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				
2/6/2024	\$				
	ALLOCATION NUMBER				

Return completed workbook by email to

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:								
Accounting Period	2023/2								
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.  62626								
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
	Frontier California Inc.								
				6262620232					
				62626 2023/2					
	1919 McKinney Avenue Dallas, TX 75201								
С	INSTRUCTIONS: In line 1, give any business or trade names used to id	entify the busines	s and operation of the systen	n unless these					
C	names already appear in space B. In line 2, give the mailing address of	the system, if diffe	erent from the address given	in space B.					
System	1 DENTIFICATION OF CABLE SYSTEM: (Pomona, CA) VHO3								
	MAILING ADDRESS OF CABLE SYSTEM:								
	2 2853 N Ficus St (Number, street, rural route, apartment, or suite number)								
	Pomona, CA 91766 (City, town, state, zip code)								
D	Instructions: For complete space D instructions, see page 1b. Identify	only the first comm	nunity convod below and relia	et on page 1h					
Area	with all communities.	only the mist comm	numity served below and rens	t on page 1b					
Served	CITY OR TOWN	STATE							
First	BEAUMONT	CA							
Community	Below is a sample for reporting communities if you report multiple cha								
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#					
Sample	Alliance	MD MD	A B	1 2					
	Gering	MD	В	3					

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 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 Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 62626 Frontier California Inc. Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined ח 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 first community that you list will serve as a form **Area** of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN **STATE** CH LINE UP SUB GRP# **BEAUMONT** CA Α 4 **First** Community **APPLE VALLEY** CA Α 4 **ARTESIA** CA Α 4 **AZUSA** CA Α 4 **BALDWIN PARK** CA Α 4 See instructions for **BANNING** CA Α 4 additional information on alphabetization. **BELLFLOWER** CA Α **CALIMESA** CA Δ **CAMARILLO** CA 3 Α **CANYON LAKE** CA A 4 Add rows as necessary. **CERRITOS** CA Δ 4 **CHINO** CA Α **CHINO HILLS** CA Α **CLAREMONT** CA Α **COACHELLA** CA В 2 **COVINA** CA Α 4 **CULVER CITY** CA Α **DIAMOND BAR** CA A DOWNEY CA Δ **FONTANA** CA Α **FORT IRWIN** CA Α **FOUNTAIN VALLEY** CA Δ **GARDEN GROVE** CA Α **GLENDORA** CA A **HAWAIIAN GARDENS** CA Α HEMET CA Α **HERMOSA BEACH** CA Α **HESPERIA** CA Α **HIGHLAND** CA Α **HUNTINGTON BEACH** CA Α 4 2 **INDIAN WELLS** CA В INDIO В 2 CA **INDUSTRY** CA 4 Α IRWINDALE CA Α LA HABRA CA Α LA MIRADA CA Α **LA PALMA** CA Α **LA PUENTE** CA Α 4 **LA QUINTA** CA В

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Name Frontier California Inc.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#
62626

## E

#### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1			BLOCK 2			
	NO. OF					NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS		RATE		CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:							
Service to first set	69,261	\$	24.99				
<ul> <li>Service to additional set(s)</li> </ul>							
<ul> <li>FM radio (if separate rate)</li> </ul>							
Motel, hotel							
Commercial	13,060	\$	34.99				
Converter							
Residential							
Non-residential							
				1 F		<b>†</b>	

## F

#### Services Other Than Secondary Transmissions: Rates

#### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

		BLOCK 2					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE			ATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential					
Pay cable		Motel, hotel			Se	e Next Tab	
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial	\$	34.00			
Fire protection		Pay cable					
•Burglar protection		Pay cable-add'l channel					
Installation: Residential		Fire protection					
First set	\$ 24.99	Burglar protection					
<ul> <li>Additional set(s)</li> </ul>		Other services:					
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect					
Converter		Disconnect					
		Outlet relocation					
		Move to new address					

FORM SA3E. PAGE 3.					CVCTEMID	4
LEGAL NAME OF OW		STEM:			SYSTEM ID# 62626	Name
Frontier Califo					62626	P
PRIMARY TRANSMIT	TERS: TELEVISIO	N				
In General: In space carried by your cable FCC rules and regular 76.59(d)(2) and (4), 7 substitute program be Substitute Program be Substitute Basis basis under specific • Do not list the station was carrie • List the station here basis. For further in the paper SA3 · Column 1: List each multicast stream as "WET WETA-simulcast). Column 2: Give to which your cable • Column 3: Indicated and station, It (for independent mul For the meaning of the substitute of the same carried by the same substitute of	G, identify even system during thations in effect or 76.61(e)(2) and (asis, as explaines Stations: With FCC rules, regulon here in space d only on a subset, and also in spainformation conform.  The ach station's call massociated with FCA-2". Simulcast the channel numbers, For examples system carried the in each case to be only on the setting the letticast), "E" (for neese terms, see station is outside	y television started accounting and June 24, 1944), or 76.63 (r 44), or 76.63 (r 45), or authors, or a	period, except 81, permitting the set of 76.6 paragraph. A distant stations norizations: to the set of the set	(1) stations carried to carriage of cert (e)(2) and (4))]; as a carried by your ones are Special Statemed both on a substitute, see page (v) on program service for the air designation of the television statington, D.C. This book station, an indefer network multicor "E-M" (for noncontrions located in the interest of the television statington), enter "Yeions located in the interest of the interest	s". If not, enter "No". For an ex-	G Primary Transmitters: Television
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SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 62626 Frontier California Inc. 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 [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **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 other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AB 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CARRIAGE SIGN CHANNEL ΩF (Yes or No) STATION NUMBER (If Distant) 1 V KVMD 23 No Twentynine Palms Ε 0 ٧ 24 **YES** San Bernardino **KVCR** 24 ı **Garden Grove** B KBEH No Ε **YES** C KCET 28 0 Los Angeles 34 Ī No Los Angeles M KMEX 40 ı Santa Ana Т KTBN No 44 ı Rancho Palos Verde Χ No KXLA 46 Τ Ontario **KFTR** No 7 Ν Los Angeles Α HD No C 60 Ν No Los Angeles KCBS-simulcast Ν KNBC-simulcast 36 Ν No Los Angeles 56 ı Anaheim D KDOC-simulcast No TL KTLA-simulcast 31 ı No Los Angeles 7 Los Angeles KABC-simulcast Ν No 36 YES **Huntington Beach** O KOCE-simulcast Ε Ε ı 43 Los Angeles C KCAL-simulcast No 39 Ν No V Corona **KVEA-simulcast** T KTTV-simulcast 65 ı No Los Angeles

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 62626 Frontier California Inc. 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 [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **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 other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AC 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CARRIAGE SIGN CHANNEL ΩF (Yes or No) NUMBER STATION (If Distant) 1 NO Riverside R KRCA-simulcast 62 66 1 NO Los Angeles С KCOP-simulcast ı NO Ventura L KJLA-simulcast 57 NO **KAZA-simulcast** 54 ı Avalon W KWHY-simulcast 22 Ν NO Los Angeles ı Twentynine Palms V KVMD-simulcast 31 NO 26 Ε **YES** Ε San Bernardino V KVCR-simulcast 59 Ε **YES** Ε Los Angeles C KCET-simulcast 34 ı No Los Angeles M KMEX-simulcast X KXLA-simulcast 44 ı NO Rancho Palos Verde KFTR-simulcast 29 NO Ontario 4 N-M NO oz Cozi TV [KNBC] Los Angeles C KCOP Buzzr 66 I-M NO Los Angeles 56 I-M NO D KDOC Me TV Anaheim E-M Yes 0 Los Angeles C KCET NHK World 59 I-M No Los Angeles C KCOP Movies! 66 31 I-M NO TL KTLA- DT This TV Los Angeles TL KTLA Antenna TV 5 I-M NO Los Angeles

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 62626 Frontier California Inc. 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 [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **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 other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AD 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF CARRIAGE SIGN (Yes or No) NUMBER (If Distant) **STATION** 7 A KABC ABC LAFF N-M No Los Angeles 24 No I-M Garden Grove **B** Romantica 50 E-M Yes **Huntington Beach B** PBS KOCE Plus 0 **YES** 0 San Bernardino V Exp. 24 E-M 39 N-M No Corona V KVEA Exitos TV E-M Yes L KLCS DT2 58 0 Los Angeles 58 E-M **YES** 0 Los Angeles 1 KLCS Create 34 I-M No Los Angeles M KMEX Bounce TV 58 E-M Yes 0 Los Angeles C KCET VME F KFTR getTV 29 I-M No Ontario Ventura KJLA-VBS 49 I-M No 24 E-M Yes 0 San Bernardino V Cities V KVCR DT4 Create 24 E-M **YES** 0 San Bernardino 22 No Los Angeles W KWHY Super 22 N-M 60 N-M No Los Angeles C KCBS Decades Ontario 29 I-M F KFTR Grit TV No 29 I-M No Ontario F KFTR Escape TV Z KZSW (ABN) 10 Ī No Riverside

FORM SA3E. PAGE 3.										
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name				
Frontier Califor	nia Inc.				62626					
PRIMARY TRANSMITTE	RS: TELEVISIO	N								
•			, -		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 [sections										
76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a										
	gram basis, as explained in the next paragraph.									
	titute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program der specifc FCC rules, regulations, or authorizations:									
·				e Special Statem	ent and Program Log)—if the					
station was carried	•		tion was sorries	d hath on a aubati	tuta basis and also an same other					
· ·	•				tute basis and also on some other  of the general instructions located					
in the paper SA3 fo										
		-			s such as HBO, ESPN, etc. Identify tion. For example, report multi-					
			•	•	h stream separately; for example					
WETA-simulcast).		4h - FOO h		4h - 4-la, .:-:	ing for broad anating array the princip					
			-		ion for broadcasting over-the-air in may be different from the channel					
on which your cable sy	stem carried th	e station.			, and the second					
					ependent station, or a noncommercial ast), "I" (for independent), "I-M"					
	-		, ,		ast), 1 (for independent), 1-ivi ommercial educational multicast).					
For the meaning of the		• • •	•		• •					
Column 4: If the sta			•	•	es". If not, enter "No". For an ex-					
l ·	-		-		stating the basis on which your					
		-		•	tering "LAC" if your cable system					
carried the distant stati For the retransmiss	•				сараску. / payment because it is the subject					
of a written agreement	entered into or	n or before Ju	ne 30, 2009, be	tween a cable sys	stem or an association representing					
					ry transmitter, enter the designa- her basis, enter "O." For a further					
, , ,			-	•	ed in the paper SA3 form.					
					y to which the station is licensed by the					
<b>Note:</b> If you are utilizin					which the station is identifed. channel line-up.					
		CHANN	EL LINE-UP	AE						
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION					
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE						
	NUMBER	STATION		(If Distant)						
S KSCI LA 18.8	18	I-M	No		Long Beach					
X Dynasty	44	I-M	No		Rancho Palos Verde					
P KPSP	38	N	No		Cathedral City					
E KESQ	42	N	No		Palm Springs					
C KCWQ	2	I	No		Palm Springs					
M KMIR	36	N	No		Palm Springs					
D KDFX	33	I	No		Indio/Palm Springs					
	50		No							
P KPSE (MNT)		N			Palm Springs					
U KUNA	15	<u> </u>	No	_	Indio					
C KCET	28	Е	Yes	0	Los Angeles					
V KVCR	24	Е	No		San Bernardino					
C KCAL	9	I	No		Los Angeles					
R KRET	45	I	No		Cathedral City					
O KOCE	50	Е	Yes	0	Huntington Beach					
P KPSP-simulcast	38	N	No		Cathedral City					
E KESQ-simulcast	42	N	No		Palm Springs					
••										
M KMIR-simulcast	36	N	No		Palm Springs					
D KDFX-simulcast	33	I	No		Indio/Palm Springs					

KEVC (Unimas)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 62626 Frontier California Inc. 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 [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **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 other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example 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 channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AF 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL CARRIAGE SIGN ΩF (Yes or No) NUMBER STATION (If Distant) 1 Indio U KUNA-simulcast 15 No Ε Ε 28 Yes Los Angeles C KCET-simulcast-26 Ε No San Bernardino V KVCR-simulcast C KCAL-simulcast-9 ı No Los Angeles O KOCE-simulcast 36 Ε Yes Ε **Huntington Beach** 42 N-M Palm Springs cc [KESQ] No 36 N-M No **Palm Springs** M KMIR Movies! **B** PBS KOCE Plus 50 E-M Yes 0 **Huntington Beach** 24 E-M No San Bernardino V Exp. tr Estrella [KRET] 45 I-M No Cathedral City R KRET MundoFox 45 I-M No Cathedral City 45 I-M No **Cathedral City** hi This TV [KRET] C KCET NHK World-28 E-M Yes 0 Los Angeles C KCET VME-28 E-M Yes 0 Los Angeles E-M No San Bernardino ٧ **KVCR Desert Cities** 24 KYAV-LD ı 12 **Palm Springs** Υ No 5 Ν NO Indio

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 62626 Frontier California Inc. 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

FURM SA3E. PAGE 5.						ACCOUNTING	PERIOD: 2023/2	
LEGAL NAME OF OWNER OF		EM:			S	YSTEM ID#	Name	
Frontier California Inc.						62626	Numo	
SUBSTITUTE CARRIAGE	: SPECIAI	L STATEMEN	T 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?  Yes								
<b>Note:</b> If your answer is "No log in block 2.	," leave the	rest of this pag	ge blank. If your answer is "	Yes," you mu	· ·	•	Program Log	
	PROGRA	MS						
2. 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 pro								
effect on October 19, 1976.				WHE	EN SUBSTITUTE	<u> </u>		
S	UBSTITUT	E PROGRAM			IAGE OCCURRED	7. REASON FOR		
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION		
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ACCOUNTING PERIOD: 2023/2 FORM SA3E. PAGE 6.

Name	Frontier Cali		SYSTEM:						S	48TEM ID# 62626
	PART-TIME CARRIAGE LOG									
J Part-Time Carriage Log	Icolumn 5 of enace (-									
			DATE	S AND HOURS	OF F	PART-TIME CAR	RIAGE			
	CALL SIGN	WHEN	N CARRIAGE OCC			CALL SIGN	WHE	N CARRIAGE C		
	O/ILL GIGIN	DATE	HOU FROM	RS TO		O/ LEE GIGIT	DATE	FROM	HOURS	S TO
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	SA3E. PAGE 7.  AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#					
	ontier California Inc.		62626	Name				
Inst all a (as	OSS RECEIPTS tructions: The figure you give in this space determines the form you file and the amount you amounts (gross receipts) paid to your cable system by subscribers for the system's seconda identified in space E) during the accounting period. For a further explanation of how to come (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	ary transmis	sion service	<b>K</b> Gross Receipts				
IMP	PORTANT: You must complete a statement in space P concerning gross receipts.	(Amou	unt of gross receipts)					
Instru Con Con If you fee If you acco If pa bloc	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 block 3 below.							
	elow. art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should b	be entered o	on line					
	block 4 below.  MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are least the minimum fee, regardless of whether they carried any distant stations. This fee is 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.	\$	210,070.36					
2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the info space G. If, in space G, you identified any stations as "distant" by stating "Yes" in column 4 "Yes" in this 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 column to part 9, block A of the DSE schedule. If none, enter zero.	4, you must	check					
Block 3	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE	<u> </u>	0.00					
	schedule. If none, enter zero.		0.00					
	Line 3. Add lines 1 and 2 and enter here.	\$	25,948.28					
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.	_\$	210,070.36	Cable systems				
	Line 2. <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> 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		0.00	submitting additional				
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	deposits under Section 111(d)(7) should contact				
	Line 4. FILING FEE	_\$_	725.00	the Licensing 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	\$	210,795.36	appropriate form for submitting the				
	EFT Trace # or TRANSACTION ID #			additional fees.				
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See general instructions located in the paper SA3 form and the Excel instructions tab f							

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM
Name	Frontier California Inc. 626
	CHANNELS
M	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.
Channels	
	1. Enter the total number of channels on which the cable
	system carried television broadcast stations
	Enter the total number of activated channels
	on which the cable system carried television broadcast stations 760
	and nonbroadcast services
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual
IN	we can contact about this statement of account.)
Individual to	
Be Contacted	
for Further	Name Karol Whittaker Telephone 214-534-6827
Information	
	4040 M-1/2 A
	Address 1919 McKinney Ave (Number, street, rural route, apartment, or suite number)
	(Number, Sueet, ruran oute, apartment, or suite number)
	Dallas, TX 75201
	(City, town, state, zip)
	Email karol.whittaker@ftr.com Fax (optional)
	Email karol.whittaker@ftr.com Fax (optional)
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations.)
0	
Certification	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)
Cortinoution	, the united signed, hereby certain, that (check one, but only one, or the bolice.)
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or
	(Combination of parameters), and the case system as action and the space s, or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or
	In this 1 of space B and that the office a corporation of partitioning, of
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system
	in line 1 of space B.
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.
	[18 U.S.C., Section 1001(1986)]
	/s/ Jessica Matushek
	<b>X</b>
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement.
	(e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2"
	button, then type /s/ and your name. Pressing the "F2" button will avoid enabling Excel's Lotus compatibility settings.
	Typed or printed name: Jessica Matushek
	Typed of printed frame. Oceasica matustien
	Title. Or Director Accounting
	Title: Sr. Director Accounting  (Title of official position held in corporation or partnership)
	(Title of Othera position from in corporation of partnership)
	Date: February 26, 2024

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 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 Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM: Frontier California Inc.	SYSTEM ID# 62626	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 A lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system service of providing secondary transmissions of primary broadcast transmitters, the system scribers and amounts collected from subscribers receiving secondary transmissions pursuants."	stem for the basic shall not include sub-	Special Statement Concerning
For more information on when to exclude these amounts, see the note on page (vii) of the general paper SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for second		Gross Receipts Exclusion
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		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payr. For an explanation of interest assessment, see page (viii) of the general instructions in the paper	• •	Q
Line 1 Enter the amount of late payment or underpayment	x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- x days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L (page 7)	(interest charge)	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For fur contact the Licensing Division at (202) 707-8150 or licensing@copyright.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 C please list below the owner, address, first community served, accounting period, and ID number a filing.	, , ,	
Owner Address		
First community served		
Accounting period  ID number		

Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office 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 Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

ACCOUNTING PERIOD: 2023/2

DSE SCHEDULE. PAGE 10.

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

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

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

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

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

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

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

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

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

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

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

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

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

#### **TOTAL OF DSEs**

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

#### THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

U.S. Copyright Office

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

#### SCHEDULE

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

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

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

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

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

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

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

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

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

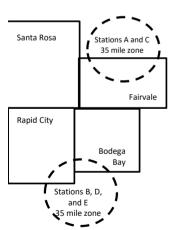
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

#### **EXAMPLE:**

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

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



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

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 \$6.384.00

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

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

**ACCOUNTING PERIOD: 2023/2** 

DSE SCHEDULE. PAGE 11. (CONTINUED)

DSL SCHEDOLL, FAGE	LEGAL NAME OF OWNER OF CABLE	SYSTEM:			S	YSTEM ID#
1	Frontier California Inc.					62626
	SUM OF DSEs OF CATEGOR		IS:			
	<ul> <li>Add the DSEs of each station.</li> <li>Enter the sum here and in line 1</li> </ul>		schedule		3.00	
	Lines the summere and minine	i oi pait 5 oi tilis	Scriedule.			<u>.</u>
2	Instructions: In the column headed "Call S	ian": list the call	l signs of all distant stations in	dentified by the	e letter "∩" in column 5	
_	of space G (page 3).	ign . list the call	a signs of all distant stations in	dentified by the	Cicitor o in column o	
Computation	In the column headed "DSE":			as "1.0"; for ea	ach network or noncom-	
of DSEs for	mercial educational station, give	e the DSE as ".2		0.005		
Category "O" Stations	CALL SIGN	DSE	CATEGORY "O" STATION  CALL SIGN	S: DSEs DSE	CALL SIGN	DSE
Stations	KOCE CALL SIGN	0.250	CALL SIGN	DSE	CALL SIGN	DOE
	KLCS	0.250				
	KVCR					
	KCET	0.250 0.250				
	KCET NHK World	0.250				
Add rows as	PBS KOCE Plus	0.250				
necessary.	KVCR First Nations Exp					
Remember to copy all	KLCS DT2	0.250 0.250				
formula into new	KLCS Create	0.250				
rows.	KCET VME	0.250				
	KVCR DT3 Desert Cities	l				
	KVCR DT3 Desert Cities  KVCR DT4 Create	0.250				
	NVCN D14 Cleate	0.230				
				[ <u>.</u>		L

	 processor and an area of the second and area	,	 

N	LEGAL NAME OF	OWNER OF CABLE SYSTEM:						9	SYSTEM ID#
Name	Frontier Cal	ifornia Inc.							62626
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should Column 3 Column 4 be carried ou Column 5 give the type- Column 6	CAPACITY st the call sign of all dista for each station, give to correspond with the infor for each station, give the distance of the figure in column at least to the third decire. The figure in column at least to the third decire. For each independent evalue as ".25." for Multiply the figure in copoint. This is the station's	he number of landion given in the total number umn 2 by the firmal point. This station, give the fillumn 4 by the	hours your cable system space J. Calculate or or of hours that the statingure in column 3, and going the "basis of carriague" type-value" as "1.0."	m carried the state of the state of the carried the result in a second carried the result in a second carried the second carried the second carried the result in a second carried the res	ion during the ach station. er the air during decimals in co tation. k or noncomm	g the accour lumn 4. This nercial educa und to no le	nting period. figure must ational station,	
Capacity		(	CATEGOR	Y LAC STATIONS:	COMPUTATI	ION OF DS	Es		
	1. CALL SIGN	2. NUMBE OF HOI CARRIE SYSTE	URS ED BY M	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	SE .	5. TYPE VALUE	6. DS	SE
			÷		=	x x		=	
			÷		=	x		=	
			÷		=	x		=	
			÷		=	X		=	
			÷		=	x x			
			÷		=	x		=	
	Add the DSEs	s OF CATEGORY LAC S of each station. um here and in line 2 of p		hedule,	▶		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:	we the call sign of each st d by your system in subst ect on October 19, 1976 ( one or more live, nonnetw For each station give the This figure should correct Enter the number of days Divide the figure in colum This is the station's DSE	itution for a pro (as shown by the ork programs do number of live spond with the s in the calend nn 2 by the figure.	ogram that your system he letter "P" in column i luring that optional carri e, nonnetwork program information in space I. ar year: 365, except in ure in column 3, and give	n was permitted to 7 of space I); and iage (as shown by s carried in subst a leap year. we the result in co	o delete under the word "Yes" itution for prog lumn 4. Round	FCC rules a in column 2 or grams that w	of ere deleted than the third	n).
		Sl	JBSTITUTE	-BASIS STATION	IS: COMPUT/	ATION OF I	OSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMB OF DA' IN YEA	YS	1. CALL SIGN	2. NUM OF PRO	BER GRAMS	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					0.00		-
<b>5</b> Total Number	number of DSE	ER OF DSEs: Give the ams s applicable to your system of DSEs from part 2 ●		boxes in parts 2, 3, and	4 of this schedule	e and add them	to provide th	3.00	
of DSEs	2. Number	of DSEs from part 3 ●				<u>.</u>		0.00	
	3. Number	of DSEs from part 4 ●				<u> </u>		0.00	
	TOTAL NUMBE	ER OF DSEs					<u> </u>		3.00

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

ontier Califo	WNER OF CABLE S rnia Inc.	YSTEM:					S	YSTEM ID# 62626	Name
tructions: Bloc	k A must be comp	leted							
lock A:									6
∕our answer if " edule.	Yes," leave the re	mainder of pa	art 6 and part 7	of the DSE schedu	ile blank and c	omplete part	8, (page 16) of the		O
our answer if "	No," complete bloc	cks B and C							Computation
o cable aveters	a legated whelly or	staida af all n		TELEVISION MA er markets as define		an 76 E of F.O.	C rules and regule	itions in	3.75 Fee
ct on June 24, Yes—Com	1981?	schedule—D	•	LETE THE REMAIN			o raiso ana regala		
		BLO	CK B: CARF	RIAGE OF PERM	IITTED DSE	s			
Column 1: CALL SIGN	under FCC rules	and regulations and regulations	ons prior to Jun dule. (Note: Th	part 2, 3, and 4 of th le 25, 1981. For furt e letter M below refo Act of 2010.)	her explanatio	n of permitted	stations, see the	•	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommeric D Grandfatherec instructions fo E Carried pursua *F A station pre-	ed pursuant to on as defined al educationa d station (76.1 or DSE sched ant to individually viously carrie IHF station w	lations cited be to the FCC mared in 76.5(kk) (70 al station [76.5965) (see paragitule).  Lual waiver of F0 ad on a part-time grade-B c	e or substitute basis ontour, [76.59(d)(5)	e in effect on J 57, 76.59(b), 7 (1), 76.63(a) re (a) referring to stitution of gran	une 24, 1981. 6.61(b)(c), 76 eferring to 76. 5 76.61(d)] ndfathered sta	5.63(a) referring to 61(e)(1) ations in the		
Column 3:		e stations ide	ntified by the le	parts 2, 3, and 4 of etter "F" in column 2		nplete the wo	rksheet on page 14	4 of 3. DSE	
SIGN	BASIS	0.05	SIGN	BASIS	0.05	SIGN	BASIS		
KOCE KLCS	C	0.25 0.25	KVCR	M M	0.25 0.25				
(VCR	C		KLCS	M	0.25				
CET	С		KCET	М	0.25				
<b>CET</b>	M		KVCR	М	0.25				
PBS KOCE	M	0.25	KVCR	M	0.25				
								3.00	
			BLOCK C: CC	OMPUTATION OF	3.75 FEE				
1: Enter the	total number of [	DSEs from	part 5 of this s	schedule					
2: Enter the	sum of permitted	1 DSEs from	n block B abo	ve					
3: Subtract li		. This is the	total number	ve of DSEs subject to 7 of this schedule)		e.			
3: Subtract li (If zero, le	ine 2 from line 1.	. This is the ank and pro	total number sceed to part 7	of DSEs subject to		e.	× 0.03	875	DSEs repre
: 3: Subtract li (If zero, le : 4: Enter gros	ine 2 from line 1. eave lines 4–7 bla	. This is the ank and pro space K (pa	total number oceed to part 7 age 7)	of DSEs subject to		e.	x 0.03	375	Do any of to DSEs represent partially permited partially nonpermit
3: Subtract li (If zero, le 4: Enter gros 5: Multiply lir	ine 2 from line 1. eave lines 4–7 blaces receipts from	. This is the ank and pro space K (pa nd enter sur	total number oceed to part 7 age 7)	of DSEs subject to		e.		375	DSEs repres partially permited partially

ACCOUNTING PERIOD: 2023/2

EGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID# Frontier California Inc.  62626								Name	
. CALL SIGN	2. PERMITTED BASIS		A: TELEVIS 1. CALL SIGN	2. PERMITTED BASIS	3. DSE	JED) 1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
SIGN	DASIS		SIGN	BASIS		SIGN	BASIS		Computation of
 									3.75 Fee

**ACCOUNTING PERIOD: 2023/2** 

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Frontier California Inc. 62626 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 Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Computating the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Schedule for Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections Carriage 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S-Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED SIGN DSE **PERIOD** CARRIAGE DSE DSF Instructions: Block A must be completed. 7 Computation If your answer is "Yes," complete blocks B and C, below. of the If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. Syndicated **BLOCK A: MAJOR TELEVISION MARKET Exclusivity** Surcharge Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? No—Proceed to part 8 Yes—Complete blocks B and C . BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Is any station listed in block B of part 6 the primary stream of a Was any station listed in block B of part 7 carried in any commucommercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer or in part, over the cable system? to former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. X No—Enter zero and proceed to part 8. CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE 0.00 0.00 **TOTAL DSEs TOTAL DSEs** 

LEGAL NA	ME OF OWNER OF CABLE SYSTEM:  Frontier California Inc.  SYSTEM ID# 62626	Namo
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE	
Section 1	Enter the amount of gross receipts from space K (page 7)	7
Section 2	A. Enter the total DSEs from block B of part 7	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	Condinated
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	Surcharge
• Is any	y portion of the cable system within a top 50 television market as defined by the FCC?  Yes—Complete section 3 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 DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	
	A. Enter 0.00599 of gross receipts (the amount in section1)	
	B. Enter 0.00377 of gross receipts (the amount in section 1)	
	C. Subtract 1.000 from total permitted DSEs (the figure on	
	line C in section 2) and enter here	_
	D. Multiply line B by line C and enter here	_
	E. Add lines A and D. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge	
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.	-
	A. Enter 0.00599 of gross receipts (the amount in section 1)	
	B. Enter 0.00377 of gross receipts (the amount in section 1) ▶ _\$	
	C. Multiply line B by 3.000 and enter here	
	D. Enter 0.00178 of gross receipts (the amount in section 1)	
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here	
	F. Multiply line D by line E and enter here	-
	G. Add lines A, C, and F. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge	
	SECTION 4: SECOND 50 TELEVISION MARKET	_
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?	
Section 4a	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 DSE 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)	
	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		ME OF OWNER OF CABLE SYSTEM: SYSTEM:	M ID#
		Tomas Camorina inc.	
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) ▶ \$	
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	<u></u>
	Instru	ctions:	
8		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.	
		ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.	
Computation of		ir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. Ir answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below	
Base Rate Fee	blank		
		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 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?	
		X Yes—Complete part 9 of this schedule. No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶ _ <b>\$</b>	
	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.) ▶	
	Section		
	3	If the figure in section 2 is <b>4.000 or less</b> , compute your base rate fee here and leave section 4 blank.  NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.	
		A. Enter 0.01064 of gross receipts  (the amount in section 1)	
		B. Enter 0.00701 of gross receipts  (the amount in section 1) ▶	
		C. Subtract 1.000 from total DSEs	
		(the figure in section 2) and enter here	
		D. Multiply line B by line C and enter here.	
		E. Add lines A and D. This is your base rate fee. Enter here	
		and in block 3, line 1, space L (page 7)	
		Base Rate Fee	.00

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

	AME OF OWNER OF CABLE SYSTEM:  Sier California Inc.	62626	Name
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.		
4	A. Enter 0.01064 of gross receipts  (the amount in section 1)	_	8
	B. Enter 0.00701 of gross receipts  (the amount in section 1)		Computation of
	C. Multiply line B by 3.000 and enter here <b>▶</b> \$	_	Base Rate Fee
	D. Enter 0.00330 of gross receipts  (the amount in section 1)   ▶ \$		1
	E. Subtract 4.000 from total DSEs  (the figure in section 2) and enter here		
	F. Multiply line D by line E and enter here <b>\$</b>		İ
	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	1
	ETANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast I be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel I	O	9
In Gen	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, t		Computation
	s from subscribers located within the station's local service area, from your system's total gross receipts. To take advon, you must:	/antage of this	of Base Rate Fee
station DSEs a	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each subscriber group. That total is the base rate fee for your system.	ne number of	and Syndicated Exclusivity Surcharge for
also co	If any portion of your cable system is located within the top 100 television market and the station is not exempt in pa impute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B belocable system is wholly located outside all major television markets, complete block A only.		Partially Distant Stations, and
How to	oldentify a Subscriber Group for Partially Distant Stations		for Partially Permitted
•	: For each community served, determine the local service area of each wholly distant and each partially distant statio to that community.	n you	Stations
outside	: For each wholly distant and each partially distant station you carried, determine which of your subscribers were loca the station's local service area. A subscriber located outside the local service area of a station is distant to that station to token, the station is distant to the subscriber.)		
subscr	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. E iber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
Compi	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system.	n's subscriber	İ
In each	section:		İ
	fy the communities/areas represented by each subscriber group.	of the	İ
subscr	the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all c ibers in the group.	ภ แ <del>เ</del> ย	1
, -	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in	parts 2, 3, and	1
2) any	s schedule; or, portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in blo Sof this exhadule.	ock B,	1
•	.6 of this schedule. he DSEs for each station. This gives you the total DSEs for the particular subscriber group.		İ
• Calcu	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general insepaper SA3 form.	structions	1
• Comp	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the pr In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that	is, the total	1

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

actual calculations on the form.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	STEM ID
ivalile	Frontier California Inc.	6262
	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.	

Frontier California Inc.	LE SYSTEM:				S	62626
BLOCK A	: COMPUTATION	OF BASE RA	TE FEES FOR EACH	SUBSCRIB	ER GROUP	
FIRST SUBSCRIBER GROUP			SECOND SUBSCRIBER GROUP			
COMMUNITY/ AREA Fort E	MMUNITY/ AREA Fort Erwin		COMMUNITY/ AREA Coachella, Indian Wells, Indio, La Qu			
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
(CET 0.25			KCET	0.25		
CET NHK WORLD 0.25			KCET NHK WORL	0.25		
CET VME 0.25			KCET VME-	0.25		
OCE 0.25			KOCE	0.25		
PBS KOCE PLUS 0.25			PBS KOCE PLUS	0.25		
LCS 0.25						••••
LCS DT2 0.25						
LCS CREATE 0.25						
VCR 0.25	·					
VCR First Nations 0.25	•••					
VCR DT3 DESERT 0.25		······				·····
VCR DT4 CREATE 0.25		······				·····
				<b> </b>		
	I	3.00	Total DSEs	<u> </u>		1.25
tal DSEs				Croup	\$ 1,3	17,434.53
	\$	9,455.52	Gross Receipts Second	i Group		
	\$	9,455.52	Gross Receipts Second	Group		
oss Receipts First Group use Rate Fee First Group	\$	233.17	Base Rate Fee Second		\$	16,326.31
oss Receipts First Group	\$ \$ SUBSCRIBER GR	233.17		l Group	\$ SUBSCRIBER GROU	
oss Receipts First Group use Rate Fee First Group THIR	\$	<b>233.17</b>	Base Rate Fee Second	Group		P
se Rate Fee First Group  THIR  MMUNITY/ AREA  Cama  CALL SIGN  DSE	\$ SUBSCRIBER GR rillo, Port Huene	<b>233.17</b>	Base Rate Fee Second	Group	SUBSCRIBER GROU	P
se Rate Fee First Group  THIR MMUNITY/ AREA Cama  ALL SIGN DSE /CR 0.25	SUBSCRIBER GR rillo, Port Huene  CALL SIGN	233.17  OUP  me, Oxnar	Base Rate Fee Second COMMUNITY/ AREA	FOURTH S	SUBSCRIBER GROU	A ,AZUSA ,I
THIR  MMUNITY/ AREA  Cama  ALL SIGN DSE  CR First Nations 0.25	SUBSCRIBER GR rillo, Port Huene  CALL SIGN	233.17  OUP  me, Oxnar	Base Rate Fee Second COMMUNITY/ AREA	FOURTH S	SUBSCRIBER GROU	A ,AZUSA ,I
THIR  MMUNITY/ AREA  ALL SIGN  CR  CR  CR First Nations  DSE  0.25	SUBSCRIBER GR rillo, Port Huene  CALL SIGN	233.17  OUP  me, Oxnar	Base Rate Fee Second COMMUNITY/ AREA	FOURTH S	SUBSCRIBER GROU	A ,AZUSA ,I
THIRI MMUNITY/ AREA Cama  ALL SIGN DSE CR 0.25 CR First Nations CR DT3 DESERT 0.25	SUBSCRIBER GR Fillo, Port Huene	233.17  OUP  me, Oxnar	Base Rate Fee Second COMMUNITY/ AREA	FOURTH S	SUBSCRIBER GROU	A ,AZUSA ,I
THIRI MMUNITY/ AREA Cama  ALL SIGN DSE CR 0.25 CR First Nations 0.25 CR DT3 DESERT 0.25	SUBSCRIBER GR Fillo, Port Huene	233.17  OUP  me, Oxnar	Base Rate Fee Second COMMUNITY/ AREA	FOURTH S	SUBSCRIBER GROU	A ,AZUSA ,I
THIRI MMUNITY/ AREA Cama  ALL SIGN DSE CR 0.25 CR First Nations 0.25 CR DT3 DESERT 0.25	SUBSCRIBER GR Fillo, Port Huene	233.17  OUP  me, Oxnar	Base Rate Fee Second COMMUNITY/ AREA	FOURTH S	SUBSCRIBER GROU	A ,AZUSA ,I
THIRI MMUNITY/ AREA Cama  ALL SIGN DSE CR 0.25 CR First Nations 0.25 CR DT3 DESERT 0.25	SUBSCRIBER GR Fillo, Port Huene	233.17  OUP  me, Oxnar	Base Rate Fee Second COMMUNITY/ AREA	FOURTH S	SUBSCRIBER GROU	A ,AZUSA ,I
THIRD MMUNITY/ AREA Cama  CALL SIGN DSE  //CR 0.25  //CR First Nations 0.25  //CR DT3 DESERT 0.25	SUBSCRIBER GR Fillo, Port Huene	233.17  OUP  me, Oxnar	Base Rate Fee Second COMMUNITY/ AREA	FOURTH S	SUBSCRIBER GROU	A ,AZUSA ,I
THIRD MMUNITY/ AREA Cama  CALL SIGN DSE  //CR 0.25  //CR First Nations 0.25  //CR DT3 DESERT 0.25	SUBSCRIBER GR Fillo, Port Huene	233.17  OUP  me, Oxnar	Base Rate Fee Second COMMUNITY/ AREA	FOURTH S	SUBSCRIBER GROU	A ,AZUSA ,I
THIRI MMUNITY/ AREA Cama  CALL SIGN DSE CR CR CR First Nations CR CR DT3 DESERT 0.25 CR DT3 DESERT 0.25	SUBSCRIBER GR Fillo, Port Huene	233.17  OUP  me, Oxnar	Base Rate Fee Second COMMUNITY/ AREA	FOURTH S	SUBSCRIBER GROU	A ,AZUSA ,I
THIRI MMUNITY/ AREA Cama  ALL SIGN DSE CR 0.25 CR First Nations 0.25 CR DT3 DESERT 0.25	SUBSCRIBER GR Fillo, Port Huene	233.17  OUP  me, Oxnar	Base Rate Fee Second COMMUNITY/ AREA	FOURTH S	SUBSCRIBER GROU	A ,AZUSA ,I
THIRI MMUNITY/ AREA Cama  ALL SIGN DSE CR 0.25 CR First Nations 0.25 CR DT3 DESERT 0.25	SUBSCRIBER GR Fillo, Port Huene	233.17  OUP  me, Oxnar	Base Rate Fee Second COMMUNITY/ AREA	FOURTH S	SUBSCRIBER GROU	A ,AZUSA ,I
THIRI MMUNITY/ AREA Cama  CALL SIGN DSE CR CR CR First Nations CR CR DT3 DESERT 0.25 CR DT3 DESERT 0.25	SUBSCRIBER GR Fillo, Port Huene	233.17  OUP  me, Oxnar	Base Rate Fee Second COMMUNITY/ AREA	FOURTH S	SUBSCRIBER GROU	A ,AZUSA ,I
THIRI MMUNITY/ AREA Cama  CALL SIGN DSE CR CR CR First Nations CR CR DT3 DESERT 0.25 CR DT3 DESERT 0.25	SUBSCRIBER GR Fillo, Port Huene	233.17  OUP  me, Oxnar	Base Rate Fee Second COMMUNITY/ AREA	FOURTH S	SUBSCRIBER GROU	A ,AZUSA ,I
Se Rate Fee First Group  THIRD DMMUNITY/ AREA Cama  CALL SIGN DSE /CR /CR /CR First Nations /CR DT3 DESERT 0.25	SUBSCRIBER GR Fillo, Port Huene	233.17  OUP  me, Oxnar	Base Rate Fee Second COMMUNITY/ AREA	FOURTH S	SUBSCRIBER GROU	A ,AZUSA ,I
THIRD CALL SIGN DSE  CALL SIGN DSE  CALL SIGN DSE  CALL SIGN DSE  CALL SIGN DSE  CALL SIGN D.25  CALL SIGN D.2	SUBSCRIBER GR Fillo, Port Huene	233.17  OUP  me, Oxnarı  DSE	Base Rate Fee Second  COMMUNITY/ AREA  CALL SIGN	FOURTH S	SUBSCRIBER GROU	DSE
Se Rate Fee First Group  THIR  DIMMUNITY/ AREA Cama  CALL SIGN DSE  /CR 0.25  /CR DT3 DESERT 0.25  /CR DT4 CREATE 0.25  Ital DSEs	SUBSCRIBER GR CALL SIGN	233.17  OUP  me, Oxnari  DSE	Base Rate Fee Second  COMMUNITY/ AREA  CALL SIGN  Total DSEs	FOURTH S APPLE V	CALL SIGN	DSE  DSE  0.00
THIRD DAMAUNITY/ AREA Cama  CALL SIGN DSE  VCR 0.25  VCR DT3 DESERT 0.25	SUBSCRIBER GR CALL SIGN	233.17  OUP  me, Oxnarı  DSE	Base Rate Fee Second  COMMUNITY/ AREA  CALL SIGN	FOURTH S APPLE V	CALL SIGN	DSE

# Distant Community Area First Subscriber Group Distant to KCET, KCET NHK WORLD, KCET VME, KOCE, PBS KOCE PLUS, KLCS, KLCS DT21, KLCS CREATE, KVCR, KVCR 1ST NAT EXP, KVCR DT3, KVCR DT4

Fort Irwin	

## Distant Community Area Third Subscriber Group Distant to KVCR, KVCR 1ST NAT EXP, KVCR DT3, KVCR DT4

D14	
City of Camarillo	
City of Port Hueneme	
Oxnard	

## Distant Comm Second Subscri Distant to KCET, KCET NHK W PBS KOCE

City of Coachella
City of Indian Wells
City of Indio
City of La Quinta
City of Palm Desert
Riverside County (Palm Springs

Cerritos
Chino
City of Azusa
City of Baldwin Park
City of Banning
City of Beaumont
City of Calimesa
City of Canyon Lake
City of Chino Hills
City of Covina
City of Culver City
City of Hemet
City of Hermosa Beach
City of Hesperia
City of Highland
City of Huntington Beach
City of Industry

City of Irwindale
City of La Habra
City of Lake Elsinore
City of Lakewood
City of Loma Linda
City of Long Beach

Artesia Bellflower

City of Los Alamitos
City of Los Angeles
City of Malibu
City of Manhattan Beach
City of Montclair
City of Murrieta
City of Ontario
City of Perris
City of Pico River
City of Pomona
City of Redlands
City of Rolling Hills
City of San Bernardino

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## Distant Community Area Fourth Subscriber Group Distant to

City of Snn Jacinto	Santa Fe Springs
City of Santa Monica	Signal Hills
City of Seal Beach	Town of Apple Valley
City of Stanton	Upland
City of Temecula	Ventura County
City of Thousand Oaks	Walnut
City of Torrance	Westminster
City of Victorville	Wildomar
City of West Covina	Yucaipa
City of Whittier	
Claremont	
Diamond Bar	
Downey	
Fontana	
Fountain Valley	
Garden Grove	
Glendora	
Hawaiian Gardens	
La Mirada	
La Palma	
La Puente	
La Verne	
Lawndale	
Los Angeles County	
Menifee	

Moreno Valley	
Norwalk	
Orange County	
Rancho Cucanmonga	
Rancho Palo Verdes	
Redondo Beach	
Riverside	
Riverside County (LA)	
Rolling Hills Estate	
City of San Bernardino	
San Bernardino County	
San Dimas	
Santa Fe Springs	

ACCOUNTING PERIOD: 2023/2

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA3E. PAGE 20.		
Name	Frontier California Inc.	SYSTEM ID# 62626		
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP			
9	If your cable system is located within a top 100 television market and syndicated Exclusivity Surcharge. Indicate which major television market by section 76.5 of FCC rules in effect on June 24, 1981:	the station is not exempt in Part 7, you must also compute a		
Computation of	☐ First 50 major television market	Second 50 major television market		
or Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	<ul> <li>☐ First 50 major television market</li> <li>☐ Second 50 major television market</li> <li>☐ In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.</li> <li>☐ Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> <li>☐ Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>☐ Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul>			
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP		
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP		
	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs	Line 1: Enter the VHF DSEs		
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for	Line 2: Enter the Exempt DSEs  Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for		
	this subscriber group subject to the surcharge computation	this subscriber group subject to the surcharge 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 and enter here. This is the total number of DSEs for this subscriber group	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge		
	subject to the surcharge  computation	computation		
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group		
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for earling the boxes above. Enter here and in block 4, line 2 of space L (page			