was any station listed in block B of part 7 carried in any community served by the cable system prior to March 31, 1972? (refer to former FCC rule 76.159) X Yes—List each station below with its appropriate permitted DSE No—Enter zero and proceed to part 8.									
									ed DSE	
	0	B0= 11	0411 01511	505		010	505	04:: 5::	. 1	DC=
	CALL SIGN	DSE	CALL SIGN	DSE	CALL	_ SIGN	DSE	CALL SIG	N	DSE
								-		
			TOTAL DSEs	0.00				TOTAL DS	Es	0.00

LEGAL NA	AME OF OWNER OF CABLE SYSTEM: Entouch System Inc	SYSTEM ID# 60915	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	2,196,297.67	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	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 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the D is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
Section	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.		
4a	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the D 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	
	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		

Name	LEGAL NAM		SYSTEM ID#						
Nume	I	Entouch System Inc	60915						
7	Section 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)							
of the Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ <u>\$</u>							
Surcharge		C. Multiply line B by 3.000 and enter here							
		D. Enter 0.00089 of gross receipts (the amount in section 1)							
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.							
		F. Multiply line D by line E and enter here	_						
		G. Add lines A, C, and F. This is your surcharge.							
		Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge	l.						
8	You m	ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. bock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.	t						
Computation	_	ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.							
of Base Rate Fee	If you blank	ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B belov	N						
Dusc Nate 1 cc		is a partially distant station? A station is "partially distant" if, 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	our cable system retransmit the signals of any partially distant television stations during the accounting period?							
		Yes—Complete part 9 of this schedule. X No—Complete the following sections.							
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE							
	Section 1	Enter the amount of gross receipts from space K (page 7)	7						
	Section	Enter the total number of permitted DSEs from block B, part 6 of this schedule.							
	2	(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.) ▶ 0.0	10						
	Section		-						
	3	If the figure in section 2 is 4.000 or less , 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) ▶ _ \$ 15,396.05							
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here							
		D. Multiply line B by line C and enter here ▶ \$ -	_						
		E. Add lines A, and D. This is your base rate fee. Enter here							
		and in block 3, line 1, space L (page 7)	_						
		Base Rate Fee	<u></u> l						

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

LECALN	AME OF OWNER OF CABLE SYSTEM:	CVCTEM ID#	
		SYSTEM ID# 60915	Name
Entou	ch System Inc	00913	
Section 4	If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.		•
7	A. Enter 0.01064 of gross receipts		8
	(the amount in section 1) >		
	B. Enter 0.00701 of gross receipts		Computation
	(the amount in section 1) \$		Computation of
			Base Rate Fee
	C. Multiply line B by 3.000 and enter here \$		
	D. Enter 0.00330 of gross receipts (the amount in section 1) \$		
	(the amount in section 1)		
	E. Subtract 4.000 from total DSEs		
	(the figure in section 2) and enter here		
	F. Multiply line D by line E and enter here >		
	G. Add lines A, C, and F. This is your base rate fee		
	Enter here and in block 3, line 1, space L (page 7)		
	Base Rate Fee ▶ \$	0.00	
shall in	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broastead be reported on a community-by-community basis (subscriber groups) if the cable system reported multip		9
•	Space G.	- f f	J
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate s from subscribers located within the station's local service area, from your system's total gross receipts. To tal		Computation
	lusion, you must:	to davamage of	of Base Rate Fee
Eirot: [Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are dista	ant to the same	and
	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Detern		Syndicated
	nd the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee		Exclusivity Surcharge
Finally	Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.		for
	If any portion of your cable system is located within the top 100 television market and the station is not exemp		Partially
	so compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A er, if your cable system is wholly located outside all major television markets, complete block A only.	and B below.	Distant Stations, and
	Identify a Subscriber Group for Partially Distant Stations		for Partially
	For each community served, determine the local service area of each wholly distant and each partially distant	station you	Permitted
•	to that community.	Station you	Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers we the station's local service area. A subscriber located outside the local service area of a station is distant to the token, the station is distant to the subscriber.)		
subscri	Divide your subscribers into subscriber groups according to the complement of stations to which they are dist ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Not will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
-	iting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your ber groups.	system's	
	section:		
	y the communities/areas represented by each subscriber group.		
	he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant t	to all of the	
subscri	bers in the group.		
• If:			
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave f this schedule; or,	e it in parts 2, 3,	
, .	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it 6 of this schedule.	in block B,	
• Add th	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	ate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the gene paper SA3 form.	ral instructions	
• Comp page. I DSEs f	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on n making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group or that group's complement of stations and total gross receipts from the subscribers in that group). You do not tual calculations on the form.	that is, the total	

LEGAL NAME OF OWNE Entouch System I		LE SYSTEM:				S	60915	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAC				
	FIRST	SUBSCRIBER GROU	JP	SECOND SUBSCRIBER GROUP				0
COMMUNITY/ AREA	MMUNITY/ AREA Houston, TX				Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
	<u>"</u>	=	<u>"</u>					
			<u> </u>					
	<u></u>		<u></u>					
	<u> </u>		<u> </u>					
	<u>-</u>							
	<u></u>							
Γotal DSEs			0.00	Total DSEs			0.00	
		2 106						
Gross Receipts First G	roup	\$ 2,196	,297.67	Gross Receipts Sec	ond Group	\$	0.00	
3ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	JP		FOURTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE.	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		H						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
						-		
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				II				
			riber group	as shown in the boxes	s above.	¢	0.00	
Enter here and in block	ა, iine 1, s	space ∟ (page /)				\$	0.00	

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNE Entouch System I		LE SYSTEM:	-			S	60915	Name
В		COMPUTATION OF SUBSCRIBER GRO		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GRO	OUP	•
COMMUNITY/ AREA	Housto	on, TX		COMMUNITY/ ARE	9 Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
		-						Exclusivity
								Surcharge for
								Partially
								Distant Stations
		H				-		
Total DSEs			0.00	T-t-I DCE-			0.00	
	roup	. 2106	0.00	Total DSEs	and Croup	.	0.00	
Gross Receipts First G	roup	\$ 2,196	5,297.67	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO						
COMMUNITY/ AREA			0	COMMUNITY/ ARE	:A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		<u> </u>						
			<u> </u>					
		-						
						-		
		-				-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00			0.00	Gross Receipts Fou	ırth Group	\$	0.00	
Base Rate Fee Third 0	Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
Base Rate Fee: Add th	ne base ra i	te fees for each subs	criber group	as shown in the boxe	es above.			
Enter here and in block			· ·			\$	0.00	

ACCOUNTING PERIOD: 2023/2

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	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	Entouch System Inc	60915						
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	SIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP						
9 Computation	If your cable system is located within a top 100 television market and Syndicated Exclusivity Surcharge. Indicate which major television maby section 76.5 of FCC rules in effect on June 24, 1981:							
Computation of	☐ First 50 major television market	Second 50 major television market						
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 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 clean Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not your actual calculations on this form.								
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP						
	THO SSECTION	CEGGIIS GOSGONISEIN GNOCI						
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs						
	Line 3: Subtract line 2 from line 1	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 subject to the surcharge	this subscriber group subject to the surcharge						
	computation	computation						
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group						
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP						
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs						
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs						
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1						
	and enter here. This is the total number of DSEs for	and enter here. This is the total number of DSEs for						
	this subscriber group	this subscriber group						
	subject to the surcharge computation	subject to the surcharge						
		computation						
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group\$						
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for in the boxes above. Enter here and in block 4, line 2 of space L (page							