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

STATEMENT OF ACCOUNT for Secondary Transmissions by

Cable Systems (Long Form)

General instructions are located in

the first tab of this workbook.

SA3E Long Form

Return completed workbook by email to:

coplicsoa@copyright.gov

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

| Α | A | COUNTING PERIOD COVERED BY THIS STATEMENT: | | | | |
|----------------------|-------|--|--|-------------------------------------|-------------|--------|
| Accounting | | 2023/2 | | | | |
| Period | | | | | | |
| B Owner | rate | tructions: Give the full legal name of the owner of the cable system. If the owner is a e title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busine If there were different owners during the accounting period, only the owner single statement of account and royalty fee payment covering the entire account Check here if this is the system's first filing. If not, enter the system's ID | ess of the cable syste for on the last day of the pounting period. | m. e accounting period should su | | 062799 |
| | L | EGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM | | | | |
| | | CEQUEL COMMUNICATIONS LLC | | | | |
| | | | | | | |
| | | | | | 06279 | 920232 |
| | | | | | 062799 | 2023/2 |
| | | | | | | |
| | | 3027 S SE LOOP 323 | | | | |
| | | TYLER, TX 75701 | | | | |
| С | | STRUCTIONS: In line 1, give any business or trade names used to mes already appear in space B. In line 2, give the mailing address of | | . , | | |
| System | 1 | IDENTIFICATION OF CABLE SYSTEM: | | | | |
| | | DIXIE/FAYETTE COUNTY | | | | |
| | | MAILING ADDRESS OF CABLE SYSTEM: | | | | |
| | 2 | (Number, street, rural route, apartment, or suite number) | | | | |
| | | | | | | |
| | | (City, town, state, zip code) | | | | |
| D | Ins | structions: For complete space D instructions, see page 1b. Identif | y only the frst com | munity served below and re | elist on pa | ge 1b |
| Area | wit | h all communities. | | | | |
| Served | | CITY OR TOWN | STATE | | | |
| First | | DIXIE/FAYETTE COUNTY | wv | | | |
| Community | E | Below is a sample for reporting communities if you report multiple ch | nannel line-ups in S | Space G. | 1 | |
| | _ | CITY OR TOWN (SAMPLE) | STATE | CH LINE UP | SUE | 3 GRP# |
| Sample | Alc | | MD | <u>A</u> | | 1 |
| | | iance ring | MD | <u> </u> | | 2 3 |
| | Ge | ring | MD | В | | 3 |
| Privacy Act Notic | e: Se | ction 111 of title 17 of the United States Code authorizes the Copyright Offce to colle | ct the personally identify | ving information (PII) requested or | n this | |
| form in order to pro | ocess | your statement of account. PII is any personal information that can be used to identif | fy or trace an individual, | such as name, address and telep | ohone | |
| | - | PII, you are agreeing to the routine use of it to establish and maintain a public record, | | • | | |
| | | for the public. The effect of not providing the PII requested is that it may delay proce ements of account, and it may affect the legal suffciency of the fling, a determination | • • | | le | |
| | | · · · · · · · · · · · · · · · · · · · | , | | | |

FOR COPYRIGHT OFFICE USE ONLY

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AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

2/29/24

E

| FORM SA3E. PAGE 1b. | | | | 1 | | | |
|--|---|--|------------------|--|--|--|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM: | | | SYSTEM ID# | | | | |
| CEQUEL COMMUNICATIONS LLC | | | 062799 | | | | |
| Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile 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., or all communities with the channel line-up "A" in the appropriate column below or leave th on a partially distant or partially permitted basis in the DSE Schedule, associate each re designated by a number (based on your reporting from Part 9). | ne column blank. I elevant community | f you report any st y with a subscriber | ations group, | | | | |
| When reporting the carriage of television broadcast stations on a community-by-commu channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns I | a subscriber gro | | | | | | |
| CITY OR TOWN | STATE | CH LINE UP | SUB GRP# | | | | |
| DIXIE/FAYETTE COUNTY | WV | В | 4 | First | | | |
| CHARLESTON | WV | A | 1 | Community | | | |
| BARBOURSVILLE | WV | A | 1 | | | | |
| BELLE CITY | WV | A | 1 | | | | |
| BOONE COUNTY | ŴV | A | 1 | | | | |
| BOONE/JULIAN | ŴV | A | 1 | Soo instructions for | | | |
| BOONE/WHITESVILLE | ŴV | A | 2 | See instructions for additional information | | | |
| CABELL COUNTY | wv | A | - 1 | on alphabetization. | | | |
| CEDAR GROVE | ŴV | A | 1 | | | | |
| CHESAPEAKE | WV | | | | | | |
| | | A | 1 | | | | |
| | WV WV | A | 1 | Add rows as necessary. | | | |
| | WV | A | 2 | | | | |
| | WV | A | 1 | | | | |
| CRABTREE | WV | A | 1 | | | | |
| DANVILLE | WV | A | 1 | | | | |
| DIXIE/NICHOLAS COUNTY | WV | A | 2 | | | | |
| DUNBAR | WV | Α | 1 | | | | |
| EAST BANK | WV | A | 1 | | | | |
| EAST LYNN | WV | Α | 1 | | | | |
| FAYETTE COUNTY | WV | Α | 3 | | | | |
| FAYETTE/JODIE | WV | Α | 3 | | | | |
| FORT GAY | WV | A | 1 | | | | |
| GAULEY BRIDGE | WV | A | 3 | | | | |
| GLASGOW | WV | Α | 1 | | | | |
| HANDLEY | WV | Α | 2 | | | | |
| HURRICANE | WV | Α | 1 | | | | |
| INDEPENDENT MTN | WV | Α | 2 | | | | |
| INDORE | WV | Α | 2 | | | | |
| INSTITUTE | WV | Α | 1 | | | | |
| KANAWHA COUNTY | WV | Α | 1 | | | | |
| LAVALETTE | WV | Α | 1 | | | | |
| LINCOLN COUNTY | WV | Α | 1 | | | | |
| LOUDENDALE | WV | Α | 1 | | | | |
| MADISON | WV | Α | 1 | | | | |
| MARMET | WV | Α | 1 | | | | |
| MILL CREEK | WV | Α | 1 | | | | |
| MILTON | WV | Α | 1 | | | | |
| MONTGOMERY FAYETTE COUNTY | WV | Α | 3 | | | | |
| NICHOLAS COUNTY | WV | Α | 2 | | | | |
| NITRO KANAWHA COUNTY | WV | Α | 1 | | | | |
| | vvv | Α | 1 | I | | | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: | | | SYSTEM ID# | | | | |
|---|--------------------|------------|------------|---|--|--|--|
| CEQUEL COMMUNICATIONS LLC | | | 062799 | | | | |
| Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. | | | | | | | |
| Note: Entities and properties such as hotels, apartments, condominiums, or mobile 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-commu channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns | d a subscriber gro | | | | | | |
| CITY OR TOWN | STATE | CH LINE UP | SUB GRP# | | | | |
| SMITHERS | WV | А | 3 | First | | | |
| SOUTH CHARLESTON | WV | Α | 1 | Community | | | |
| ST. ALBANS | WV | Α | 1 | | | | |
| SYLVESTER | WV | Α | 2 | | | | |
| TOWN OF PRATT | WV | Α | 2 | | | | |
| WAYNE | WV | A | 1 | See instructions for | | | |
| WHITESVILLE | WV | A | 2 | additional information on alphabetization. | | | |
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| | | | | Add rows as necessary. | | | |
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| | | L | | 1 | | | |

| Nomo | LEGAL NAME OF OWNER OF CABL | E SYSTEM: | | | | | | S | YSTEM II | | |
|-------------------------------|--|---------------------------------|---|---|-------------|----------------------------------|--------------|------------------|----------|--|--|
| Name | CEQUEL COMMUNICAT | FIONS LLC | | | | | | | 06279 | | |
| _ | SECONDARY TRANSMISSION | SERVICE: S | UBSCR | | RATES | | | | | | |
| E | In General: The information in s | space E should | d cover | all categories of | of seconda | ary transmission | service of | the cable | | | |
| _ | system, that is, the retransmissi | | | | | | | | | | |
| Secondary | about other services (including p | | | | | | those exis | sting on the | | | |
| Transmission Service: Sub- | last day of the accounting period Number of Subscribers: Bot | | | | | | ahle syster | m broken | | | |
| scribers and | down by categories of secondar | | | | | | | | | | |
| Rates | each category by counting the n | | | | | | | | | | |
| | separately for the particular serv | | | | | | | | | | |
| | Rate: Give the standard rate of unit in which it is generally billed | | | | | | | | | | |
| | category, but do not include disc | | | | | | | | | | |
| | Block 1: In the left-hand block | | | | | condary transm | ission serv | rice that cable | | | |
| | systems most commonly provide | | | | | | | | | | |
| | that applies to your system. Not | | | - | | - | | | | | |
| | categories, that person or entity | | | | | | | | | | |
| | 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)." | | | | | | | | | | |
| | 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. | | | | | | | | | | |
| | | OCK 1 | | | | BLOC | K 2 | | | | |
| | | NO. OF | | CAT | | | NO. OF | DATE | | | |
| | CATEGORY OF SERVICE Residential: | SUBSCRIB | ERS | RATE | CAT | EGORY OF SE | RVICE | SUBSCRIBERS | RATE | | |
| | Service to first set | 3 | 5,790 | \$ 50.00 | | | | | | | |
| | Service to additional set(s) | J | 5,750 | \$ 50.00 | | | | | | | |
| | • FM radio (if separate rate) | | | | | | | | | | |
| | Motel, hotel | | | | | | | | | | |
| | Commercial | | 1,325 | \$ 45.95 | | | | | | | |
| | Converter | | | | | | | | | | |
| | Residential | | | | | | | | | | |
| | Non-residential | | | | | | | | | | |
| | SERVICES OTHER THAN SEC | | | | -0 | | | 1 | | | |
| _ | In General: Space F calls for ra | | | | | all vour cable s | /stem's sei | rvices that were | | | |
| F | not covered in space E, that is, | · · | , | | • | | | | | | |
| | service for a single fee. There a | | | | • | | 0 (| , | | | |
| Services | furnished at cost or (2) services | | | | | | | | | | |
| Other Than Secondary | amount of the charge and the up | | susuali | y billed. If any i | rates are c | narged on a va | riable per- | program basis, | | | |
| ransmissions: | 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. | | | | | | | | | | |
| Rates | Block 2: List any services that | • • | | | - | | • | | | | |
| | listed in block 1 and for which a | • | - | | lished. Lis | t these other se | rvices in th | ne form of a | | | |
| | brief (two- or three-word) descri | ption and inclu | de the i | rate for each. | | | 1 | | | | |
| | | BLO | | | | D | 0.175.00 | BLOCK 2 | | | |
| | CATEGORY OF SERVICE Continuing Services: | RATE | | GORY OF SEF ation: Non-res | | RATE | CATEGO | DRY OF SERVICE | RATE | | |
| | • Pay cable | \$ 17.00 | | itel, hotel | Jacintia | | | | | | |
| | • Pay cable—add'l channel | \$ 19.00 | | mmercial | | | | | | | |
| | | | •Pa | y cable | | | | | | | |
| | Fire protection | Pay cable Pay cable-add'l c | | | hannel | | | | | | |
| | Fire protection Burglar protection | | Pay cable-add'l d Fire protection | | | | | | | | |
| | | | | , , | | | | | | | |
| | •Burglar protection | \$ 99.00 | • Fire | , , | 1 | | | | | | |
| | •Burglar protection Installation: Residential • First set • Additional set(s) | \$ 99.00 \$ 25.00 | • Fir • Bu | e protection | 1 | | | | | | |
| | •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate) | | • Fir • Bu Other • Re | e protection rglar protectior services: connect | 1 | \$ 40.00 | | | | | |
| | •Burglar protection Installation: Residential • First set • Additional set(s) | | • Fir • Bu Other • Re • Dis | e protection rglar protectior services: connect sconnect | 1 | | | | | | |
| | •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate) | | • Fir • Bu Other • Re • Dis • Ou | e protection rglar protectior services: connect | | \$ 40.00 \$ 25.00 \$ 99.00 | | | | | |

| A B C C C C C C C C C C | NER OF CABLE SYS | | | | SYSTEM ID | Namo |
|---|--|---|--|---|--|-------------------------|
| CEQUEL COM | | - | | | 062799 | 9 |
| RIMARY TRANSMIT | | | tion (including t | renelator stations | and low newsriplevision stations) | |
| | | | | | and low power television stations) I only on a part-time basis unde | G |
| CC rules and regula | ations in effect or | une 24, 19 | B1, permitting th | e carriage of cert | ain network programs [section | Duizeren |
| ubstitute program ba | asis, as explaine | d in the next p | paragraph | | and (2) certain stations carried on | Primary Transmitters |
| Substitute Basis basis under specifc F | | | | carried by your o | able system on a substitute prograr | Television |
| | | | | e Special Statem | ent and Program Log)—if th | |
| station was carried | | | tion was carried | l hoth on a substi | tute basis and also on some othe | |
| basis. For further | information conc | | | | of the general instructions locate | |
| in the paper SA3 f Column 1: List ea | | sign. Do not r | eport origination | n program service | s such as HBO, ESPN, etc. Identif | |
| each multicast stream | n associated with | n a station acc | cording to its ove | er-the-air designa | tion. For example, report mult | |
| ast stream as "WET VETA-simulcast). | A-2". Simulcast | streams must | be reported in c | column 1 (list eac | h stream separately; for exampl | |
| | | | - | | ion for broadcasting over-the-air i | |
| s community of licer in which your cable s | | | annei 4 in Washi | ingion, D.C. This | may be different from the channe | |
| | | | | | ependent station, or a noncommercia ast), "I" (for independent), "I-M | |
| for independent mult | ticast), "E" (for no | oncommercial | educational), o | r "E-M" (for nonco | ommercial educational multicast | |
| or the meaning of th Column 4: If the s | | | | | he paper SA3 form es". If not, enter "No". For an e> | |
| lanation of local ser | vice area, see pa | age (v) of the | general instructi | ons located in the | e paper SA3 form | |
| | | | - | | stating the basis on which you tering "LAC" if your cable syste | |
| arried the distant sta | ation on a part-tin | ne basis beca | use of lack of a | ctivated channel | capacity | |
| | | | | | / payment because it is the subje stem or an association representin | |
| he cable system and | l a primary transr | mitter or an as | ssociation repres | senting the prima | ry transmitter, enter the design | |
| | | | | | ther basis, enter "O." For a furthe the paper SA3 form | |
| Column 6: Give the | he location of eac | ch station. Fo | r U.S. stations, I | list the community | y to which the station is licensed by th | |
| CC. For Mexican or lote: If you are utiliz | | | | | n which the station is identifed channel line-up. | |
| | | , | | | | |
| | | СНАММ | | ΔΔ | · | |
| | 0.0104.07 | | EL LINE-UP | | | - |
| | 2. B'CAST CHANNEL | 3. TYPE | 4. DISTANT? | 5. BASIS OF | 6. LOCATION OF STATION | _ |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | | _ | | | - |
| SIGN | CHANNEL | 3. TYPE OF | 4. DISTANT? | 5. BASIS OF CARRIAGE | | |
| SIGN | CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE | 6. LOCATION OF STATION | |
| | CHANNEL NUMBER 8 | 3. TYPE OF STATION N | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE | 6. LOCATION OF STATION | additional informatio |
| SIGN NCHS-1 NCHS-2 NCHS-3 | CHANNEL NUMBER 8 8.2 | 3. TYPE OF STATION N I-M | 4. DISTANT? (Yes or No) No No | 5. BASIS OF CARRIAGE | 6. LOCATION OF STATION CHARLESTON, WV CHARLESTON, WV | |
| SIGN NCHS-1 NCHS-2 NCHS-3 NCHS-4 | CHANNEL NUMBER 8 8.2 8.3 | 3. TYPE OF STATION N I-M I-M | 4. DISTANT? (Yes or No) No No | 5. BASIS OF CARRIAGE | 6. LOCATION OF STATION CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV | additional informatio |
| SIGN NCHS-1 NCHS-2 NCHS-3 NCHS-4 NCHS-HD1 | CHANNEL NUMBER 8 8.2 8.3 8.4 | 3. TYPE OF STATION N I-M I-M | 4. DISTANT? (Yes or No) No No No | 5. BASIS OF CARRIAGE | 6. LOCATION OF STATION CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV | additional informatio |
| SIGN WCHS-1 WCHS-2 WCHS-3 WCHS-4 WCHS-HD1 WLPX-1 | CHANNEL NUMBER 8 8.2 8.3 8.4 8 8 | 3. TYPE OF STATION N I-M I-M | 4. DISTANT? (Yes or No) No No No No | 5. BASIS OF CARRIAGE | 6. LOCATION OF STATION CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV | additional information |
| SIGN WCHS-1 WCHS-2 WCHS-3 WCHS-4 WCHS-HD1 WLPX-1 WLPX-HD1 | CHANNEL NUMBER 8 8.2 8.3 8.4 8 29 | 3. TYPE OF STATION I-M I-M I-M I-M N-M I | 4. DISTANT? (Yes or No) No No No No No | 5. BASIS OF CARRIAGE | 6. LOCATION OF STATION CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV | additional information |
| SIGN NCHS-1 NCHS-2 NCHS-3 NCHS-4 NCHS-HD1 NLPX-1 NLPX-HD1 NUPX-1 | CHANNEL NUMBER 8 8.2 8.3 8.4 8 8 29 29 29 | 3. TYPE OF STATION I-M I-M I-M I-M I I | 4. DISTANT? (Yes or No) No No No No No | 5. BASIS OF CARRIAGE | 6. LOCATION OF STATION CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV | additional information |
| SIGN NCHS-1 NCHS-2 NCHS-3 NCHS-4 NCHS-HD1 NLPX-1 NLPX-HD1 NOWK-1 NOWK-2 | CHANNEL NUMBER 8 8.2 8.3 8.4 8 29 29 29 13 | 3. TYPE OF STATION I-M I-M I-M I I I-M N-M | 4. DISTANT? (Yes or No) No No No No No No | 5. BASIS OF CARRIAGE | 6. LOCATION OF STATION CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV | additional information |
| SIGN NCHS-1 NCHS-2 NCHS-3 NCHS-4 NCHS-HD1 NLPX-1 NLPX-1D1 NULPX-HD1 NOWK-1 NOWK-2 NOWK-3 | CHANNEL NUMBER 8 8.2 8.3 8.4 8 29 29 29 13 13.2 | 3. TYPE OF STATION N I-M I-M I-M I I I-M N I-M | 4. DISTANT? (Yes or No) No No No No No No No | 5. BASIS OF CARRIAGE | 6. LOCATION OF STATION CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV | additional information |
| SIGN WCHS-1 WCHS-2 WCHS-3 WCHS-4 WCHS-HD1 WLPX-1 WLPX-HD1 NOWK-1 NOWK-2 NOWK-3 NOWK-4 | CHANNEL NUMBER 8 8.2 8.3 8.4 8 29 29 29 13 13.2 13.2 13.3 | 3. TYPE OF STATION N I-M I-M I-M I-M I-M I-M | 4. DISTANT? (Yes or No) No No No No No No No No No | 5. BASIS OF CARRIAGE | 6. LOCATION OF STATION CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV HUNTINGTON, WV | additional information |
| SIGN WCHS-1 WCHS-2 | CHANNEL NUMBER 8 8.2 8.3 8.4 8 29 29 13 13.2 13.3 13.4 | 3. TYPE OF STATION N I-M I-M I-M I-M I-M I-M I-M | 4. DISTANT? (Yes or No) No No No No No No No No No | 5. BASIS OF CARRIAGE | 6. LOCATION OF STATION CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV | additional information |
| SIGN WCHS-1 WCHS-2 WCHS-3 WCHS-4 WCHS-HD1 WLPX-HD1 WLPX-HD1 WOWK-1 WOWK-2 WOWK-3 WOWK-4 WOWK-HD1 WOWK-HD1 WQCW-1 | CHANNEL NUMBER 8 8.2 8.3 8.4 8 29 29 29 13 13.2 13.3 13.4 13.4 13 | 3. TYPE OF STATION N I-M I-M I-M I-M I-M I-M I-M | 4. DISTANT? (Yes or No) No No No No No No No No No No | 5. BASIS OF CARRIAGE | 6. LOCATION OF STATION CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV | additional information |
| SIGN NCHS-1 NCHS-2 NCHS-3 NCHS-4 NCHS-HD1 NLPX-HD1 NUPX-HD1 NOWK-1 NOWK-2 NOWK-3 NOWK-4 NOWK-4 NOWK-HD1 NQCW-1 NQCW-2 | CHANNEL NUMBER 8 8.2 8.3 8.4 8 29 29 29 13 13.2 13.3 13.4 13.3 13.4 13 30 | 3. TYPE OF STATION I-M I-M I-M I-M I-M I-M I-M I-M I-M I-M | 4. DISTANT? (Yes or No) No No No No No No No No No No No No | 5. BASIS OF CARRIAGE | 6. LOCATION OF STATION CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV | additional information |
| SIGN NCHS-1 NCHS-2 NCHS-3 NCHS-4 NCHS-HD1 NLPX-1 NULPX-1 NULPX-1 NOWK-1 NOWK-2 NOWK-2 NOWK-3 NOWK-4 NOWK-HD1 NQCW-1 NQCW-2 NQCW-HD1 | CHANNEL NUMBER 8 8.2 8.3 8.4 8 29 29 13 13.2 13.3 13.4 13.3 13.4 13 30 30.2 | 3. TYPE OF STATION N I-M I-M I-M I-M I-M I-M I-M I-M I-M I-M | 4. DISTANT? (Yes or No) No No No No No No No No No No No No | 5. BASIS OF CARRIAGE | 6. LOCATION OF STATION CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV PORTSMOUTH, OH | additional informatio |
| SIGN NCHS-1 NCHS-2 NCHS-3 NCHS-4 NCHS-HD1 NLPX-1 NLPX-HD1 NOWK-1 NOWK-2 NOWK-3 NOWK-4 NOWK-HD1 NQCW-1 NQCW-1 NQCW-2 NQCW-HD1 NQCW-HD1 NQCW-1 NQCW-1 | CHANNEL NUMBER 8 8.2 8.3 8.4 8 29 29 29 13 13.2 13.3 13.4 13.3 13.4 13 30 30.2 30 | 3. TYPE OF STATION N I-M I-M I-M I-M I-M I-M I-M I-M I-M I-M | 4. DISTANT? (Yes or No) No No No No No No No No No No No No No | 5. BASIS OF CARRIAGE | 6. LOCATION OF STATION CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV | additional information |
| SIGN WCHS-1 WCHS-2 WCHS-3 WCHS-4 WCHS-HD1 WLPX-HD1 WLPX-HD1 WOWK-1 WOWK-2 WOWK-3 WOWK-4 WOWK-4 WOWK-HD1 WQCW-2 WQCW-1 WQCW-1 WQCW-1 WQCW-1 WQCW-2 WQCW-1 WQCW-1 WQCW-2 WQCW-1 WQCW-1 WQCW-2 WQCW-1 WQCW-2 WQCW-1 WQCW-2 WQCW-1 WQCW-2 WQCW-1 WQCW-1 WQCW-2 WQCW-1 WQCW-2 WQCW-1 WQCW-1 WQCW-2 WQCW-1 WQCW-2 WQCW-1 WQCW-1 WQCW-2 WQCW-1 WQCW-2 WQCW-1 WQCW-2 WCM-2 | CHANNEL NUMBER 8 8.2 8.3 8.4 8 29 29 13 13.2 13.3 13.4 13.3 13.4 13 30 30.2 30 | 3. TYPE OF STATION N I-M I-M I-M I-M I-M I-M I-M I-M | 4. DISTANT? (Yes or No) No No No No No No No No No No No No No | 5. BASIS OF CARRIAGE | 6. LOCATION OF STATION CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV | additional information |
| SIGN NCHS-1 NCHS-2 NCHS-3 NCHS-4 NCHS-HD1 NUPX-1 NUPX-1D1 NUPX-1D1 NOWK-1 NOWK-2 NOWK-3 NOWK-4 NO | CHANNEL NUMBER 8 8.2 8.3 8.4 8 29 29 13 13.2 13.3 13.4 13.3 13.4 13 30 30.2 30 30.2 30 3.2 | 3. TYPE OF STATION N I-M I-M I-M I-M I-M I-M I-M I-M I-M I-M | 4. DISTANT? (Yes or No) No No No No No No No No No No No No No | 5. BASIS OF CARRIAGE | 6. LOCATION OF STATION CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV PORTSMOUTH, OH PORTSMOUTH, OH HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV | additional information |
| SIGN WCHS-1 WCHS-2 WCHS-3 WCHS-4 WCHS-HD1 WLPX-1 WLPX-1D1 WLPX-HD1 WOWK-1 WOWK-2 WOWK-3 WOWK-4 WOWK-4 | CHANNEL NUMBER 8 8.2 8.3 8.4 8 29 29 29 13 13.2 13.3 13.4 13.3 13.4 13 30 30.2 30 30 30.2 30 30 3.2 3.3 | 3. TYPE OF STATION N I-M I-M I-M I-M I-M I-M I-M I-M I-M I-M | 4. DISTANT? (Yes or No) No No No No No No No No No No No No No | 5. BASIS OF CARRIAGE | 6. LOCATION OF STATION CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV PORTSMOUTH, OH PORTSMOUTH, OH PORTSMOUTH, OH HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV | additional informatio |
| SIGN WCHS-1 WCHS-2 WCHS-3 WCHS-4 WCHS-HD1 WLPX-1 WLPX-1D1 WOWK-1 WOWK-1 WOWK-2 WOWK-3 WOWK-4 WOWK-4 WOWK-HD1 WQCW-2 WQCW-1 WQCW-2 WQCW-1 WQCW-2 WQCW-1 WQCW-2 WQCW-1 WQCW-2 WQCW-1 WQCW-2 WQCW-1 WQCW-2 WQCW-1 WQCW-2 WQCW-1 WQCW-1 WQCW-2 WQCW-1 WQCW-1 WQCW-2 WQCW-1 WQCW-2 WQCW-1 WQCW-2 WQCW-1 WQCW-2 WQCW-1 WQCW-2 WQCW-1 WQCW-2 WQCW-2 WQCW-1 WQCW-2 WQCW-2 WQCW-1 WQCW-2 WQ | CHANNEL NUMBER 8 8.2 8.3 8.4 8 29 29 13 13.2 13.3 13.4 13.3 13.4 13 30 30.2 30 30 3 3.2 3.3 3.3 3.2 | 3. TYPE OF STATION N I-M I-M I-M I-M I-M I-M I-M I-M I-M I-M | 4. DISTANT? (Yes or No) No No No No No No No No No No No No No | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV PORTSMOUTH, OH PORTSMOUTH, OH PORTSMOUTH, OH HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV | additional informatio |
| SIGN NCHS-1 NCHS-2 NCHS-3 NCHS-4 NCHS-HD1 NLPX-1 NUPX-1 NUPX-1 NOWK-1 NOWK-2 NOWK-3 NOWK-4 NOWK-4 NOWK-HD1 NQCW-2 NQCW-1 NQCW-2 NQCW-1 NQCW-2 NQCW-1 NSAZ-1 NSAZ-2 NSAZ-3 NSAZ-1 NSAZ | CHANNEL NUMBER 8 8.2 8.3 8.4 8 29 29 29 13 13.2 13.3 13.4 13.3 13.4 13 30 30.2 30 30.2 30 30 3 3.2 3.3 3.2 3.3 3 61 11 | 3. TYPE OF STATION N I-M I-M I-M I-M I-M I-M I-M I-M | 4. DISTANT? (Yes or No) No No No No No No No No No No No No No | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION 6. LOCATION OF STATION CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV ASHLAND, KY CHARLESTON, WV | additional informatio |
| SIGN NCHS-1 NCHS-2 NCHS-3 NCHS-4 NCHS-HD1 NLPX-1 NLPX-1D1 NOWK-1 NOWK-1 NOWK-2 NOWK-3 NOWK-4 NOWK-HD1 NQCW-1 NQCW-1 NQCW-1 NQCW-1 NQCW-1 NQCW-1 NQCW-1 NQCW-1 NSAZ-1 NSAZ-2 NSAZ-3 NSAZ-3 NSAZ-3 NSAZ-1 NSAZ- | CHANNEL NUMBER 8 8.2 8.3 8.4 8 29 29 13 13.2 13.3 13.4 13.3 13.4 13 30 30.2 30 30 30.2 30 30 30 30 30 30 30 30 30 30 30 30 30 | 3. TYPE OF STATION N I-M I-M I-M I-M I-M I-M I-M I-M | 4. DISTANT? (Yes or No) No No No No No No No No No No No No No | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV PORTSMOUTH, OH PORTSMOUTH, OH PORTSMOUTH, OH HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV CHARLESTON, WV CHARLESTON, WV | additional informatio |
| SIGN NCHS-1 NCHS-2 NCHS-3 NCHS-4 NCHS-HD1 NUPX-1 NUPX-1D1 NOWK-1 NOWK-2 NOWK-3 NOWK-3 NOWK-4 NOWK-HD1 NQCW-1 NQCW-1 NQCW-1 NQCW-1 NQCW-2 NQCW-HD1 NSAZ-1 NSAZ-1 NSAZ-3 NSAZ-1 NSAZ-3 NSAZ-1 NSAZ-1 NSAZ-3 NSAZ-4 NSAZ-3 NSAZ-4 NSAZ-3 NSAZ-4 NSAZ-3 NSAZ-4 NSAZ-3 NSAZ-4 NSAZ-3 NSAZ-4 NSAZ-3 NSAZ-4 NSAZ-3 NSAZ-4 NSAZ-3 NSAZ-4 NSAZ-3 NSAZ-4 NSAZ-3 NSAZ-4 NSAZ-3 NSAZ-4 NSAZ-3 NSAZ-4 NSAZ-3 NSAZ-4 NSAZ-3 NSAZ-4 NSAZ-3 NSAZ-4 NSAZ-4 NSAZ-3 NSAZ-4 | CHANNEL NUMBER 8 8.2 8.3 8.4 8 29 29 29 13 13.2 13.3 13.4 13 30 30.2 30 30 30.2 30 30 30 3 3.2 3.3 3.3 61 11 11.2 11.3 | 3. TYPE OF STATION N I-M I-M I-M I-M I-M I-M I-M I-M | 4. DISTANT? (Yes or No) No No No No No No No No No No No No No | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV | additional information |
| SIGN NCHS-1 NCHS-2 NCHS-3 NCHS-4 NCHS-HD1 NLPX-HD1 NLPX-HD1 NOWK-1 NOWK-2 NOWK-3 NOWK-4 NOWK-4 NOWK-HD1 NQCW-1 NQCW-1 NQCW-1 NQCW-1 NQCW-1 NQCW-HD1 NSAZ-1 NSAZ-3 NSAZ-3 NSAZ-3 NSAZ-1 NSAZ-3 NSAZ-1 NSAZ-3 NSAZ-3 NSAZ-1 NSAZ-3 NSAZ-3 NSAZ-1 NSAZ-3 NSAZ-3 NSAZ-1 NSAZ-3 NSAZ-3 NSAZ-1 NSAZ-3 NSAZ-1 NSAZ-3 NSAZ-1 NSAZ-3 NSAZ-1 NSAZ-3 NSAZ-1 NSAZ-3 NSAZ-1 NSAZ-3 NSAZ-1 NSAZ-3 NSAZ-1 NSAZ-3 NSAZ-1 NSAZ-3 NSAZ-1 NSAZ-3 NSAZ-1 NSAZ-3 NSAZ-1 NSAZ-3 NSAZ-1 NSAZ-3 NSAZ-1 NSAZ-3 NSAZ-1 NSAZ-3 NSAZ-1 NSAZ-3 NSAZ-1 NSAZ-3 NSAZ-1 NSAZ-1 NSAZ-1 NSAZ-1 NSAZ-3 NSAZ-1 | CHANNEL NUMBER 8 8.2 8.3 8.4 8 29 29 13 13.2 13.3 13.4 13 30 30.2 30 30 30 30 30 30 30 30 30 30 30 30 30 | 3. TYPE OF STATION N I-M I-M I-M I-M I-M I-M I-M I-M | 4. DISTANT? (Yes or No) No No No No No No No No No No No No No | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV | additional information |
| SIGN WCHS-1 WCHS-2 WCHS-3 WCHS-4 WCHS-HD1 WLPX-1 WLPX-1D1 WUPX-1 WOWK-1 WOWK-2 WOWK-3 WOWK-4 WOWK-HD1 WQCW-1 WQCW-1 WQCW-2 WQCW-1 WQCW-2 WQCW-HD1 WSAZ-1 WSAZ-3 WSAZ-3 WSAZ-HD1 WTSF-1 | CHANNEL NUMBER 8 8.2 8.3 8.4 8 29 29 29 13 13.2 13.3 13.4 13 30 30.2 30 30 30.2 30 30 30 30 31 32 33 31 31 4 11 11 11.2 11.3 | 3. TYPE OF STATION N I-M I-M I-M I-M I-M I-M I-M I-M | 4. DISTANT? (Yes or No) No No No No No No No No No No No No No | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV | additional information |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#CEQUEL COMMUNICATIONS LLC062799 | | | | | | Name |
|---|--|---|--|--|---|-------------------------|
| PRIMARY TRANSMITT | ERS: TELEVISIO | N | | | | |
| carried by your cable FCC rules and regula | system during the tions in effect or | he accounting 1 June 24, 19 | period, except 81, permitting th | stations carrie e carriage of cert | s and low power television stations) ed only on a part-time basis under ain network programs [sections | G |
| substitute program ba | | | • | r(e)(2) and (4))]; a | and (2) certain stations carried on a | Primary Transmitters |
| Substitute Basis | Stations: With r | respect to any | distant stations | s carried by your o | cable system on a substitute program | Television |
| pasis under specifc F • Do not list the statio | | | | e Special Statem | ent and Program Log)—if the | |
| station was carried | d only on a subs | titute basis. | | | с с <i>,</i> | |
| | | | | | tute basis and also on some other of the general instructions located | |
| in the paper SA3 f | orm. | , in the second s | | | - | |
| each multicast stream | n associated with | n a station acc | cording to its over | er-the-air designa | s such as HBO, ESPN, etc. Identify tion. For example, report multi- h stream separately; for example | |
| NETA-simulcast). | | | | | | |
| | | | • | | ion for broadcasting over-the-air in may be different from the channel | |
| on which your cable s | system carried th | ne station. | | | - | |
| | | | | | ependent station, or a noncommercial cast), "I" (for independent), "I-M" | |
| (for independent mult | icast), "E" (for no | oncommercia | l educational), o | r "E-M" (for nonco | ommercial educational multicast). | |
| For the meaning of th Column 4: If the s | | | | | he paper SA3 form. es". If not, enter "No". For an ex- | |
| planation of local serv | /ice area, see pa | age (v) of the | general instructi | ions located in the | e paper SA3 form. | |
| - | | | | | stating the basis on which your tering "LAC" if your cable system | |
| cable system carried carried the distant sta | | • | | • | · · · | |
| For the retransmis | sion of a distant | multicast stre | am that is not s | ubject to a royalty | y payment because it is the subject | |
| • | | | | | stem or an association representing ry transmitter, enter the designa- | |
| tion "E" (exempt). For | simulcasts, also | o enter "E". If | you carried the | channel on any o | ther basis, enter "O." For a further | |
| | | | | | ed in the paper SA3 form. y to which the station is licensed by the | |
| | | | | | | |
| | | ns, if any, giv | e the name of th | ne community with | h which the station is identifed. | |
| Note: If you are utilizi | | | | - | h which the station is identifed. | |
| Note: If you are utilizi | | nnel line-ups, | | space G for each | h which the station is identifed. | |
| Note: If you are utilizi 1. CALL SIGN | ng multiple char 2. B'CAST CHANNEL | CHANN 3. TYPE OF | use a separate | space G for each AB 5. BASIS OF CARRIAGE | h which the station is identifed. | |
| SIGN | 2. B'CAST CHANNEL NUMBER | CHANN 3. TYPE | use a separate : EL LINE-UP 4. DISTANT? (Yes or No) | space G for each AB 5. BASIS OF | h which the station is identifed. channel line-up. 6. LOCATION OF STATION | |
| 1. CALL SIGN WCHS-1 | ng multiple char 2. B'CAST CHANNEL NUMBER 8 | CHANN 3. TYPE OF STATION N | use a separate EL LINE-UP 4. DISTANT? (Yes or No) No | space G for each AB 5. BASIS OF CARRIAGE | h which the station is identifed. channel line-up. 6. LOCATION OF STATION CHARLESTON, WV | |
| 1. CALL SIGN WCHS-1 WCHS-HD1 | ng multiple char 2. B'CAST CHANNEL NUMBER 8 8 8 | CHANN 3. TYPE OF STATION N N-M | use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No | space G for each AB 5. BASIS OF CARRIAGE | h which the station is identifed. channel line-up. 6. LOCATION OF STATION CHARLESTON, WV CHARLESTON, WV | |
| 1. CALL SIGN WCHS-1 WCHS-HD1 WLPX-1 | ng multiple char 2. B'CAST CHANNEL NUMBER 8 8 29 | nnel line-ups, CHANN 3. TYPE OF STATION N N-M I | use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No No | space G for each AB 5. BASIS OF CARRIAGE | 6. LOCATION OF STATION CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV | |
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| 1. CALL SIGN WCHS-1 WCHS-HD1 WLPX-1 WLPX-HD1 WOAY-1 | ng multiple char 2. B'CAST CHANNEL NUMBER 8 8 29 29 29 4 | nnel line-ups, CHANN 3. TYPE OF STATION N N-M I I I-M N | use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No No No No | space G for each AB 5. BASIS OF CARRIAGE | h which the station is identifed. channel line-up. 6. LOCATION OF STATION CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV OAK HILL, WV | |
| 1. CALL SIGN WCHS-1 WCHS-HD1 WLPX-1 WLPX-HD1 WOAY-1 WOAY-2 | ng multiple char 2. B'CAST CHANNEL NUMBER 8 8 29 29 29 29 4 4.2 | nnel line-ups, CHANN 3. TYPE OF STATION N N-M I I-M I-M | use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No No No No No | space G for each AB 5. BASIS OF CARRIAGE | 6. LOCATION OF STATION CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV OAK HILL, WV OAK HILL, WV | |
| 1. CALL SIGN WCHS-1 WCHS-HD1 WLPX-1 WLPX-HD1 WOAY-1 WOAY-2 WOWK-1 | ng multiple char 2. B'CAST CHANNEL NUMBER 8 8 29 29 29 4 4 4.2 13 | nnel line-ups, CHANN 3. TYPE OF STATION N N-M I I-M N I-M N I-M N | use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No No No No No No No | space G for each AB 5. BASIS OF CARRIAGE | 6. LOCATION OF STATION CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV OAK HILL, WV OAK HILL, WV HUNTINGTON, WV | |
| 1. CALL SIGN WCHS-1 WCHS-HD1 WLPX-1 WLPX-HD1 WOAY-1 WOAY-2 WOWK-1 | ng multiple char 2. B'CAST CHANNEL NUMBER 8 8 29 29 4 4.2 13 13 | nnel line-ups, CHANN 3. TYPE OF STATION N N-M I I-M I-M | use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No No No No No | space G for each AB 5. BASIS OF CARRIAGE | 6. LOCATION OF STATION CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV OAK HILL, WV OAK HILL, WV | |
| 1. CALL SIGN WCHS-1 WCHS-HD1 WLPX-1 WLPX-HD1 WOAY-1 WOAY-2 WOWK-1 WOWK-HD1 | ng multiple char 2. B'CAST CHANNEL NUMBER 8 8 29 29 29 4 4 4.2 13 | nnel line-ups, CHANN 3. TYPE OF STATION N N-M I I-M N I-M N I-M N | use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No No No No No No No | space G for each AB 5. BASIS OF CARRIAGE | 6. LOCATION OF STATION CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV OAK HILL, WV OAK HILL, WV HUNTINGTON, WV | |
| 1. CALL SIGN WCHS-1 WCHS-HD1 WLPX-1 WLPX-HD1 WOAY-1 WOAY-2 WOWK-1 WOWK-HD1 WQCW-1 | ng multiple char 2. B'CAST CHANNEL NUMBER 8 8 29 29 4 4.2 13 13 | nnel line-ups, CHANN 3. TYPE OF STATION N I-M I-M I-M N I-M N N-M | use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No No No No No No No No | space G for each AB 5. BASIS OF CARRIAGE | 6. LOCATION OF STATION CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV OAK HILL, WV OAK HILL, WV HUNTINGTON, WV | |
| 1. CALL SIGN WCHS-1 WCHS-HD1 WLPX-HD1 WOAY-1 WOAY-2 WOWK-1 WOWK-HD1 WQCW-1 WQCW-2 | ng multiple char 2. B'CAST CHANNEL NUMBER 8 8 29 29 4 4.2 13 13 30 | nnel line-ups, CHANN 3. TYPE OF STATION N-M I I-M N N-M I N-M I I N-M | use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No No No No No No No | space G for each AB 5. BASIS OF CARRIAGE | which the station is identifed. channel line-up. 6. LOCATION OF STATION CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV OAK HILL, WV OAK HILL, WV HUNTINGTON, WV PORTSMOUTH, OH | |
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| 1. CALL SIGN WCHS-1 WCHS-HD1 WLPX-HD1 WOAY-1 WOAY-2 WOWK-1 WOWK-HD1 WQCW-2 WQCW-4 WQCW-4 WQCW-1 WQCW-1 WQCW-1 WQCW-1 WYAZ-1 WSAZ-1 WSAZ-2 WSAZ-HD1 WSAZ-1 WSAZ-2 WSAZ-HD1 WSAZ-2 WSAZ-HD1 WSAZ-2 WSAZ-HD1 WSAZ-2 WSAZ-HD1 WSAZ-2 WSAZ-HD1 WSAZ-1 WSAZ-1 WSAZ-1 WSAZ-1 WSAZ-1 WSAZ-1 WYNS-1 WVNS-2 WVNS-HD2 WVPB-1 | ng multiple char 2. B'CAST CHANNEL NUMBER 8 8 29 29 4 4.2 13 13 13 30 30.2 30 3.2 30 3.2 3 61 59.2 59.2 33 | nnel line-ups, CHANN 3. TYPE OF STATION N-M I I-M N N-M I I-M N I-M I I-M I I-M I I I-M I I I-M I I I I | use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No No No No No No No No No | space G for each AB 5. BASIS OF CARRIAGE (If Distant) | which the station is identifed. channel line-up. 6. LOCATION OF STATION CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV OAK HILL, WV OAK HILL, WV OAK HILL, WV HUNTINGTON, WV PORTSMOUTH, OH PORTSMOUTH, OH PORTSMOUTH, OH HUNTINGTON, WV | |
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| Name | | LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#CEQUEL COMMUNICATIONS LLC062799 | | | | | | | |
|--|--|--|---|---------------------|-----------|----------|-----|---------------------|--|
| H Primary Transmitters: Radio | all-band basis w Special Instruct receivable if (1) on the basis of For detailed infe located in the p Column 1: lo Column 2: S Column 3: If signal, indicate | t every radio s whose signals ctions Conce) it is carried by monitoring, to ormation about aper SA3 form dentify the call State whether the f the radio state this by placing Give the station | nd list those FM stations carried on an a during the accounting period. Office regulations, an FM signal is generally n's headend, and (2) it can be expected, M antenna, during certain stated intervals. It, see page (vi) of the general instructions eable system as a separate and discrete s licensed by the FCC or, in the case of dentified). | | | | | | |
| | CALL SIGN | AM or FM | S/D | LOCATION OF STATION | CALL SIGN | AM or FM | S/D | LOCATION OF STATION | |
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| FORM SA3E. PAGE 5. | | | | | | | ACCOUNTING | PERIOD: 2023/2 |
|--|--|---|--|---|--|--|---|----------------------|
| LEGAL NAME OF OWNER OF CA | | | | | | S | YSTEM ID# 062799 | Name |
| SUBSTITUTE CARRIAGE: | SPECIAL | | NT AND PROGRAM LO | G | | | | |
| In General: In space I, identify substitute basis during the according explanation of the programming form. | ounting peri | iod, under spe | cific present and former FC | C rules, regul | lations, or a | authorizations. | For a further | Substitute |
| 1. SPECIAL STATEMENT (| CONCERN | NING SUBS | TITUTE CARRIAGE | | | | | Carriage: Special |
| • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? | | | | | | | | |
| Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. | | | | | | | | |
| LOG OF SUBSTITUTE F In General: List each substitu clear. If you need more space Column 1: Give the title of period, was broadcast by a di under certain FCC rules, regu SA3 form for futher information titles, for example, "I Love Luc Column 2: If the program of Column 3: Give the call sig Column 4: Give the broad the case of Mexican or Canad Column 5: Give the month first. Example: for May 7 give Column 6: State the times to the nearest five minutes. E stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules and gram was substituted for prog effect on October 19, 1976. | ute prograr e, please a f every non istant static ulations, or on. Do not cy" or "NB/ was broadd gn of the st least station dian statior n and day v "5/7." s when the example: a " "R" if the li d regulation | m on a separa ttach additior network telev on and that yo authorizatior ause general A Basketball: cast live, ento tation broadc n's location (t ns, if any, the when your sy substitute pro program carr listed program ons in effect d | hal pages. vision program (substitute our cable system substitut ns. See page (vi) of the ge categories like "movies", of 76ers vs. Bulls." er "Yes." Otherwise enter tasting the substitute prog the community to which the community with which the stem carried the substitute ogram was carried by you ried by a system from 6:0° n was substituted for prog uring the accounting period | program) tha ted for the pro- eneral instruc- or "basketbal "No." ram. e station is li- e station is li- e program. U r cable syste I:15 p.m. to 6 ramming that od; enter the li- | at, during ogrammin tions loca l". List sp censed by lentified). se numera m. List the 3:28:30 p.r t your sys letter "P" i | the accounting g of another s ted in the pape ecific program r the FCC or, i als, with the m e times accura n. should be tem was requi f the listed pro | g tation er n onth tely red | |
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| | | | · | | | - | 7. REASON | |
| SUE | 2. LIVE? 3 | PROGRAM 3. STATION'S CALL SIGN | · | | AGE OC | TITUTE CURRED TIMES — TO | | |
| SUE | 2. LIVE? 3 | 3. STATION'S | | CARR | AGE OC 6. | | 7. REASON FOR | |
| SUE | 2. LIVE? 3 | 3. STATION'S | | CARR | AGE OC 6. | | 7. REASON FOR | |
| SUE | 2. LIVE? 3 | 3. STATION'S | | CARR | AGE OC 6. | | 7. REASON FOR | |
| SUE | 2. LIVE? 3 | 3. STATION'S | | CARR | AGE OC 6. | | 7. REASON FOR | |
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| SUE | 2. LIVE? 3 | 3. STATION'S | | CARR | AGE OC 6. | | 7. REASON FOR | |
| SUE | 2. LIVE? 3 | 3. STATION'S | | CARR | AGE OC 6. | | 7. REASON FOR | |
| SUE | 2. LIVE? 3 | 3. STATION'S | | CARR | AGE OC 6. | | 7. REASON FOR | |
| SUE | 2. LIVE? 3 | 3. STATION'S | | CARR | AGE OC 6. | | 7. REASON FOR | |
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| SUE | 2. LIVE? 3 | 3. STATION'S | | CARR | AGE OC 6. | | 7. REASON FOR | |
| SUE | 2. LIVE? 3 | 3. STATION'S | | CARRI 5. MONTH | AGE OC 6. | | 7. REASON FOR | |
| SUE | 2. LIVE? 3 | 3. STATION'S | | CARRI 5. MONTH | AGE OC 6. | | 7. REASON FOR | |
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| SUE | 2. LIVE? 3 | 3. STATION'S | | CARRI 5. MONTH | AGE OC 6. | | 7. REASON FOR | |
| SUE | 2. LIVE? 3 | 3. STATION'S | | CARRI 5. MONTH | AGE OC 6. | | 7. REASON FOR | |

| Name | LEGAL NAME OF | EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# | | | | | | | |
|-----------------------------------|---|--|-----------------|-------------|--|-----------|-------|--------------|----------|
| Name | CEQUEL CO | MMUNICAT | IONS LLC | | | | | | 062799 |
| J Part-Time Carriage Log | PART-TIME CARRIAGE LOG n General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for partime carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and nours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G. Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period. Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10." State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the elevision station's broadcast day, you may give an approximate ending hour, followed by the abbreviation 'app." Example: "12:30 a.m 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m 12:00 p.m." | | | | | | | | |
| | | | DATES | AND HOURS (| | | RIAGE | | |
| | CALL SIGN | WHEN | I CARRIAGE OCCU | | | CALL SIGN | WHEN | CARRIAGE OCC | |
| | | DATE | HOUF FROM | RS TO | | | DATE | HOU FROM | RS TO |
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| FORM | SA3E. PAGE 7. | | | | | | | |
|---|--|---------------|--------------------|--|--|--|--|--|
| - | AL NAME OF OWNER OF CABLE SYSTEM: | | SYSTEM ID# | Name | | | | |
| CE | QUEL COMMUNICATIONS LLC | | 062799 | | | | | |
| GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts. | | | | | | | | |
| CORV | | | | | | | | |
| 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. | | | | | | | | |
| | rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below. | entere | ed on line 1 of | | | | | |
| | rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be en low. | itered | on line 2 in block | | | | | |
| | rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shoul block 4 below. | d be e | entered on line | | | | | |
| Block 1 | MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more a least the minimum fee, regardless of whether they carried any distant stations. This fee i system's gross receipts for the accounting period. | | 64 percent of the | | | | | |
| | 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. | | \$ 10,948,705.37 | | | | | |
| | This is your minimum fee. | \$ | 116,494.23 | | | | | |
| Block 2 | DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the is space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block. Did your cable system carry any distant television stations during the accounting period X Yes—Complete the DSE schedule. No—Leave block 3 below blank and column 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or | n 4, yo d? | u must check | | | | | |
| Block 3 | 4, or part 9, block A of the DSE schedule. If none, enter zero | | \$ 4,540.45 | | | | | |
| | Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero | | 0.00 | | | | | |
| | Line 3. Add lines 1 and 2 and enter here | \$ | 4,540.45 | | | | | |
| 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 | | \$ 116,494.23 | Cable systems | | | | |
| | Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero. | | 0.00 | submitting additional deposits under | | | | |
| | Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet) | | 0.00 | Section 111(d)(7) should contact the Licensing | | | | |
| | Line 4. FILING FEE | | \$ 725.00 | additional fees. Division for the appropriate | | | | |
| | TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here | \$ | 117,219.23 | form for submitting the additional fees. | | | | |
| | EFT Trace # or TRANSACTION ID # | | | | | | | |
| | Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (S general instructions located in the paper SA3 form and the Excel instructions tal | | - 17 | | | | | |

| ACCOUNTING PERI | DD: 2023/2 | | | | | | | FORM SA3E. PAGE 8. |
|------------------------------------|------------------------------------|-----------------------------------|---|----------------------------|----------------------|--|----------------------------|----------------------|
| Name | LEGAL NAME OF OWNER CEQUEL COMM | | | | | | | SYSTEM ID# 062799 |
| M Channels | | | | | | m carried television bro uring the accounting pe | | |
| | | | hannels on which th padcast stations | | | | | 2 |
| | | le system o | ctivated channels carried television br | | | | 37 | 7 |
| N Individual to Be Contacted | | | CTED IF FURTHEF tement of account.) | | N IS NEEDED: (Io | dentify an individual | | |
| for Further Information | Name ROD | IEY HAS | KINS | | | Tele | ephone (903) 579- 3 | 3152 |
| | Address 3027 (Number | S SE LO street, rural i | OP 323 route, apartment, or suit | te number) | | | | |
| | | R, TX 75 n, state, zip) | 701 | | | | | |
| | Email | RODI | NEY.HASKINS(| @ALTICEUSA | A.COM | Fax (optional) | | |
| 0 | CERTIFICATION (T | his stateme | ent of account must | t be certifed and s | signed in accorda | ance with Copyright Off | ice regulations.) | |
| Certifcation | • I, the undersigned | hereby cer | tify that (Check one, | <i>but only one</i> , of t | he boxes.) | | | |
| | Owner other th | an corpora | ation or partnership |) I am the owner | of the cable syste | m as identifed in line 1 of | f space B; or | |
| | | | n corporation or pa that the owner is no | | | agent of the owner of th | e cable system as iden | tified |
| | (Officer or part in line 1 of s | | n officer (if a corpora | ation) or a partner | (if a partnership) o | of the legal entity identife | d as owner of the cable | e system |
| | | and correct | to the best of my kn | - | | at all statements of fact o nd are made in good faith | | |
| | | X | /s/ Alan Danne | enbaum | | | | |
| | | (e.g., /s/ | John Smith). Before | e entering the first f | orward slash of th | ature to certify this statem e /s/ signature, place your avoid enabling Excel's Lo | r cursor in the box and p | |
| | | Typed | or printed name: | ALAN DANN | ENBAUM | | | |
| | | Title: | SVP, PROGR (Title of official position | | n or partnership) | | | |
| | | Date: | February 27, 2024 | 4 | | | | |
| | | | | | | ne personally identifying ir r trace an individual, such | | |

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

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

| LEGAL NAME OF OWNER OF CABLE | | | SYSTEM ID# 062799 | Name | | |
|--|---|---|-----------------------------|---------------------------|--|--|
| The Satellite Home Viewer / lowing sentence: "In determining the to service of providing s | otal number of subscribers and the gr secondary transmissions of primary b | EIPTS EXCLUSIONS a 111(d)(1)(A), of the Copyright Act by adding to oss amounts paid to the cable system for the b roadcast transmitters, the system shall not inc g secondary transmissions pursuant to section | basic lude sub- | P Special Statement | | |
| For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? | | | | | | |
| X NO | re and list the satellite carrier(s) below | / \$ | | | | |
| Name Mailing Address | | Name Mailing Address | | | | |
| | ENTS | | | | | |
| You must complete this wor | ksheet for those royalty payments sul | omitted as a result of a late payment or underp general instructions in the paper SA3 form. | payment. | Q | | |
| Line 1 Enter the amount of | f late payment or underpayment | | | Interest Assessment | | |
| | e interest rate* and enter the sum her e number of days late and enter the s | x | days | | | |
| Line 4 Multiply line 3 by 0.0 | 00274** enter here and on line 3, bloc bage 7) | x 0. x 4, \$ | - | | | |
| contact the Licensing I | Division at (202) 707-8150 or licensing | c <i>ensing/interest-rate.pdf.</i> For further assistanc g@copyright.gov. | st charge) e please | | | |
| NOTE: If you are filing this v | - | t assessment for one day late. count already submitted to the Copyright Offce ounting period, and ID number as given in the | | | | |
| Owner Address | | | | | | |
| First community served Accounting period | | | | | | |
| Privacy Act Notice: Section 111 of title | e 17 of the United States Code authorizes the (| Copyright Offce to collect the personally identifying inform | ation (PII) requested on th | | | |

form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

DSE SCHEDULE. PAGE 11. (CONTINUED)

| I CEQUEL COMMUNICATIONS LLC 062799 SUM OF DEEs OF CATEGORY "O" STATIONS: -Add to DEEs of each station. Enter the sum here and in line 1 of parts of this schedule. 1.00. Computation of DEEs of each station. Enter the sum here and in line 1 of parts of this schedule. 1.00. Computation of DEEs of each station. Enter the column head "Call Sign": list the call signs of all distant stations identified by the lefter "D" in column 5 of space 0 (Eage 3). In the column head of "DEE" the call signs of all distant stations identified by the lefter "D" in column 5 of space 0 (Eage 3). Add rows as necessary. Remember to copy all formula into new rows. CALL SiGN DSE CALL SiGN DSE | 4 | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID | | | | | | | | |
|---|----------------------------|---|----------|---------------------------------------|----------|-----------|--------|--|--|--|
| Add the DSEs of each station. 1.00 Enter the sum here and in line 1 of parts 5 of this schedule. 1.00 Computation of DSEs for Category "O" Instructions: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of page 6.0 (page 3.). Not the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as "2.5". CALL SIGN DSE VTSF-1 1.000 Informula into new rows. Informula into new rows. rows. Informula into new rows. Informula into new rows. | 1 | CEQUEL COMMUNICAT | IONS LLC | | | | 062799 | | | |
| 2 In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space 50 (page 3). Computation of DSE is column 1 headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as "1.0"; for each network or noncommercial educational educationa | | Add the DSEs of each station. Enter the sum here and in line 1 of part 5 of this schedule. | | | | | | | | |
| of DSEs for Category "0" Stations mercial educational station, give the DSE as "2.5." CATE_GORY "0" STATIONS: DSEs CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Add rows as necessary. Remember to copy all formula into new rows. mercial educational station, give the DSE as "2.5." CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Add rows as necessary. Remember to copy all formula into new rows. mercial educational station, give the DSE as "2000" mercial educational station, give the DSE as "2000" mercial educational station, give the DSE as "2000" Mark Mark Mark Mark Mark Mark Mark Add rows as necessary. Mark Mark Mark Mark Mark Mark Mark Identification new rows. Mark Identification new rows. Mark Mark Mark Mark Mark Mark Mark <th></th> <th colspan="8">In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3).</th> | | In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3). | | | | | | | | |
| Stations CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE | Computation of DSEs for | In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom- | | | | | | | | |
| Add rows as necessary. Remember to copy all formula into new rows. | | | | · · · · · · · · · · · · · · · · · · · | IS: DSEs | | | | | |
| Add rows as necessary. Remember to copy all formula into new rows. Image: Comparison of the co | Stations | | | CALL SIGN | DSE | CALL SIGN | DSE | | | |
| necessary, mean | | WTSF-1 | 1.000 | | | | | | | |
| necessary, mean | | | | | | | | | | |
| necessary, mean | | | | | | | | | | |
| necessary, mean | | | | | | | | | | |
| necessary, mean | Add rows as | | | | | | | | | |
| Remember to copy all formula into new rows. | | | | | | | | | | |
| all formula into new rows. Image: Section of Sectin of Sectin of Sectin of Section of Section of Section of Sectino | | | | | | | | | | |
| Image: state stat | all formula into new | | | | | | | | | |
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| Name | | OWNER OF CABLE SYSTEM: | c | | | | | DLE. PAGE 12. SYSTEM ID# 062799 |
|--|--|---|---|--|---|-----------------------------|--------------|---------------------------------------|
| 3 Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity | Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Int Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational static give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the p SA3 form. | | | | | | | |
| | 1. CALL SIGN | 2. NUMBE OF HOU CARRIE SYSTEM | R 3. N JRS C D BY S | UMBER F HOURS TATION N AIR | 4. BASIS OF CARRIAG VALUE | 5. TYPE | 6. DS | SE |
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| | | | | | | × | = | |
| | | | ÷ | | | x x | = | |
| | | | ÷ | | ••••••••••••••••••••••••••••••••••••••• | ~ | | |
| | | | ÷ | | = | x | = | |
| | | | ÷ | : | = | x | = | |
| | | | ÷ | : | = | x | = | |
| | Add the DSEs | S OF CATEGORY LAC S of each station. um here and in line 2 of p | | e, | | 0.00 | | |
| 4 Computation of DSEs for Substitute- Basis Stations | Was carried tions in effe Broadcast of space I). Column 2: at your option. Column 3: Column 4: | ect on October 19, 1976 (one or more live, nonnetwo For each station give the This figure should corres Enter the number of days Divide the figure in colum | itution for a program as shown by the let ork programs during number of live, non spond with the inform in the calendar yea in 2 by the figure in | n that your system ter "P" in column that optional carri network program nation in space I. ar: 365, except in column 3, and giv | i was permitted t 7 of space I); and age (as shown by s carried in subs a leap year. re the result in co | o delete under FCC rules | vere deleted | m). |
| | | SU | BSTITUTE-BAS | SIS STATION | S: COMPUTA | TION OF DSEs | | |
| | 1. CALL | 2. NUMBER | 3. NUMBER | 4. DSE | 1. CALL | 2. NUMBER | 3. NUMBER | 4. DSE |
| | SIGN | OF | OF DAYS | | SIGN | OF | OF DAYS | |
| | | PROGRAMS | IN YEAR | _ | | PROGRAMS | IN YEAR | |
| | | | | = | | ÷ + | | = |
| | | 4 | | = | | ÷ | | = |
| | | - | - | = | | ÷ | | = |
| | | ÷ | | = | | ÷ | | = |
| | | ÷ | - | = | | ÷ | | = |
| | Add the DSEs | S OF SUBSTITUTE-BAS of each station. um here and in line 3 of p | | e, | | 0.00 | | |
| 5 | | ER OF DSEs: Give the am s applicable to your system | | in parts 2, 3, and | 4 of this schedule | e and add them to provide t | he total | |
| Total Number | 1. Number o | of DSEs from part 2 ● | | | | <u> </u> | 1.00 | |
| of DSEs | 2. Number o | of DSEs from part 3 ● | | | | <u></u> | 0.00 | |
| | 3. Number o | of DSEs from part 4 ● | | | | <u> </u> | 0.00 | |
| | | | | | | | [| |
| | TOTAL NUMBE | R OF DSEs | | | | > | | 1.00 |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM I | |
|---|---|
| CEQUEL COMMUNICATIONS LLC 06279 | Manaa |
| | |
| nstructions: Block A must be completed. n block A: | 6 |
| If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the chedule. | 6 |
| If your answer if "No," complete blocks B and C below. | Computation |
| BLOCK A: TELEVISION MARKETS | 3.75 Fee |
| s the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in iffect on June 24, 1981? | |
| Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7. | |
| X No—Complete blocks B and C below. | |
| BLOCK B: CARRIAGE OF PERMITTED DSEs | |
| Column 1: List the call signs of distant stations listed in part 2, 3, and 4 of this schedule that your system was permitted to carry CALL SIGN under FCC rules and regulations prior to June 25, 1981. For further explanation of permitted stations, see the | |
| CALL SIGN under FCC rules and regulations prior to June 25, 1981. For further explanation of permitted stations, see the instructions for the DSE Schedule. (Note: The letter M below refers to an exempt multicast stream as set forth in the Satellite Television Extension and Localism Act of 2010.) | |
| Column 2: Enter the appropriate letter indicating the basis on which you carried a permitted station. | |
| BASIS OF (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) PERMITTED A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to | |
| CARRIAGE 76.61(b)(c)] B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1) | |
| C Noncommerical educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)] | |
| D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule). | |
| E Carried pursuant to individual waiver of FCC rules (76.7) *F A station previously carried on a part-time or substitute basis prior to June 25, 1981 | |
| G Commercial UHF station within grade-B contour, [76.59(d)(5), 76.61(e)(5), 76.63(a) referring to 76.61(e)(5)] M Retransmission of a distant multicast stream. | |
| W Retransmission of a distant mulucast stream. | |
| Column 3: List the DSE for each distant station listed in parts 2, 3, and 4 of the schedule. *(Note: For those stations identified by the letter "F" in column 2, you must complete the worksheet on page 14 of this schedule to determine the DSE.) | |
| 1. CALL 2. PERMITTED 3. DSE 1. CALL 2. PERMITTED 3. DSE 1. CALL 2. PERMITTED 3. DSE SIGN BASIS SIGN SIGN BASIS SIGN BASIS SIGN BASIS | |
| WTSF-1 A 1.00 | |
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| 1.00 | |
| Image: Second | D |
| BLOCK C: COMPUTATION OF 3.75 FEE | |
| BLOCK C: COMPUTATION OF 3.75 FEE | |
| BLOCK C: COMPUTATION OF 3.75 FEE ine 1: Enter the total number of DSEs from part 5 of this schedule ine 2: Enter the sum of permitted DSEs from block B above | |
| BLOCK C: COMPUTATION OF 3.75 FEE ine 1: Enter the total number of DSEs from part 5 of this schedule ine 2: Enter the sum of permitted DSEs from block B above ine 3: Subtract line 2 from line 1. This is the total number of DSEs subject to the 3.75 rate. (If zero, leave lines 4–7 blank and proceed to part 7 of this schedule) ine 4: Enter gross receipts from space K (page 7) | Do any of th |
| BLOCK C: COMPUTATION OF 3.75 FEE ine 1: Enter the total number of DSEs from part 5 of this schedule ine 2: Enter the sum of permitted DSEs from block B above ine 3: Subtract line 2 from line 1. This is the total number of DSEs subject to the 3.75 rate. (If zero, leave lines 4–7 blank and proceed to part 7 of this schedule) | Do any of th DSEs represe partially |
| BLOCK C: COMPUTATION OF 3.75 FEE ine 1: Enter the total number of DSEs from part 5 of this schedule ine 2: Enter the sum of permitted DSEs from block B above ine 3: Subtract line 2 from line 1. This is the total number of DSEs subject to the 3.75 rate. (If zero, leave lines 4–7 blank and proceed to part 7 of this schedule) ine 4: Enter gross receipts from space K (page 7) | □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ |
| BLOCK C: COMPUTATION OF 3.75 FEE ine 1: Enter the total number of DSEs from part 5 of this schedule ine 2: Enter the sum of permitted DSEs from block B above ine 3: Subtract line 2 from line 1. This is the total number of DSEs subject to the 3.75 rate. (If zero, leave lines 4–7 blank and proceed to part 7 of this schedule) ine 4: Enter gross receipts from space K (page 7) x 0.0375 ine 5: Multiply line 4 by 0.0375 and enter sum here | □ □ □ □ □ □ □ □ □ □ □ □ □ □ |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#CEQUEL COMMUNICATIONS LLC062799 | | | | | | | | | Name |
|---|-----------------------|----------|-----------------|-----------------------|--------|-----------------|-----------------------|--------|----------|
| BLOCK A: TELEVISION MARKETS (CONTINUED) | | | | | | | | | |
| 1. CALL SIGN | 2. PERMITTED BASIS | 0 3. DSE | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 6 |
| | D, lete | | | 2, 1010 | | c.c.t | Di tere | | Computat |
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| | | | | | | DSE SCHEDULE. PAGE 14. | | |
|---|---|--|-----------------------------|---|------------------------------|------------------------|--|--|
| Name | | | | | | SYSTEM ID# | | |
| | CEQUEL COM | MUNICATIONS L | | | | 062799 | | |
| Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage | Inputating te DSEColumn 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections | | | | | | | |
| | | PERMITTED DSE | FOR STATIONS CARRI | ED ON A PART-TIME AN | ID SUBSTITUTE BASIS | | | |
| | 1. CALL | 2. PRIOR | 3. ACCOUNTING | 4. BASIS OF | 5. PRESENT | 6. PERMITTED | | |
| | SIGN | DSE | PERIOD | CARRIAGE | DSE | DSE | | |
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| 7 | Instructions: Block A | A must be completed. | | | | | | |
| Computation | In block A: | "Yes," complete bloc | ks B and C. below | | | | | |
| of the | , | · · | and C blank and complete | part 8 of the DSE sched | ule. | | | |
| Syndicated | | · | · · · · | TELEVISION MARK | | | | |
| Exclusivity | | | | | | | | |
| Surcharge | Is any portion of the c | cable system within a t | op 100 major television mar | ket as defned by section 7 | 6.5 of FCC rules in effect | June 24, 1981? | | |
| | X Yes—Complete | blocks B and C . | | No—Proceed to | No—Proceed to part 8 | | | |
| | BLOCK B: Ca | arriage 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 commu- | | | | |
| | commercial VHF stati | | e B contour, in whole | nity served by the cat to former FCC rule 76 | ble system prior to March | 31, 1972? (refer | | |
| | or in part, over the ca | - | ropriate permitted DSE | | tation below with its approp | iste permitted DSE | | |
| | | and proceed to part 8. | | | and proceed to part 8. | | | |
| | | | | | | | | |
| | CALL SIGN | DSE CA | LL SIGN DSE | CALL SIGN | DSE CALL S | IGN DSE | | |
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| | | | TAL DSEs 0.00 | | TOTAL I | DSEs 0.00 | | |
| | | 10 | | · | TOTALL | | | |

| Colspan="2" BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE Section 10,948,705.37 7 Section A. Enter the amount of gross receipts from space K (page 7) \$ 10,948,705.37 7 Section A. Enter the total DSEs from block B of part 7 0.00 Computer of the syndic Exclusion of the syndic Exclusion B. Enter the total number of exempt DSEs from block C of part 7 0.00 Computer Syndic Exclusion | LEGAL NA | ME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC | SYSTEM ID# 062799 | Name |
|--|----------|--|----------------------|---------------------------|
| Section relation of process receipts from space K (page 7) | | | 002/99 | |
| 1 Enter the amount of gross receipts (from gance R (page /) | | BLOCK D. COWFUTATION OF THE STINDICATED EXCLUSIVITY SUKCHARGE | | _ |
| 2 A. Enter the total DSEs from block B of part 7. • 0.00 Comput B. Enter the total number of exempt DSEs from block C of part 7. • 0.00 Syndle c. Subtract line B from line A and enter here. This is the total number of DSEs aubject to the surcharge computation. If zero, proceed to part 5. • 0.00 • Is any portion of the cable system within a top 50 tolevision market as defined by the FCC? • 0.00 • Ves—Complete section 3 block. SECTION 3: TOP 50 TELEVISION MARKET Section • Section • Did your cable system retransmit the signals of any partially distant television stations during the accounting period? • • • Section • Did your cable system retransmit the signals of any partially distant television stations during the accounting period? • <td></td> <td>Enter the amount of gross receipts from space K (page 7)</td> <td>10,948,705.37</td> <td>7</td> | | Enter the amount of gross receipts from space K (page 7) | 10,948,705.37 | 7 |
| B. Enter the total number of exempt DSEs from block C of part 7 • • 0.00 Syndite C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8. • 0.00 • is any portion of the cable system within a top 50 television market as defined by the FCC? IN 0Complete section 4 below. IN 0Complete section 4 below. Section • Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Section Section • Did your cable system retransmit the subjects of any partially distant television stations during the accounting period? Section • Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Section • Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Section • Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Section • Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Section • Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Section | | A. Enter the total DSEs from block B of part 7 | 0.00 | Computation of the |
| Subdrad line is them in A and enter here. Into is the total number of uses subject to the surcharge computation. If there, proceed to part 6 | | B. Enter the total number of exempt DSEs from block C of part 7 | 0.00 | Syndicated Exclusivity |
| Section •Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Section •Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Section •Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Section •Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Section •Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Section • Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Section • Enter 0.00377 of gross receipts (the amount in section 1) • \$ D. Multiply line B by line C and enter here • \$ \$ E Add lines A and D. This is your surcharge. • \$ \$ Section If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank. • \$ Section If the figure on science 2 you advect the amount in section 1) • \$ \$ B. Enter 0.00377 of gross receipts (the amount in section 1) • \$ \$ \$ D. Enter 0.00178 of gross receipts (the amount in section 1) • \$ | | | 0.00 | Surcharge |
| Section 3a •Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Sa 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 section 1) • 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 • D. Multiply line B by line C in section 2). • Section 3b * \$ 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) • \$ B. Enter 0.003770 of gross receipts (the amount in section 1) • \$ B. Enter 0.003770 of gross receipts (the groe on line C in section 1) • \$ B. Enter 0.00178 of gross receipts (the groe on line C in section 1) • \$ B. Enter 0.00178 of gross receipts (the groe on line C in section 2) and enter here< | • Is an | | | |
| 39 Image: Section 1 Image: Section 2 39 Image: Section 2 Image: Section 2 4 If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3 bblank. NDTE: If the DSE is 1.0 or less, multiply the gross receipts (the amount in section 1). • \$ 5 E. Enter 0.00537 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 . • Image: Compute the section 2) and enter here . • Image: Compute the section 2) and enter here . D. Multiply line B by line C and enter here . • Image: Compute the section 2) and enter here . • Image: Compute the section 2) and enter here . • Image: Compute the section 2) and enter here . D. Multiply line B by line C and enter here . • Image: Compute the section 2) and enter here . • Image: Compute the section 2) and enter here . • Image: Compute the section 2) and enter here . B. Enter 0.00599 of gross receipts (the amount in section 1) . • \$ \$ \$ Section 3 If the figure in section 2) line C is more than 4.000, compute your surcharge here and leave section 3b blank. A. Enter 0.00377 of gross receipts (the amount in section 1) . • \$ \$ D. Enter 0.00178 of gross receipts (the amount in section 1) . • \$ \$ \$ \$ \$ | | SECTION 3: TOP 50 TELEVISION MARKET | | |
| 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 section 1) 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 1.00377 of gross receipts (the amount in section 1) Section 30 If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank. A. Enter 0.00379 of gross receipts (the amount in section 1) Section 30 If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank. A. Enter 0.00377 of gross receipts (the amount in section 1) Section C. Multiply line B by 3.000 and enter here Section F. Audilines A. C and F. This is your surcharge. F. Multiply line D by line E and enter here Section G. Add lines A. C and F. This is your surcharge. F. Multiply line D by line E and enter here F. Multiply line D by line E and enter here Section G. Add lines A. C and F. Thi | | | | |
| B. Enter 0.00377 of gross receipts (the amount in section 1) | | | SE . | |
| C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here | | A. Enter 0.00599 of gross receipts (the amount in section1) | | |
| Ime 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 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) Section 3b B. Enter 0.00377 of gross receipts (the amount in section 1) Section 10.00178 of gross receipts (the amount in section 1) Section 2. Inter 0.00178 of gross receipts (the amount in section 2) and enter here Subtract 4.000 from total DSEs (the figure on line C in section 2) and enter here Subtract 4.000 from total DSEs (the figure on line C in section 2) and enter here Section 6. 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 4a Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Section 4a Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Section 4a Did your cable system retransmit the signals of any partially distant television stations during the accounting period? 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 0.00309 of gross receipts (the amount in section 1). Section 4a B. Enter 0.00189 of gross receipts (the amount in section 1) | | B. Enter 0.00377 of gross receipts (the amount in section.1) • • \$ | | |
| 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 is 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) Section 10. Section 2. Section 3b B. Enter 0.00377 of gross receipts (the amount in section 1) Section 2. Section 2. Section 3b E. Subtract 4.000 from total DSEs (the figure on line C in section 2) and enter here Section 10. Section 10. Section 10. Section 10. Section 2. Section 10. Section 2. Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Section 10. Section 2. Did your cable system retransmit the signals of any partially distant televisio | | | | |
| 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 \$ \$ | | | _ | |
| Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge 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 figure on line C in section 2) and enter here F. Multiply line D by line E and enter here F. Multiply line D by line E and enter here F. Multiply line D by line E and enter here F. Multiply Line D by line E and enter here F. Multiply Line D by line E and enter here F. Multiply Line D by line E and enter here F. Section 4. 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 Id your cable system retransmit the signals of any partially distant television stations during the accounting period? Image: A and F. This is checkule. 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 | | | | |
| 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 0.00399 of gross receipts (the amount in section 1) | | Enter here and on line 2 of block 4 in space L (page 7) | | |
| B. Enter 0.00377 of gross receipts (the amount in section 1) | | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank. | | |
| 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 • \$ Excertion • \$ James and on line 2 of block 4 in space L (page 7) \$ Syndicated Exclusivity Surcharge • \$ Section Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Image: Applicate and 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 0.00189 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) • \$ | | A. Enter 0.00599 of gross receipts (the amount in section 1) | | |
| D. Enter 0.00178 of gross receipts (the amount in section 1) | | B. Enter 0.00377 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 4a Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Image: Section 4a If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the 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) B. Enter 0.00189 of gross receipts (the figure on line C in section 2) | | C. Multiply line B by 3.000 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 4a SECTION 4: SECOND 50 TELEVISION MARKET Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Image: Section 4a Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Image: Section 4a Image: Section 2, line C is 4.000 or less, compute your surcharge here and leave 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 0.00189 of gross receipts (the amount in section 1) | | D. Enter 0.00178 of gross receipts (the amount in section 1) | | |
| 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 bid your cable system retransmit the signals of any partially distant television stations during the accounting period? Section 4a Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Image: Section 4a Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Image: Section 4a Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Image: Section 4a Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Image: Section 4a Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Image: 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) | | E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here | | |
| Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge Section 4a Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Image: Section 4. 4a Image: Section 4. 4a Image: Section 4. 4a Image: Section 4. 4a Image: Section 4. Image: Section 2. Image: Section 2. <td></td> <td>F. Multiply line D by line E and enter here</td> <td></td> <td></td> | | F. Multiply line D by line E and enter here | | |
| Section 4a Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Image: television station of television station of television station of television station of television station station of television station of television station of television station statin static station steatestation static static statin static static | | Enter here and on line 2 of block 4 in space L (page 7) | | |
| Section 4a Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Image: television station of television station of television station of television station of television station station of television station of television station of television station statin static station steatestation static static statin static static | | SECTION 4: SECOND 50 TELEVISION MARKET | | |
| Section 4a Image: Mode Complete part 9 of this schedule. Node 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) | | | | |
| 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) | | | | |
| C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) | 14 | is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. | SE | |
| | | B. Enter 0.00189 of gross receipts (the amount in section 1) | | |
| | | | | |
| D. Multiply line B by line C 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 | | Enter here and on line 2 of block 4 in space L (page 7) | | |

| | DSE SCHEDULE. PAG | | | | | | | |
|---------------------------|---|---|---------------------|--|--|--|--|--|
| Name | | | YSTEM ID# 062799 | | | | | |
| | | CEQUEL COMMUNICATIONS LLC | 002/99 | | | | | |
| 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 of the | | A. Enter 0.00300 of gross receipts (the amount in section 1) | | | | | | |
| Syndicated Exclusivity | | B. Enter 0.00189 of gross receipts (the amount in section 1) | | | | | | |
| Surcharge | | C. Multiply line B by 3.000 and enter here | | | | | | |
| | | D. Enter 0.00089 of gross receipts (the amount in section 1) | | | | | | |
| | | E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here | | | | | | |
| | | F. Multiply line D by line E and enter here | | | | | | |
| | | G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7) | | | | | | |
| | | Syndicated Exclusivity Surcharge | | | | | | |
| | Instruc | 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 | | | | | | |
| 0 | | checked "Yes," use the total number of DSEs from part 5. | | | | | | |
| Computation | | ιck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. Ir answer is "No," compute your system's base rate fee in block Β. Leave part 9 blank. | | | | | | |
| of | - | r 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 | | | | | | | |
| | What i | s a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers | | | | | | |
| | | ocated within that station's local service area and others were located outside that area. For the definition of a station's "local | | | | | | |
| | service | e area," see page (v) of the general instructions. | | | | | | |
| | | BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS | | | | | | |
| | • Did y | our cable system retransmit the signals of any partially distant television stations during the accounting period? | | | | | | |
| | | X Yes—Complete part 9 of this schedule. No—Complete the following sections. | | | | | | |
| | | BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE | | | | | | |
| | Section 1 | Enter the amount of gross receipts from space K (page 7) | _ | | | | | |
| | Section | 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 4.000 or less, compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. | | | | | | | |
| | | | | | | | | |
| | | A. Enter 0.01064 of gross receipts (the amount in section 1)▶ \$ | | | | | | |
| | | | _ | | | | | |
| | | B. Enter 0.00701 of gross receipts | | | | | | |
| | | (the amount in section 1) | | | | | | |
| | | 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 | 0.00 | | | | | |
| | | Dase rale ree | ! | | | | | |

DSE SCHEDULE. PAGE 17.

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM SYSTEM | |
|---|------------------------------------|
| CEQUEL COMMUNICATIONS LLC 062 | 799 ^{Name} |
| Section If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank. | |
| A. Enter 0.01064 of gross receipts (the amount in section 1) ▶\$ | 8 |
| B. Enter 0.00701 of gross receipts (the amount in section 1) ► \$ | Computation of Base Rate Fee |
| C. Multiply line B by 3.000 and enter here | Duse Rule Fee |
| D. Enter 0.00330 of gross receipts (the amount in section 1) ► \$ | |
| E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here► | |
| F. Multiply line D by line E and enter here | |
| 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 ▶ \$ 0.0 | o |
| IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signal shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel linups in Space G. | |
| In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to excl receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage this exclusion, you must: | e of of Base Rate Fee |
| First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the sare station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the num DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each greater Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system. | ber of Syndicated |
| NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below However, if your cable system is wholly located outside all major television markets, complete block A only. | |
| How to Identify a Subscriber Group for Partially Distant Stations Step 1: For each community served, determine the local service area of each wholly distant and each partially distant station you | Permitted Stations |
| carried to that community. Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and the same token, the station is distant to the subscriber.) | d, by |
| Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable system will have only one subscriber group when the distant stations it carried have local service areas that coincide. | e |
| Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber groups. In each section: | |
| Identify the communities/areas represented by each subscriber group. Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the subscribers in the group. | |
| • If: 1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 3 | 3 |
| your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2 and 4 of this schedule; or, any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, not 6 of this schedule. | , 3, |
| part 6 of this schedule. • Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group. | |
| Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructio in the paper SA3 form. | ns |
| • Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the precedin page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to sho your actual calculations on the form. | total |

| | NICATIO | E SYSTEM: NS LLC | | | | | 62799 OG2799 |
|---|----------------------|---|--------------------------------|-----------------------|-----------------------|----------------|--------------|
| E | | | | TE FEES FOR EACH | | | |
| | | SUBSCRIBER GROU | | COMMUNITY/ AREA | | | |
| COMMUNITY/ AREA | 30630 | RIBER GROUP I | | COMMUNITY AREA | 306301 | KIBER GROUP 2 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE |
| | | | | | | | |
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| | | | | | | | |
| otal DSEs | | | 0.00 | Total DSEs | | | 0.00 |
| ross Receipts First G | iroup | \$ 10,263 | 8,913.64 | Gross Receipts Seco | nd Group | \$ 2 | 258,057.88 |
| | | | | | | | |
| ase Rate Fee First G | iroup | \$ | 0.00 | Base Rate Fee Secor | nd Group | \$ | 0.00 |
| | | | | | | | |
| | THIRD | SUBSCRIBER GROU | JP | | FOURTH | SUBSCRIBER GRC | UP |
| OMMUNITY/ AREA | | SUBSCRIBER GROU | | COMMUNITY/ AREA | | | |
| CALL SIGN | | | | CALL SIGN | | | |
| CALL SIGN | SUBSC | RIBER GROUP 3 | ; | | SUBSCF | RIBER GROUP 4 | |
| CALL SIGN | SUBSC DSE | RIBER GROUP 3 | ; | CALL SIGN | SUBSCF DSE | RIBER GROUP 4 | |
| CALL SIGN | SUBSC DSE | RIBER GROUP 3 | ; | CALL SIGN | SUBSCF DSE | RIBER GROUP 4 | |
| CALL SIGN | SUBSC DSE | RIBER GROUP 3 | ; | CALL SIGN | SUBSCF DSE | RIBER GROUP 4 | |
| CALL SIGN | SUBSC DSE | RIBER GROUP 3 | ; | CALL SIGN | SUBSCF DSE | RIBER GROUP 4 | |
| CALL SIGN | SUBSC DSE | RIBER GROUP 3 | ; | CALL SIGN | SUBSCF DSE | RIBER GROUP 4 | |
| CALL SIGN | SUBSC DSE | RIBER GROUP 3 | ; | CALL SIGN | SUBSCF DSE | RIBER GROUP 4 | |
| CALL SIGN | SUBSC DSE | RIBER GROUP 3 | ; | CALL SIGN | SUBSCF DSE | RIBER GROUP 4 | |
| CALL SIGN | SUBSC DSE | RIBER GROUP 3 | ; | CALL SIGN | SUBSCF DSE | RIBER GROUP 4 | |
| CALL SIGN | SUBSC DSE | RIBER GROUP 3 | ; | CALL SIGN | SUBSCF DSE | RIBER GROUP 4 | |
| CALL SIGN | SUBSC DSE | RIBER GROUP 3 | ; | CALL SIGN | SUBSCF DSE | RIBER GROUP 4 | |
| CALL SIGN | SUBSC DSE | RIBER GROUP 3 | ; | CALL SIGN | SUBSCF DSE | RIBER GROUP 4 | |
| CALL SIGN VTSF-1 A | SUBSC DSE | RIBER GROUP 3 | | CALL SIGN WTSF-1 A | SUBSCF DSE | RIBER GROUP 4 | DSE |
| CALL SIGN VTSF-1 A | SUBSC DSE 1.00 | RIBER GROUP 3 | DSE | CALL SIGN WTSF-1 A | SUBSCF DSE 1.00 | CALL SIGN | DSE |
| CALL SIGN /TSF-1 A | SUBSC DSE 1.00 | RIBER GROUP 3 | | CALL SIGN WTSF-1 A | SUBSCF DSE 1.00 | RIBER GROUP 4 | DSE |
| CALL SIGN VTSF-1 A | SUBSC DSE 1.00 | CALL SIGN | DSE | CALL SIGN WTSF-1 A | SUBSCF DSE 1.00 | CALL SIGN | DSE |
| CALL SIGN VTSF-1 A | SUBSC DSE 1.00 | CALL SIGN | DSE | CALL SIGN WTSF-1 A | SUBSCF DSE 1.00 | CALL SIGN | DSE |
| CALL SIGN /TSF-1 A otal DSEs ross Receipts Third (| SUBSC DSE 1.00 | CALL SIGN | DSE | CALL SIGN WTSF-1 A | SUBSCF DSE 1.00 | CALL SIGN | DSE |
| CALL SIGN /TSF-1 A /TSF-1 A //////////////////////////////////// | SUBSC DSE 1.00 | CALL SIGN CALL SIGN S \$ \$ | DSE DSE 1.00 1,790.47 | CALL SIGN WTSF-1 A | SUBSCF | CALL SIGN | DSE |

| FORM SA3E. | PAGE | 19. |
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|------------|------|-----|

| LEGAL NAME OF OWNE | | | | | | | SYSTEM ID# 062799 | Name |
|---|------------|------------------------------|----------------------|--|----------|------------------------|----------------------|-----------------|
| В | LOCK A: | COMPUTATION O | F BASE RA | ATE FEES FOR EACH | SUBSCR | IBER GROUP | | |
| FIRST SUBSCRIBER GROUP | | | | SECOND SUBSCRIBER GROUP | | | DUP | • |
| COMMUNITY/ AREA | SUBSC | RIBER GROUP | COMMUNITY/ AREA | SUBSCRIBER GROUP 2 | | 9 Computatio | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate F |
| | | - | | | | - | | and |
| | | | | | | - | | Syndicate |
| | | | | | | | | Exclusivit |
| | | | | | | - | | Surcharg for |
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| otal DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Group \$ 10,263,913.64 | | | Gross Receipts Secor | Gross Receipts Second Group \$ 258,057 | | 258,057.88 | | |
| ase Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Secon | ld Group | \$ | 0.00 | |
| | THIRD | SUBSCRIBER GRO | UP | | FOURTH | SUBSCRIBER GRO | JUP | |
| OMMUNITY/ AREA | | RIBER GROUP | | COMMUNITY/ AREA | | | | |
| | | | | | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| otal DSEs | | 11 | 0.00 | Total DSEs | | 11 | 0.00 | |
| Gross Receipts Third (| Group | \$ 411 | ,790.47 | Gross Receipts Fourth | n Group | \$ | 14,943.38 | |
| | | | | | | | | |
| Base Rate Fee Third C | Group | \$ | 0.00 | Base Rate Fee Fourth | n Group | \$ | 0.00 | |
| Base Rate Fee: Add th | ne base ra | te fees for each subs | criber group | as shown in the boxes a | above. | | | |
| nter here and in block | | | 5 1 | | | \$ | 0.00 | |

| | | FORM SA3E. PAGE 2 | | | | | | |
|---|--|--|--|--|--|--|--|--|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC | SYSTEM ID 06279 | | | | | | |
| | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP | | | | | | | |
| 9 | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mus also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: | | | | | | | |
| Computation of | First 50 major television market | Second 50 major television market | | | | | | |
| Base Rate Fee and Syndicated | INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for comme | | | | | | | |
| Exclusivity Surcharge | Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero. | | | | | | | |
| for Partially Distant Stations | Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. | | | | | | | |
| | FIRST SUBSCRIBER GROUP | SECOND SUBSCRIBER GROUP | | | | | | |
| | Line 1: Enter the VHF DSEs | Line 1: Enter the VHF DSEs | | | | | | |
| | Line 2: Enter the Exempt DSEs | Line 2: Enter the Exempt DSEs | | | | | | |
| | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation | | | | | | |
| | SYNDICATED EXCLUSIVITY SURCHARGE First Group | 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 | 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 Third Group | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group | | | | | | |
| | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page | | | | | | | |