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

# SA3E Long Form

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY								
DATE RECEIVED AMOUNT								
	\$							
3/1/2024	ALLOCATION NUMBER							

Return completed workbook by email to

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:				
Accounting	2023/2				
Period					
Bowner	Instructions:  Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation.  List any other name or names under which the owner conducts the busin. If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire accounting the covering the entire accounts. Check here if this is the system's first filing. If not, enter the system's II.	ess of the cable syste or on the last day of the counting period.	m. e accounting period should sub		62861
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM				
	CINCINNATI BELL EXTENDED TERRITORIES, LLC				
	ALTAFIBER				
				6286	120232
				62861	2023/2
	221 E FOURTH STREET # 206				
	CINCINNATI, OH 45202				
С	INSTRUCTIONS: In line 1, give any business or trade names used to	identify the busine	ss and operation of the syst	em unless	these
C	names already appear in space B. In line 2, give the mailing address	of the system, if dif	ferent from the address give	n in space	В.
System	1 IDENTIFICATION OF CABLE SYSTEM:				
	MAILING ADDRESS OF CABLE SYSTEM:				
	2 (Number, street, rural route, apartment, or suite number)				
	(City, town, state, zip code)				
D	Instructions: For complete space D instructions, see page 1b. Identi	y only the first com	munity served below and re	list on page	 e 1b
Area	with all communities.				
Served	CITY OR TOWN	STATE			
First	LEBANON	ОН			
Community	Below is a sample for reporting communities if you report multiple c	nannel line-ups in S	Space G.		
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	GRP#
Sample	Alda	MD	A		1
	Alliance	MD	В		2
	Gering	MD	В		3

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 62861 CINCINNATI BELL EXTENDED TERRITORIES. LLC Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd), The first community that you list will serve as a form **Area** of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN **STATE** CH LINE UP SUB GRP# LEBANON OH AA First ALL OTHER COMMUNITIES IN OHIO EXCEPT D BELOW ОН AB Community **INDIANA** IN AB **KENTUCKY** KY AC **FAIRBORN AND DAYTON AREA** OH AD See instructions for additional information on alphabetization. Whitewater Township (Franklin County) IN1227 AB **Harrison Township (Dearborn County)** IN1229 AB 1 **Kelso Township (Dearborn County)** IN1231 AB 1 Logan Township (Dearborn County) IN1233 AB 1 Add rows as necessary. Miller Township (Dearborn County) IN1235 AB 1 Springfield Township (Franklin County) IN1239 AB 1 **Lawrenceburg Township (Dearborn County)** IN1259 AB 1 **Hidden Valley Lake** IN1270 AB 1 Greendale IN1271 AB 1 **Aurora** IN1272 AB AB Lawrenceburg IN1273 California **KY1273** AC 1 **Campbell County Fiscal Court** AC **KY1274 Bellevue KY1275** AC 1 Alexandria **KY1276** AC 1 **Cold Spring** AC 1 **KY1277** Crestview **KY1278** AC 1 **Highland Heights KY1279** AC Melbourne **KY1280** AC 2 Mentor **KY1281** AC **Silver Grove KY1282** AC 1 Southgate **KY1283** AC 1 Wilder **KY1284** AC 1 Woodlawn AC **KY1285 Florence** AC **KY1286** 1 **Boone County Fiscal Court KY1287** AC 1 Covington **KY1288** AC 1 **Crestview Hills KY1289** AC 1 Edgewood **KY1290** AC **Elsmere** AC **KY1291 Fort Mitchell KY1292** AC 1 **Fort Wright KY1293** AC 1 KY1294 AC 1 Independence **KY1295 Lakeside Park** AC

Ludlau	KV4206	4.0	4
Ludlow	KY1296	AC	1
Park Hills	KY1297	AC	1
Taylor Mill	KY1298	AC	1
Villa Hills	KY1299	AC	1
Kenton County Fiscal Court	KY1300	AC	1
Erlanger	KY1301	AC	1
Dayton	KY1302	AC	1
Union	KY1303	AC	1
Fort Thomas	KY1304	AC	1
	KY1305	AC	1
Newport			1
Crescent Springs	KY1306	AC	1
Walton	KY1307	AC	2
Campbell County Cable Board Cccb	KY1308	AC	1
Telecommunications Board of Northern Kentucky Tbnk	KY1309	AC	1
Gallatin	KY1322	AC	2
Warsaw	KY1323	AC	2
Grant County	KY1327	AC	2
Williamstown	KY1328	AC	2
Corinth	KY1329	AC	
		AC	5
Dry Ridge	KY1330		2
Crittenden	KY1331	AC	2
Glencoe	KY1332	AC	2
Sparta	KY1333	AC	2
Pendleton County	KY1334	AC	2
Butler	KY1335	AC	2
Falmouth	KY1336	AC	2
Bromley	KY1337	AC	1
Fairview	KY1338	AC	1
Owenton	KY1354	AC	3
Owen County	KY1355	AC	2
Ryland Heights	KY1357	AC	1
Kenton Vale	KY1358	AC	1
Zion Station	KY1371	AC	2
Mason	KY1372	AC	2
Kensington	KY1373	AC	2
Heekin	KY1374	AC	2
Beavercreek City	OH3802	AD	1
Lebanon	OH2645	AA	1
Turtlecreek Township (Warren County)	OH2803	AB	1
Mason	OH2804	AB	1
Deerfield Township (Warren County)	OH2805	AB	1
Union Township (Warren County)	OH2806	AB	1
Cincinnati	OH2814	AB	1
Hamilton	OH2815	AB	1
Harrison	OH2816	AB	1
Amberly Village	OH2817	AB	1
Anderson Township (Hamilton County)	OH2818	AB	1
			1
Arlington Heights	OH2819	AB	1
Blue Ash	OH2820	AB	1
Cheviot	OH2821	AB	1
West Chester Township (Butler County)	OH2822	AB	1
Colerain Township (Hamilton County)	OH2823	AB	1
Columbia Township (Hamilton County)	OH2824	AB	1
Crosby Township (Hamilton County)	OH2825	AB	1
Deer Park	OH2826	AB	1
Delhi Township (Hamilton County)	OH2827	AB	1
Elmwood Place	OH2828	AB	1
Evandale	OH2829	AB	1
Fairfax	OH2830	AB	1
Fairfield	OH2831	AB	1

Forest Park	OH2832	AB	1
Franklin	OH2833	AB	1
Glendale	OH2834	AB	1
Golf Manor	OH2835	AB	1
Goshen Township (Clermont County)	OH2836	AB	1
Green Township (Hamilton County)	OH2837	AB	1
Hamilton Township (Warren County)	OH2839	AB	1
Harrison Township (Hamilton County)	OH2840	AB	1
Indian Hill	OH2841	AB	1
Lincoln Heights	OH2842	AB	1
Liberty Township (Butler County)	OH2843	AB	1
Lockland			<u>'</u>
	OH2844	AB	1
Loveland (Clermont County)	OH2845	AB	1
Loveland (Hamilton County)	OH2846	AB	1
Loveland (Warren County)	OH2847	AB	1
Madeira	OH2848	AB	1
Maineville	OH2849	AB	1
Mariemont	OH2850	AB	1
Miami Township (Clermont County)	OH2851	AB	1
Miami Township (Hamilton County)	OH2852	AB	1
Middletown (Butler County)	OH2853	AB	1
Middletown (Warren County)	OH2854	AB	1
Milford (Clermont County)	OH2855	AB	1
Milford (Hamilton County)	OH2856	AB AB	4
			1
Montgomery	OH2857	AB	1
Mount Healthy	OH2858	AB	1
North College Hill	OH2859	AB	1
New Miami	OH2860	AB	1
Newtonsville	OH2861	AB	1
Newtown	OH2862	AB	1
Oxford	OH3491	AB	1
Pierce Township (Clermont County)	OH2863	AB	1
Reading	OH2864	AB	1
Sharonville (Butler County)	OH2865	AB	1
Sharonville (Hamilton County)	OH2867	AB	1
South Lebanon	OH2868	AB	1
Silverton	OH2869	AB	1
			1
Springdale	OH2870	AB	1
Springfield Township (Hamilton County)	OH2871	AB	1
Saint Bernard	OH2872	AB	1
Sycamore Township (Hamilton County)	OH2873	AB	1
Symmes Township (Hamilton County)	OH2874	AB	1
Terrace Park	OH2875	AB	1
Union Township (Clermont County)	OH2876	AB	1
Monroe	OH2877	AB	1
Wayne Township (Clermont County)	OH2878	AB	1
Woodlawn	OH2879	AB	1
Wyoming	OH2880	AB	1
Norwood	OH2881	AB	1
Batavia	OH2915	AB	1
			4
Batavia Township (Clermont County)	OH2920	AB	1
Fairfield Township (Butler County)	OH2921	AB	1
Amelia	OH2922	AB	1
Wayne Township (Butler County)	OH2933	AB	1
Anderson Township (Clermont County)	OH3071	AB	1
Trenton	OH3083	AB	1
Ross Township (Butler County)	OH3115	AB	1
Hanover Township (Butler County)	OH3116	AB	1
Millville	OH3117	AB	1
Mill Creek Township (Hamilton County)	OH3118	AB	4

Whitewater Township (Hamilton County)	OH3119	AB	1
Ohio Township (Clermont County)	OH3120	AB	1
New Richmond	OH3124	AB	1
Somerville	OH3125	AB	1
Seven Mile	OH3126	AB	1
Green Hills	OH3128	AB	1
Addyston	OH3134	AB	1
North Bend	OH3135	AB	1
Stonelick Township (Clermont County)	OH3146	AB	1
Bethel	OH3147	AB	1
Clark Township (Brown County)	OH3148	AB	1
Clearcreek Township (Warren County)	OH3149	AB	1
Cleves	OH3150	AB	1
Milford Township (Butler County)	OH3151	AB	1
Monroe Township (Clermont County)	OH3153	AB	1
Morgan Township (Butler County)	OH3154	AB	1
Perry Township (Brown County)	OH3156	AB	1
Pike Township (Brown County)	OH3157	AB	1
Reily Township (Butler County)	OH3158	AB	1
St Clair Township (Butler County)	OH3159	AB	1
Tate Township (Clermont County)	OH3161	AB	1
Washington Township (Clermont County)	OH3162	AB	2
Williamsburg Township (Clermont County)	OH3163	AB	1
Williamsburg	OH3164	AB	1
Sterling Township (Brown County)	OH3165	AB	1
Lemon Township (Butler County)	OH3166	AB	1
Jackson Township (Clermont County)	OH3167	AB	1
Harlan Township (Warren County)	OH3168	AB	1
Owensville	OH3186	AB	1
City of Monroe	OH3414	AB	1
Fairborn	OH3430	AD	1
Madison Township (Butler County)	OH3452	AB	1
Moscow	OH3453	AB	2
Somers Township (Preble County)	OH3474	AD	1
Riverside	OH3475	AD	1
Kettering	OH3508	AD	1
Kettering	OH3503	AD	1
Oakwood	OH3507	AD	1
Dayton	OH3505	AD	1
Miami Township (Montgomery County)	OH3509	AD	1
Moraine	OH3506	AD	1
Bath Township (Greene County)	OH3504	AD	1
Springboro	OH3773	AB	1
College Corner (Butler County)	OH3773	AB	4
College Corner (Preble County)	OH3776	AD	1
Camden	OH3775	AD	1
West Elkton	OH3774	AD	1
Wayne Township (Warren County)	OH3784	AB	4
Franklin Township (Warren County)	OH3801	AB	1
Beavercreek Township (Greene County)	OH3772	AD	1
Washington Township (Montgomery County)	OH3898	AD	1
Chester Township (Clinton County)	OH3903	AB	4
Morrow	OH3940	AB	1
Harveysburg	OH3943	AB	4
Corwin	OH3944	AB	4
Waynesville	OH3945	AB	4
Massie Township (Warren County)	OH3946	AB	4
			4
Spring Valley Township (Greene County)	OH3949	AD	1
Sugarcreek Township (Greene County)	OH3950	AD	1
Miami Township (Hamilton County)	OH3951	AB	1

ı		

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 62861

#### **CINCINNATI BELL EXTENDED TERRITORIES, LLC**

Ε

Secondary

Transmission

Service: Subscribers and

Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1		BLOCK 2			
	NO. OF				NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS		RATE		CATEGORY OF SERVICE SUBSCRIBERS RATE	
Residential:						
<ul> <li>Service to first set</li> </ul>	119,107	\$	33.99			
<ul> <li>Service to additional set(s)</li> </ul>	1,193	\$	5.00			
<ul> <li>FM radio (if separate rate)</li> </ul>						
Motel, hotel	225		\$5-\$35			
Commercial	547	\$9.	99-194.99			
Converter						
<ul> <li>Residential</li> </ul>	269,998	\$	8.99			
Non-residential	5,604	\$	8.99			

F

Services Other Than Secondary Transmissions: Rates

## SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK	(2						
CATEGORY OF SERVICE	F	RATE	CATEGORY OF SERVICE	CATEGORY OF SERV	ICE	RATE		
Continuing Services:			Installation: Non-residential					
Pay cable	\$	33.99	Motel, hotel	\$	85.00	Classic	\$	69.99
<ul> <li>Pay cable—add'l channel</li> </ul>			Commercial	\$	85.00	Preferred (Exp Basic)	\$	76.99
Fire protection			Pay cable			MyWay TV	\$	69.99
Burglar protection			Pay cable-add'l channel	Pay cable-add'l channel		Starter	\$	41.99
Installation: Residential			Fire protection			Foundation	\$	52.99
• First set			Burglar protection			Premier	\$	97.99
<ul> <li>Additional set(s)</li> </ul>			Other services:					
• FM radio (if separate rate)			Reconnect	\$	18.30	Premium Channels	\$5.	99-\$18.99
Converter	\$	8.99	Disconnect					
			Outlet relocation	\$	85.00			
			<ul> <li>Move to new address</li> </ul>					

FORM SA3E. PAGE 3.	ER OF CABLE SY	/STEM:			SYSTEM ID:	#	
CINCINNATI BE			TORIES, LLO	C	6286	Name	
PRIMARY TRANSMITTE	RS: TELEVISIO	N					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.							
Note: If you are utilizin				•	n which the station is identified. channel line-up.		
		CHANN	EL LINE-UP	AA			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
WBQC 25.1	25.1	I	No		CINCINNATI, OH		
WBQC 25.10	25.10	I	No		CINCINNATI, OH	See instructions for	
WBQC 25.11	25.11	I	No		CINCINNATI, OH	additional information on alphabetization.	
WBQC 25.12	25.12	I	No		CINCINNATI, OH		
WBQC 25.2	25.2	I	No		CINCINNATI, OH		
WBQC 25.3	25.3	I	No		CINCINNATI, OH		
WBQC 25.4	25.4	I	No		CINCINNATI, OH		
WBQC 25.5	25.5	I	No		CINCINNATI, OH		
WBQC 25.6	25.6	ı	No		CINCINNATI, OH		
WBQC 25.7	25.7	I	No		CINCINNATI, OH		
WBQC 25.8	25.8	ı	No		CINCINNATI, OH		
WBQC 25.9	25.9	I	No		CINCINNATI, OH		
WCET 48	48	E	No		CINCINNATI, OH	]	
WCET ARTS 48.3	48.3	E	No		CINCINNATI, OH		
WCET CREATE 48	48.2	E	No		CINCINNATI, OH		
WCET HD 48	48	E	No		CINCINNATI, OH		
WCPO ABC 9.1	9.1	N	No		CINCINNATI, OH		
WCPO ABC HD 9.	9.1	N	No		CINCINNATI, OH		

**WXIX FOX 19** 

19

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No

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 62861 CINCINNATI BELL EXTENDED TERRITORIES. LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G. identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA CONTINUED 1 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 4. DISTANT? 6. LOCATION OF STATION CHANNEL CARRIAGE SIGN ΟF (Yes or No) STATION NUMBER (If Distant) **WCPO 9.2** 9.2 Т No CINCINNATI, OH **WCPO 9.3** 1 9.3 No CINCINNATI, OH **WCPO 9.5** 9.5 Т No CINCINNATI, OH **WCPO HD 9.6** 9.6 Τ No CINCINNATI, OH WCVN 54 54 Ε No COVINGTON, KY WCVN 54.2 54.2 Ε No COVINGTON, KY WKRC CBS 12 12 Ν No CINCINNATI, OH WKRC CBS HD 12 Ν 12 No CINCINNATI, OH **WKRC CW 12.2** 12.2 ı No CINCINNATI, OH WKRC CW HD 12 12.2 ı No CINCINNATI, OH ı **WKRC 12.3** 12.3 No CINCINNATI, OH **WLWT NBC 5** 5 N No CINCINNATI, OH WLWT NBC HD 5 5 Ν No CINCINNATI, OH **WLWT 5.2** 5.2 1 No CINCINNATI, OH WSTR MY64 64 1 No CINCINNATI, OH WSTR MY64 HD Τ 64 No CINCINNATI, OH **WSTR 64.2** 64.2 ı CINCINNATI, OH No

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

**NEWPORT, KY** 

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEMI	D#
CINCINNATI BE			ITORIES, LL	С	628	Nama
PRIMARY TRANSMITTE	RS: TELEVISIO	)N				
carried by your cable s	system during t	he accounting	period, except	(1) stations carrie	s and low power television stations)	G
76.59(d)(2) and (4), 76 substitute program bas	5.61(e)(2) and ( sis, as explaine	4), or 76.63 (red in the next	eferring to 76.6 paragraph.	1(e)(2) and (4))];	tain network programs [sections and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television
basis under specifc FC • Do not list the station station was carried	here in space	G-but do lis		ne Special Statem	ent and Program Log)—if the	
List the station here,	and also in spa formation cond	ace I, if the sta			itute basis and also on some other of the general instructions located	
Column 1: List eac each multicast stream	h station's call associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multi- ch stream separately; for example	
its community of licens on which your cable sy	se. For example stem carried th	e, WRC is Ch ne station.	annel 4 in Wasł	nington, D.C. This	tion for broadcasting over-the-air in may be different from the channel ependent station, or a noncommercial	
educational station, by (for independent multion For the meaning of the	entering the lecast), "E" (for nese terms, see ation is outside	etter "N" (for n oncommercia page (v) of the the local ser	etwork), "N-M" ( I educational), c e general instru vice area, (i.e. "c	for network multion or "E-M" (for nonce ctions located in t distant"), enter "Y	ast), "I" (for independent), "I-M" ommercial educational multicast). he paper SA3 form. es". If not, enter "No". For an ex-	
cable system carried the carried the distant stati For the retransmiss of a written agreement the cable system and a	ne distant station ion on a part-ti ion of a distant entered into o a primary trans	on during the me basis beca t multicast stra n or before Ju mitter or an a	accounting peri- ause of lack of a eam that is not s ine 30, 2009, be ssociation repre	od. Indicate by er activated channel subject to a royalt etween a cable sy esenting the prima	stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing try transmitter, enter the designa- ther basis, enter "O." For a further	
explanation of these the	ree categories e location of ea Canadian statio	, see page (vinch station. Fo ns, if any, giv	of the general or U.S. stations, e the name of the	instructions locate list the communit he community with	ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed.	
		CHANN	EL LINE-UP	AA CONTINU	JED_2	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WXIX FOX HD 19.	19	I	No		NEWPORT, KY	
WXIX 19.2	19.2	I	No		NEWPORT, KY	
WXIX 19.3	19.3	I	No		NEWPORT, KY	
WXIX 19.4	19.4	I	No		NEWPORT, KY	
WPTD THINK TV	1 16	E	No		DAYTON, OH	
WPTO 14	14	E	No		OXFORD, OH	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 62861 CINCINNATI BELL EXTENDED TERRITORIES. LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G. identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AB 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 4. DISTANT? 6. LOCATION OF STATION CHANNEL CARRIAGE SIGN OF (Yes or No) NUMBER STATION (If Distant) **WBQC 25.1** 25.1 No CINCINNATI, OH **WBQC 25.10** 1 25.10 No CINCINNATI, OH **WBQC 25.11** 25.11 Т No CINCINNATI, OH **WBQC 25.12** 25.12 Τ No CINCINNATI, OH **WBQC 25.2** 25.2 1 No CINCINNATI, OH **WBQC 25.3** 25.3 Τ No CINCINNATI, OH **WBQC 25.4** 25.4 1 No CINCINNATI, OH **WBQC 25.5** 25.5 1 No CINCINNATI, OH **WBQC 25.6** 25.6 ı No CINCINNATI, OH **WBQC 25.7** 25.7 Τ No CINCINNATI, OH **WBQC 25.8** ı 25.8 No CINCINNATI, OH **WBQC 25.9** 25.9 1 No CINCINNATI, OH **WCET 48** 48 Ε No CINCINNATI, OH 48.3 Ε WCET ARTS 48.3 No CINCINNATI, OH WCET CREATE 48 48.2 Ε No CINCINNATI, OH WCET HD 48 48 Ε No CINCINNATI, OH WCPO ABC 9.1 9.1 Ν CINCINNATI, OH No WCPO ABC HD 9. 9.1 Ν No CINCINNATI, OH

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 62861 CINCINNATI BELL EXTENDED TERRITORIES. LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G. identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AB CONTINUED 1 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 4. DISTANT? 6. LOCATION OF STATION CHANNEL CARRIAGE SIGN ΟF (Yes or No) STATION NUMBER (If Distant) **WCPO 9.2** 9.2 Т No CINCINNATI, OH **WCPO 9.3** 1 9.3 No CINCINNATI, OH **WCPO 9.5** 9.5 Т No CINCINNATI, OH **WCPO HD 9.6** 9.6 Τ No CINCINNATI, OH WCVN 54 54 Ε Yes 0 COVINGTON, KY 0 WCVN 54.2 54.2 Ε Yes COVINGTON, KY WKRC CBS 12 12 Ν No CINCINNATI, OH WKRC CBS HD 12 Ν 12 No CINCINNATI, OH **WKRC CW 12.2** 12.2 ı No CINCINNATI, OH WKRC CW HD 12 12.2 ı No CINCINNATI, OH ı **WKRC 12.3** 12.3 No CINCINNATI, OH **WLWT NBC 5** 5 N No CINCINNATI, OH WLWT NBC HD 5 5 Ν No CINCINNATI, OH **WLWT 5.2** 5.2 1 No CINCINNATI, OH WSTR MY64 64 1 No CINCINNATI, OH WSTR MY64 HD Τ 64 No CINCINNATI, OH **WSTR 64.2** 64.2 ı CINCINNATI, OH No **WXIX FOX 19** 19 Т No **NEWPORT, KY** 

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	
CINCINNATI BE	LL EXTEN	DED TERR	ITORIES, LL	С	62861	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
					s and low power television stations) ed only on a part-time basis under	G
76.59(d)(2) and (4), 76	5.61(e)(2) and (	4), or 76.63 (ı	referring to 76.6	•	tain network programs [sections and (2) certain stations carried on a	Primary
substitute program bas Substitute Basis S				s carried by your	cable system on a substitute program	Transmitters: Television
basis under specifc FC  Do not list the station	CC rules, regula here in space	ations, or auth G—but do lis	norizations:		nent and Program Log)—if the	
basis. For further in	and also in spa formation cond	ace I, if the sta			itute basis and also on some other of the general instructions located	
	h station's call	-			es such as HBO, ESPN, etc. Identify ation. For example, report multi-	
WETA-simulcast).			·	•	ch stream separately; for example	
	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air in s may be different from the channel	
Column 3: Indicate educational station, by	in each case ventering the le	whether the setter "N" (for n	etwork), "N-M" (	for network multion	ependent station, or a noncommercial cast), "I" (for independent), "I-M"	
For the meaning of the	se terms, see	page (v) of th	e general instru	ctions located in t	ommercial educational multicast). the paper SA3 form. es". If not, enter "No". For an ex-	
planation of local servi	ce area, see p	age (v) of the	general instruct	tions located in th		
carried the distant stat	ion on a part-ti	me basis bec	ause of lack of a	activated channel		
					ty payment because it is the subject rstem or an association representing	
•			•	• .	ary transmitter, enter the designa- other basis, enter "O." For a further	
explanation of these th	ree categories	, see page (v	) of the general	instructions locat	ed in the paper SA3 form.	
					ty to which the station is licensed by the high which the station is identifed.	
Note: If you are utilizing				•		
		CHANN	EL LINE-UP	AB CONTINU	JED_2	
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)		
WXIX FOX HD 19.	19	I	No		NEWPORT, KY	
WXIX 19.2	19.2	ı	No		NEWPORT, KY	
WXIX 19.3	19.3	I	No		NEWPORT, KY	
WXIX 19.4	19.4	I	No		NEWPORT, KY	
WPTD THINK TV	1 16	E	Yes	0	DAYTON, OH	
WPTO 14	14	E	No		OXFORD, OH	
		<u> </u>				

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 62861 CINCINNATI BELL EXTENDED TERRITORIES. LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G. identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AC 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 1. CALL 6. LOCATION OF STATION CHANNEL CARRIAGE SIGN OF (Yes or No) STATION NUMBER (If Distant) **WBQC 25.1** 25.1 No CINCINNATI, OH **WBQC 25.10** 1 25.10 No CINCINNATI, OH **WBQC 25.11** 25.11 Т No CINCINNATI, OH **WBQC 25.12** 25.12 Τ No CINCINNATI, OH **WBQC 25.2** 25.2 ı No CINCINNATI, OH **WBQC 25.3** ī 25.3 No CINCINNATI, OH **WBQC 25.4** 25.4 1 No CINCINNATI, OH **WBQC 25.5** 25.5 1 No CINCINNATI, OH **WBQC 25.6** 25.6 ı No CINCINNATI, OH **WBQC 25.7** 25.7 Τ No CINCINNATI, OH **WBQC 25.8** ı 25.8 No CINCINNATI, OH **WBQC 25.9** 25.9 1 No CINCINNATI, OH **WCET 48** 48 Ε Yes 0 CINCINNATI, OH 48.3 Ε 0 WCET ARTS 48.3 Yes CINCINNATI, OH WCET CREATE 48 48.2 Ε Yes 0 CINCINNATI, OH Ε Ε WCET HD 48 48 Yes CINCINNATI, OH WCPO ABC 9.1 9.1 Ν CINCINNATI, OH No WCPO ABC HD 9. 9.1 Ν No CINCINNATI, OH

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 62861 CINCINNATI BELL EXTENDED TERRITORIES. LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G. identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AC CONTINUED 1 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 4. DISTANT? 6. LOCATION OF STATION CHANNEL CARRIAGE SIGN ΟF (Yes or No) STATION NUMBER (If Distant) **WCPO 9.2** 9.2 Т No CINCINNATI, OH **WCPO 9.3** 1 9.3 No CINCINNATI, OH **WCPO 9.5** 9.5 Т No CINCINNATI, OH **WCPO HD 9.6** 9.6 Τ No CINCINNATI, OH WCVN 54 54 Ε Yes 0 COVINGTON, KY 0 WCVN 54.2 54.2 Ε Yes COVINGTON, KY WKRC CBS 12 12 Ν No CINCINNATI, OH WKRC CBS HD 12 Ν 12 No CINCINNATI, OH **WKRC CW 12.2** 12.2 ı No CINCINNATI, OH WKRC CW HD 12 12.2 ı No CINCINNATI, OH ı **WKRC 12.3** 12.3 No CINCINNATI, OH **WLWT NBC 5** 5 N No CINCINNATI, OH WLWT NBC HD 5 5 Ν No CINCINNATI, OH **WLWT 5.2** 5.2 1 No CINCINNATI, OH WSTR MY64 64 1 No CINCINNATI, OH WSTR MY64 HD Τ 64 No CINCINNATI, OH **WSTR 64.2** 64.2 ı CINCINNATI, OH No **WXIX FOX 19** 19 Т No **NEWPORT, KY** 

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 62861 CINCINNATI BELL EXTENDED TERRITORIES. LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G. identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AC CONTINUED 2 2. B'CAST 5. BASIS OF 3. TYPE 4. DISTANT? 6. LOCATION OF STATION 1 CALL SIGN CHANNEL CARRIAGE ΟF (Yes or No) NUMBER STATION (If Distant) WXIX FOX HD 19. 19 Т No NEWPORT, KY **WXIX 19.2** 19.2 1 No NEWPORT, KY **WXIX 19.3** 19.3 Т No NEWPORT, KY **WXIX 19.4** 19.4 Τ No NEWPORT, KY WPTD THINK TV 16 Ε Yes 0 DAYTON, OH **WPTO 14** Ε OXFORD, OH 14 No

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 62861 CINCINNATI BELL EXTENDED TERRITORIES. LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G. identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AD 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 1. CALL 6. LOCATION OF STATION SIGN CHANNEL CARRIAGE OF (Yes or No) STATION NUMBER (If Distant) WPTD THINK TV 16 Ε No DAYTON, OH **WPTO 14** 14 Ε OXFORD, OH No **WDTN 2.1** 2.1 Ν No DAYTON, OH **WDTN 2.2** 2.2 Τ No DAYTON, OH WHIO DAYTON 7. 7.1 Ν No DAYTON, OH WHIO DAYTON 7. 7.2 Τ No DAYTON, OH WHIO DAYTON 7. 7.3 Т No DAYTON, OH **WKEF DAYTON 22** 22 1 No DAYTON, OH WKEF DAYTON H 22 ı No DAYTON, OH WKEF DAYTON 2 22.2 Τ No DAYTON, OH WKEF DAYTON H ı 22.2 No DAYTON, OH **WKEF DAYTON 2**: 22.3 ı DAYTON, OH No WKEF DAYTON H 22.3 Τ No DAYTON, OH **WKOI 43** 43 ı No DAYTON, OH **WRGT DAYTON 4** 45.1 ı No DAYTON, OH

LEGAL NAME OF OWN	IER OF CABLE SY	'STEM:			SYSTEM ID#	N	
CINCINNATI BE	ELL EXTEND	DED TERR	ITORIES, LLO	C	62861	Name	
PRIMARY TRANSMITTE	RS: TELEVISIO	)N					
					and low power television stations) d only on a part-time basis under	G	
	6.61(e)(2) and (	4), or 76.63 (ı	referring to 76.6		ain network programs [sections nd (2) certain stations carried on a	Primary Transmitters:	
				s carried by your c	able system on a substitute program	Television	
	here in space	G—but do lis		e Special Stateme	ent and Program Log)—if the		
station was carried	,		ation was carried	d hoth on a substit	tute basis and also on some other		
· ·	formation cond				f the general instructions located		
					s such as HBO, ESPN, etc. Identify		
cast stream as "WETA					tion. For example, report multi- h stream separately; for example		
			-		on for broadcasting over-the-air in		
on which your cable sy	stem carried th	ne station.		<b>0</b>	may be different from the channel		
educational station, by	entering the le	tter "N" (for n	etwork), "N-M" (	for network multica	ependent station, or a noncommercial ast), "I" (for independent), "I-M"		
(for independent multion for the meaning of the	,		,.	,	ommercial educational multicast).		
Column 4: If the st	ation is outside	the local ser	vice area, (i.e. "d	distant"), enter "Ye	es". If not, enter "No". For an ex-		
planation of local servi	ice area, see pa	age (v) of the	general instruct	ions located in the	e paper SA3 form. stating the basis on which your		
_				•	tering "LAC" if your cable system		
carried the distant stat	ion on a part-tiı	me basis bec	ause of lack of a	ctivated channel	capacity.		
					payment because it is the subject stem or an association representing		
_				•	ry transmitter, enter the designa-		
` ' '			•	•	her basis, enter "O." For a further		
					d in the paper SA3 form.  to which the station is licensed by the		
				-	which the station is identifed.		
Note: If you are utilizing	ng multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.		
		CHANN	EL LINE-UP	AE			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE			
	NUMBER	STATION		(If Distant)			

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
CINCINNATI BE	LL EXTEND	ED TERRI	ITORIES, LLO	С	62861	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable s	system during th	ne accounting	period, except	(1) stations carried	and low power television stations) d only on a part-time basis under ain network programs [sections	G
76.59(d)(2) and (4), 76 substitute program bas	6.61(e)(2) and (esis, as explaine	4), or 76.63 (r d in the next	referring to 76.6 paragraph.	1(e)(2) and (4))]; a	nd (2) certain stations carried on a able system on a substitute program	Primary Transmitters: Television
	here in space	G—but do lis		ne Special Stateme	ent and Program Log)—if the	
basis. For further in in the paper SA3 fo	and also in spa formation cond rm.	ce I, if the sta erning substi	tute basis statio	ns, see page (v) o	ute basis and also on some other f the general instructions located	
		-			s such as HBO, ESPN, etc. Identify tion. For example, report multi-	
WETA-simulcast).			·	•	n stream separately; for example on for broadcasting over-the-air in	
its community of licens on which your cable sy <b>Column 3:</b> Indicate	se. For example stem carried the in each case w	e, WRC is Ch e station. whether the st	annel 4 in Wash	nington, D.C. This ork station, an inde	may be different from the channel	
(for independent multide For the meaning of the	cast), "E" (for no ese terms, see	oncommercia page (v) of the	l educational), c e general instru	or "E-M" (for nonco ctions located in th	ast), "I" (for independent), "I-M" mmercial educational multicast). ne paper SA3 form. es". If not, enter "No". For an ex-	
planation of local servi Column 5: If you ha	ce area, see pa ave entered "Ye	age (v) of the es" in column	general instruct 4, you must cor	ions located in the nplete column 5, s	e paper SA3 form. stating the basis on which your	
carried the distant stat	ion on a part-tir	ne basis beca	ause of lack of a	activated channel	ering "LAC" if your cable system capacity. payment because it is the subject	
				•	stem or an association representing  y transmitter, enter the designa-	
tion "E" (exempt). For	simulcasts, also	enter "E". If	you carried the	channel on any ot	her basis, enter "O." For a further	
•	-		_		d in the paper SA3 form. to which the station is licensed by the	
FCC. For Mexican or C Note: If you are utilizin				•	which the station is identifed. channel line-up.	
		CHANN	EL LINE-UP	AF		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
				(		

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#		
CINCINNATI BE	LL EXTEND	ED TERRI	TORIES, LLC		62861	Name	
PRIMARY TRANSMITTE	RS: TELEVISIO	N					
carried by your cable s	system during th	ne accounting	period, except	(1) stations carried	and low power television stations) d only on a part-time basis under ain network programs [sections	G	
76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program							
basis under specifc F0	CC rules, regula here in space	itions, or auth G—but do lis	orizations:		ent and Program Log)—if the	Television	
<ul> <li>List the station here,</li> </ul>	and also in spa formation conc	ice I, if the sta			ute basis and also on some other f the general instructions located		
Column 1: List each each multicast stream cast stream as "WETA WETA-simulcast).	h station's call associated with -2". Simulcast	n a station ac streams must	cording to its over the total to the contract of the contract of the cordinate of the cordi	er-the-air designa column 1 (list each	s such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example		
its community of licens on which your cable sy	se. For example stem carried th	e, WRC is Ch ne station.	annel 4 in Wash	ington, D.C. This	on for broadcasting over-the-air in may be different from the channel		
educational station, by (for independent multion For the meaning of the	entering the le cast), "E" (for no ese terms, see l	tter "N" (for no concommercia coage (v) of the	etwork), "N-M" (f I educational), o e general instruc	for network multica r "E-M" (for nonco ctions located in th	pendent station, or a noncommercial ast), "I" (for independent), "I-M" mmercial educational multicast). he paper SA3 form. s". If not, enter "No". For an ex-		
•	ave entered "Ye ne distant statio	es" in column on during the	4, you must con accounting perion	nplete column 5, s od. Indicate by ent	stating the basis on which your ering "LAC" if your cable system		
For the retransmiss of a written agreement	ion of a distant entered into or	multicast stre n or before Ju	eam that is not s ine 30, 2009, be	subject to a royalty tween a cable sys	payment because it is the subject tem or an association representing y transmitter, enter the designa-		
explanation of these the Column 6: Give the	ree categories e location of ea	, see page (v) ch station. Fo	of the general in U.S. stations,	nstructions locate list the community	her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.		
Note: If you are utilizing				•			
	T	CHANN	EL LINE-UP	AG			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#		
CINCINNATI BE	LL EXTEND	DED TERR	ITORIES, LLO	C	62861	Name	
PRIMARY TRANSMITTE	RS: TELEVISIO	DN	•				
In General: In space (carried by your cable s	G, identify every	television st	g period, except	(1) stations carried	and low power television stations) d only on a part-time basis under ain network programs [sections	G	
76.59(d)(2) and (4), 76 substitute program bas	6.61(e)(2) and ( sis, as explaine	4), or 76.63 (red in the next	referring to 76.6 paragraph.	1(e)(2) and (4))]; a	nd (2) certain stations carried on a  able system on a substitute program	Primary Transmitters: Television	
·	basis under specifc FCC rules, regulations, or authorizations:  Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the						
basis. For further in in the paper SA3 fo	and also in spa formation cond rm.	ace I, if the sta erning substi	tute basis statio	ns, see page (v) o	ute basis and also on some other f the general instructions located		
		-			s such as HBO, ESPN, etc. Identify tion. For example, report multi-		
WETA-simulcast).			·	•	n stream separately; for example on for broadcasting over-the-air in		
on which your cable sy	stem carried th	ne station.			may be different from the channel		
					ast), "I" (for independent), "I-M" mmercial educational multicast).		
For the meaning of the Column 4: If the st	ese terms, see ation is outside	page (v) of the the local ser	e general instruc vice area, (i.e. "d	ctions located in th distant"), enter "Ye	ne paper SA3 form. ss". If not, enter "No". For an ex-		
· ·	ave entered "Yo	es" in column	4, you must cor	mplete column 5, s	e paper SA3 form. stating the basis on which your ering "LAC" if your cable system		
carried the distant stat	ion on a part-tiı	me basis bec	ause of lack of a	activated channel	, ,		
_				•	stem or an association representing  y transmitter, enter the designa-		
tion "E" (exempt). For	simulcasts, als	o enter "E". If	you carried the	channel on any ot	her basis, enter "O." For a further		
Column 6: Give the	e location of ea	ch station. Fo	or U.S. stations,	list the community	d in the paper SA3 form.  to which the station is licensed by the		
Note: If you are utilizing				•	which the station is identifed. channel line-up.		
		CHANN	EL LINE-UP	AH			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
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		ļ					

LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM	/ ID#
CINCINNATI BE			ITORIES, LLO	C		Name Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	ystem during the ons in effect or .61(e)(2) and (4 sis, as explaine	ne accounting 1 June 24, 19 1), or 76.63 (r d in the next	g period, except 81, permitting the referring to 76.6° paragraph.	(1) stations carrience carriage of certain (4))]; and (4))]; and	and low power television stations) d only on a part-time basis under ain network programs [sections nd (2) certain stations carried on a able system on a substitute program	Primary Transmitters: Television
basis under specifc FC  Do not list the station station was carried  List the station here, basis. For further in in the paper SA3 fo Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the sta planation of local servi Column 5: If you ha cable system carried th carried the distant stati For the retransmiss of a written agreement	CC rules, regular here in space only on a substand also in spatformation concurn.  In station's call associated with a channel number. For example stem carried the in each case wentering the least), "E" (for rese terms, see pairon is outside the area, see pave entered "Year distant static on on a part-tirion of a distant entered into or	tions, or auth G—but do lis itute basis. ce I, if the sta erning substifusion Do not I a a station ac estreams must be the FCC he station. Whether the station. Whether the station ac page (v) of the basis in column and uring the me basis becamulticast strain or before July 100 mitutes the column and uring the me basis becamulticast strain or before July 100 mitutes the column and or before July 100 mitutes the column and uring the me basis becamulticast strain or before July 100 mitutes the column and uring the me basis becamulticast strain or before July 100 mitutes the column and uring the me basis becamulticast strain or before July 100 mitutes the column and uring the me basis becamulticast strain or before July 100 mitutes the column and uring the me basis becamulticast strain or before July 100 mitutes the column and uring the me basis becamulticast strain or before July 100 mitutes the column and uring the me basis becamulticast strain or before July 100 mitutes the column and uring the me basis becamulticast strain or before July 100 mitutes the column and uring the me basis becamulticast strain or before July 100 mitutes the local service the local servic	norizations:  It it in space I (the ation was carried tute basis station report origination cording to its own to be reported in the annel 4 in Wash tation is a network), "N-M" (the ducational), one general instructive area, (i.e. "or general instructive 4, you must confide accounting period ause of lack of a geam that is not sune 30, 2009, be	de Special Statement of both on a substiffus, see page (v) on program service er-the-air designation column 1 (list each the television statington, D.C. This look station, an indefor network multicum "E-M" (for noncoctions located in the distant"), enter "Year ions located in the plete column 5, sod. Indicate by entactivated channel of subject to a royalty stween a cable systems.	ent and Program Log)—if the ute basis and also on some other if the general instructions located is such as HBO, ESPN, etc. Identify tion. For example, report multi- in stream separately; for example on for broadcasting over-the-air in may be different from the channel pendent station, or a noncommercial ast), "I" (for independent), "I-M" immercial educational multicast). in paper SA3 form. is If not, enter "No". For an ex- is paper SA3 form. is atting the basis on which your tering "LAC" if your cable system capacity. In payment because it is the subject item or an association representing	Television
tion "E" (exempt). For sexplanation of these the	simulcasts, also ree categories e location of ea Canadian statio	enter "E". If see page (v) ch station. Fo ns, if any, giv anel line-ups,	you carried the of of the general is or U.S. stations, we the name of the use a separate	channel on any ot instructions locate list the community ne community with space G for each	y transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up.	
	I	CHANN	EL LINE-UP	Al	T .	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
		••••				

LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#		
CINCINNATI BE	LL EXTEND	ED TERRI	TORIES, LLC		62861	Name	
PRIMARY TRANSMITTE	RS: TELEVISIO	N					
carried by your cable s	ystem during th	ne accounting	period, except	(1) stations carried	and low power television stations) d only on a part-time basis under ain network programs [sections	G	
76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program							
basis under specifc FC	CC rules, regula here in space	itions, or auth G—but do lis	orizations:		ent and Program Log)—if the	Television	
List the station here,	and also in spa formation conc	ice I, if the sta			ute basis and also on some other f the general instructions located		
Column 1: List each each multicast stream cast stream as "WETA WETA-simulcast).	h station's call associated witl -2". Simulcast	n a station ac streams must	cording to its over t be reported in o	er-the-air designa column 1 (list each	s such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example		
its community of licens on which your cable sy	e. For example stem carried th	e, WRC is Cha ne station.	annel 4 in Wash	ington, D.C. This	on for broadcasting over-the-air in may be different from the channel		
educational station, by (for independent multion For the meaning of the	entering the le cast), "E" (for no se terms, see l	tter "N" (for no oncommercia page (v) of the	etwork), "N-M" (f I educational), o e general instruc	for network multica r "E-M" (for nonco ctions located in th	pendent station, or a noncommercial ast), "I" (for independent), "I-M" mmercial educational multicast). he paper SA3 form. s". If not, enter "No". For an ex-		
cable system carried th	ave entered "Ye ne distant statio	es" in column on during the	4, you must con accounting perio	nplete column 5, s od. Indicate by ent	stating the basis on which your ering "LAC" if your cable system		
of a written agreement	ion of a distant entered into or	multicast stre n or before Ju	eam that is not s ine 30, 2009, be	subject to a royalty tween a cable sys	payment because it is the subject tem or an association representing transmitter, enter the designa-		
tion "E" (exempt). For sexplanation of these th	simulcasts, also ree categories	o enter "E". If , see page (v)	you carried the o	channel on any otl instructions locate	her basis, enter "O." For a further d in the paper SA3 form. r to which the station is licensed by the		
FCC. For Mexican or C Note: If you are utilizin		nnel line-ups,	use a separate	space G for each	which the station is identifed. channel line-up.		
	1	CHANN	EL LINE-UP	AJ	I		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
						•	

LEGAL NAME OF OWN	IER OF CABLE SY	'STEM:			SYSTEM ID#	N	
CINCINNATI BE	ELL EXTEN	DED TERR	ITORIES, LLO	C	62861	Name	
PRIMARY TRANSMITTE	RS: TELEVISIO	)N					
					and low power television stations) d only on a part-time basis under	G	
	6.61(e)(2) and (	4), or 76.63 (ı	referring to 76.6		ain network programs [sections nd (2) certain stations carried on a	Primary Transmitters:	
				s carried by your c	able system on a substitute program	Television	
basis under specifc FCC rules, regulations, or authorizations:  • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the							
station was carried	•		ation was carried	d hoth on a substit	tute basis and also on some other		
· ·	formation cond				f the general instructions located		
					s such as HBO, ESPN, etc. Identify		
cast stream as "WETA					tion. For example, report multi- h stream separately; for example		
			-		ion for broadcasting over-the-air in		
on which your cable sy	stem carried th	ne station.		<b>0</b>	may be different from the channel		
					ependent station, or a noncommercial ast), "I" (for independent), "I-M"		
,	,		,.	,	ommercial educational multicast).		
For the meaning of the Column 4: If the sta		,	•		ne paper SA3 form. es". If not, enter "No". For an ex-		
planation of local servi	ce area, see p	age (v) of the	general instruct	ions located in the	e paper SA3 form.		
_				•	stating the basis on which your ering "LAC" if your cable system		
carried the distant stat	ion on a part-ti	me basis bec	ause of lack of a	ctivated channel	capacity.		
					payment because it is the subject stem or an association representing		
_				•	ry transmitter, enter the designa-		
` ' '			•	•	her basis, enter "O." For a further d in the paper SA3 form.		
					to which the station is licensed by the		
				•	which the station is identifed.		
Note: If you are utilizing	ig multiple chai		· ·	<u> </u>	channel line-up.	_	
		CHANN	EL LINE-UP	AN		_	
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)			
	NOWIDER	OTATION		(II Distant)		-	
						<u> </u> 	
						1	

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
CINCINNATI BE	LL EXTEND	DED TERRI	ITORIES, LLO	C	62861	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N .				
In General: In space C carried by your cable s	G, identify every	television st ne accounting	g period, except	(1) stations carried	and low power television stations) d only on a part-time basis under ain network programs [sections	G
76.59(d)(2) and (4), 76 substitute program bas	6.61(e)(2) and ( sis, as explaine	4), or 76.63 (r d in the next	referring to 76.6 paragraph.	1(e)(2) and (4))]; a	nd (2) certain stations carried on a able system on a substitute program	Primary Transmitters: Television
basis under specifc FCC rules, regulations, or authorizations:  Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the						
basis. For further in in the paper SA3 fo	and also in spa formation cond rm.	ace I, if the state erning substi	tute basis statio	ns, see page (v) o	ute basis and also on some other f the general instructions located	
		-			s such as HBO, ESPN, etc. Identify tion. For example, report multi-	
WETA-simulcast).			·	•	n stream separately; for example on for broadcasting over-the-air in	
on which your cable sy	stem carried th	e station.			may be different from the channel	
					ast), "I" (for independent), "I-M" mmercial educational multicast).	
	ation is outside	the local ser	vice area, (i.e. "d	distant"), enter "Ye	s". If not, enter "No". For an ex-	
1	ave entered "Yo	es" in column	4, you must cor	mplete column 5, s	e paper SA3 form. stating the basis on which your sering "LAC" if your cable system	
carried the distant stat For the retransmiss	-				capacity.  payment because it is the subject	
_				•	stem or an association representing  y transmitter, enter the designa-	
explanation of these th	ree categories	, see page (v	) of the general i	instructions locate	her basis, enter "O." For a further d in the paper SA3 form.	
	Canadian statio	ns, if any, giv	e the name of th	ne community with	which the station is licensed by the which the station is identifed.	
Trotor ii you aro umzii		• •	EL LINE-UP	•	onamor into up.	-
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
						  -

LEGAL NAME OF OWI	NER OF CABLE SY	STEM:			SYSTEM ID#	N	
CINCINNATI BI	ELL EXTEND	DED TERR	ITORIES, LLO	C	62861	Name	
PRIMARY TRANSMITT	ERS: TELEVISIO	N					
					and low power television stations) d only on a part-time basis under	G	
	6.61(e)(2) and (	4), or 76.63 (ı	referring to 76.6		ain network programs [sections nd (2) certain stations carried on a	Primary Transmitters:	
. •				s carried by your c	able system on a substitute program	Television	
basis under specifc FCC rules, regulations, or authorizations:  • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.							
	,		ation was carried	d hoth on a substit	tute basis and also on some other		
·	nformation cond				f the general instructions located		
					s such as HBO, ESPN, etc. Identify		
					tion. For example, report multi- h stream separately; for example		
WETA-simulcast).  Column 2: Give th	e channel numl	per the FCC h	nas assigned to	the television stati	ion for broadcasting over-the-air in		
its community of licen on which your cable s	•		annel 4 in Wash	nington, D.C. This	may be different from the channel		
					ependent station, or a noncommercial ast), "I" (for independent), "I-M"		
(for independent multi	cast), "E" (for n	oncommercia	ıl educational), d	r "E-M" (for nonco	mmercial educational multicast).		
For the meaning of the Column 4: If the st		• • •	•		ne paper SA3 form. es". If not, enter "No". For an ex-		
planation of local serv	ice area, see pa	age (v) of the	general instruct	ions located in the	e paper SA3 form.		
				•	stating the basis on which your ering "LAC" if your cable system		
carried the distant sta	•						
					payment because it is the subject stem or an association representing		
			•	• .	ry transmitter, enter the designa-		
` '			•	•	her basis, enter "O." For a further d in the paper SA3 form.		
				-	to which the station is licensed by the which the station is identifed.		
Note: If you are utilizing				•			
		CHANN	EL LINE-UP	AM		-	
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)			
	NUMBER	STATION		(If Distant)		1	
						  -	

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
CINCINNATI BE	LL EXTEND	ED TERRI	ITORIES, LLO	C	62861	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable s	system during th	ne accounting	period, except	(1) stations carried	and low power television stations) d only on a part-time basis under ain network programs [sections	G
76.59(d)(2) and (4), 76 substitute program bas	6.61(e)(2) and (esis, as explaine	4), or 76.63 (r d in the next	referring to 76.6 paragraph.	1(e)(2) and (4))]; a	nd (2) certain stations carried on a able system on a substitute program	Primary Transmitters: Television
	here in space	G—but do lis		ne Special Stateme	ent and Program Log)—if the	
basis. For further in in the paper SA3 fo	and also in spa formation cond rm.	ce I, if the sta erning substi	tute basis statio	ns, see page (v) o	ute basis and also on some other f the general instructions located	
		-			s such as HBO, ESPN, etc. Identify tion. For example, report multi-	
cast stream as "WETA WETA-simulcast).	-2". Simulcast	streams mus	t be reported in	column 1 (list eacl	n stream separately; for example on for broadcasting over-the-air in	
its community of licens on which your cable sy <b>Column 3:</b> Indicate	se. For example stem carried the in each case w	e, WRC is Ch e station. whether the st	annel 4 in Wash	nington, D.C. This ork station, an inde	may be different from the channel	
(for independent multide For the meaning of the	cast), "E" (for no ese terms, see	oncommercia page (v) of the	l educational), c e general instru	or "E-M" (for nonco ctions located in th	ast), "I" (for independent), "I-M" mmercial educational multicast). ne paper SA3 form. es". If not, enter "No". For an ex-	
planation of local servi Column 5: If you ha	ce area, see pa ave entered "Ye	age (v) of the es" in column	general instruct 4, you must cor	ions located in the nplete column 5, s	e paper SA3 form. stating the basis on which your	
carried the distant stati	ion on a part-tir ion of a distant	ne basis beca multicast stre	ause of lack of a	activated channel of subject to a royalty	payment because it is the subject	
the cable system and a tion "E" (exempt). For s	a primary transi simulcasts, also	mitter or an a enter "E". If	ssociation repre	senting the primar channel on any ot	tem or an association representing y transmitter, enter the designa- her basis, enter "O." For a further	
Column 6: Give the	e location of ea Canadian statio	ch station. Fo	or U.S. stations, e the name of th	list the community ne community with	d in the paper SA3 form.  to which the station is licensed by the which the station is identifed.	
Note. If you are utilized	ng multiple chai	•	EL LINE-UP	•	criainiei iirie-up.	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
	Nomber (	017111011		(ii Diotaint)		
		•••••				

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#		
CINCINNATI BE	LL EXTEND	ED TERRI	TORIES, LLC		62861	Name	
PRIMARY TRANSMITTE	RS: TELEVISIO	N					
carried by your cable s	system during th	ne accounting	period, except	(1) stations carried	and low power television stations) d only on a part-time basis under ain network programs [sections	G	
76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program							
basis under specifc F0	CC rules, regula here in space	itions, or auth G—but do lis	orizations:		ent and Program Log)—if the	Television	
<ul> <li>List the station here,</li> </ul>	and also in spa formation conc	ice I, if the sta			ute basis and also on some other f the general instructions located		
Column 1: List each each multicast stream cast stream as "WETA WETA-simulcast).	h station's call associated with -2". Simulcast	n a station ac streams must	cording to its over the cording to its over the cordinate of the cordinate	er-the-air designa column 1 (list each	s such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example		
its community of licens on which your cable sy	se. For example stem carried th	e, WRC is Ch ne station.	annel 4 in Wash	ington, D.C. This	on for broadcasting over-the-air in may be different from the channel		
educational station, by (for independent multion For the meaning of the	entering the le cast), "E" (for no ese terms, see l	tter "N" (for no concommercia coage (v) of the	etwork), "N-M" (f l educational), o e general instruc	for network multica r "E-M" (for nonco ctions located in th	pendent station, or a noncommercial ast), "I" (for independent), "I-M" mmercial educational multicast). se paper SA3 form. s". If not, enter "No". For an ex-		
•	ave entered "Ye ne distant statio	es" in column on during the	4, you must con accounting perion	nplete column 5, s od. Indicate by ent	stating the basis on which your ering "LAC" if your cable system		
For the retransmiss of a written agreement	ion of a distant entered into or	multicast stre n or before Ju	eam that is not s ne 30, 2009, be	subject to a royalty tween a cable sys	payment because it is the subject tem or an association representing y transmitter, enter the designa-		
explanation of these the Column 6: Give the	ree categories e location of ea	, see page (v) ch station. Fo	of the general in U.S. stations,	nstructions locate list the community	her basis, enter "O." For a further d in the paper SA3 form.  to which the station is licensed by the		
Note: If you are utilizing				•	which the station is identifed. channel line-up.		
	1	CHANN	EL LINE-UP	AO			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

LEGAL NAME OF OWN	IER OF CABLE SY	'STEM:			SYSTEM ID#	N	
CINCINNATI BE	ELL EXTEN	DED TERR	ITORIES, LLO	C	62861	Name	
PRIMARY TRANSMITTE	RS: TELEVISIO	)N					
					and low power television stations) d only on a part-time basis under	G	
	6.61(e)(2) and (	4), or 76.63 (ı	referring to 76.6		ain network programs [sections nd (2) certain stations carried on a	Primary Transmitters:	
				s carried by your c	able system on a substitute program	Television	
basis under specifc FCC rules, regulations, or authorizations:  • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.							
	,		ation was carried	d hoth on a substit	tute basis and also on some other		
· ·	formation cond				f the general instructions located		
					s such as HBO, ESPN, etc. Identify		
cast stream as "WETA					tion. For example, report multi- h stream separately; for example		
			-		on for broadcasting over-the-air in		
on which your cable sy	stem carried th	ne station.			may be different from the channel		
					ependent station, or a noncommercial ast), "I" (for independent), "I-M"		
,	,		,.	,	emmercial educational multicast).		
For the meaning of the Column 4: If the sta		,	•		ne paper SA3 form. es". If not, enter "No". For an ex-		
planation of local servi	ce area, see p	age (v) of the	general instruct	ions located in the	e paper SA3 form.		
_				•	stating the basis on which your ering "LAC" if your cable system		
carried the distant stat	ion on a part-ti	me basis bec	ause of lack of a	ctivated channel	capacity.		
					payment because it is the subject stem or an association representing		
_				•	ry transmitter, enter the designa-		
` ' '			•	•	her basis, enter "O." For a further d in the paper SA3 form.		
					to which the station is licensed by the		
				•	which the station is identifed.		
Note: If you are utilizing	ig multiple chai	•	•		channel line-up.		
		CHANN	EL LINE-UP	AP			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)			
	NOWIDER	OTATION		(II Distant)		1	
						"	
						<u> </u>	
						<u> </u>	
						<u>"</u>	

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
CINCINNATI BE	ELL EXTEND	ED TERR	ITORIES, LLO	C	62861	Name
PRIMARY TRANSMITTE	ERS: TELEVISIO	N	•			
In General: In space (carried by your cable s	G, identify every	television st	g period, except	(1) stations carrie	and low power television stations) d only on a part-time basis under ain network programs [sections	G
76.59(d)(2) and (4), 76 substitute program bas	6.61(e)(2) and ( sis, as explaine	4), or 76.63 (r d in the next	referring to 76.6 paragraph.	1(e)(2) and (4))]; a	nd (2) certain stations carried on a  able system on a substitute program	Primary Transmitters: Television
basis under specifc FCC rules, regulations, or authorizations:  Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the						
basis. For further in in the paper SA3 fo	and also in spa formation cond orm.	ice I, if the sta erning substi	tute basis statio	ns, see page (v) o	ute basis and also on some other f the general instructions located	
		-			s such as HBO, ESPN, etc. Identify tion. For example, report multi-	
WETA-simulcast).			·	•	n stream separately; for example on for broadcasting over-the-air in	
on which your cable sy	stem carried th	e station.			may be different from the channel	
					ast), "I" (for independent), "I-M" mmercial educational multicast).	
	ation is outside	the local ser	vice area, (i.e. "d	distant"), enter "Ye	s". If not, enter "No". For an ex-	
-	ave entered "Yo	es" in column	4, you must cor	nplete column 5, s	e paper SA3 form. stating the basis on which your ering "LAC" if your cable system	
carried the distant stat	ion on a part-tii	ne basis bec	ause of lack of a	ctivated channel	,	
_				•	tem or an association representing y transmitter, enter the designa-	
explanation of these th	ree categories	, see page (v	) of the general i	instructions locate	her basis, enter "O." For a further d in the paper SA3 form.	
	Canadian statio	ns, if any, giv	e the name of th	ne community with	v to which the station is licensed by the which the station is identifed. channel line-up.	
, , , , , , , , , , , , , , , , , , , ,		•	EL LINE-UP	•		-
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
						  -
		l			Ī	

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 62861 CINCINNATI BELL EXTENDED TERRITORIES. LLC PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Primary Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN LOCATION OF STATION AM or FM S/D

FORM SA3E. PAGE 5.						ACCOUNTING	PERIOD: 2023/2
LEGAL NAME OF OWNER OF			6 11 6			SYSTEM ID#	Name
CINCINNATI BELL EXTENDED TERRITORIES, LLC 62861							
SUBSTITUTE CARRIAGE	: SPECIAI	STATEMEN	T AND PROGRAM LOG				
In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.							Substitute
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE						Carriage:	
• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?							Special Statement and Program Log
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.  2. LOG OF SUBSTITUTE	PROGRA	MS					
In General: List each subst			te line. Use abbreviations v	wherever pos	ssible, if their mear	ning is	
period, was broadcast by a	of every nor distant stati	nnetwork televi on and that yo	sion program (substitute p ur cable system substituted	d for the prog	ramming of anothe	er station	
under certain FCC rules, res SA3 form for futher informa	tion. Do no	t use general o	categories like "movies", or		•	•	
titles, for example, "I Love L			76ers vs. Bulls." r "Yes." Otherwise enter "N	o."			
Column 3: Give the call s	sign of the s	tation broadca	sting the substitute progra	m.			
the case of Mexican or Can			e community to which the community with which the s			or, in	
Column 5: Give the mon first. Example: for May 7 giv	,	when your syst	em carried the substitute p	rogram. Use	numerals, with the	e month	
Column 6: State the time	s when the		gram was carried by your o				
to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carri	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. should b	oe .	
			was substituted for progra				
gram was substituted for pre							
effect on October 19, 1976.							
WHEN SUBSTITUTE 7, REASON							
1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM  3. STATION'S		CARRIAGE OCCURRED FOR 5. MONTH 6. TIMES DELETION			
1. THEE OF TROOTAIN	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то	
					_		

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

	LEGAL NAME OF C	WNER OF CABLE	SYSTEM:						S	YSTEM ID#
Name	CINCINNATI	BELL EXTE	NDED TERRITO	RIES, LLC						62861
J Part-Time Carriage Log	PART-TIME CARRIAGE LOG In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages.  Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G.  Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage 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 television 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	S AND HOURS	OF F	PART-TIME CAR	RIAGE			
		\\/ LIEN	L CARRIAGE OCCI	IDDED			١٨/١١٦١	ALCARRIACE O	CLIB	DED
	CALL SIGN	VVIIEI	N CARRIAGE OCCU HOUF			CALL SIGN	WHEN CARRIAGE OCCURRED HOURS			
		DATE	FROM	ТО			DATE	FROM		ТО
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LEGA	L NAME OF OWNER OF CABLE SYSTEM:  CINNATI BELL EXTENDED TERRITORIES, LLC		SYSTEM ID# 62861	Name	
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file 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.  \$ 23,285,558.83					
IMP	ORTANT: You must complete a statement in space P concerning gross receipts.		(Amount of gross receipts)		
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe:  Complete block 1, showing your minimum fee.  Complete block 2, showing whether your system carried any distant television stations.  If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee.  If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.  If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below.					
▶ If pa	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be enflow.	tered on	line 2 in block		
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should block 4 below.	d be ente	red on line		
Block 1	<b>MINIMUM FEE:</b> 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 is system's gross receipts for the accounting period.		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.		\$ 23,285,558.83		
	Enter the result here. This is your minimum fee.	\$	247,758.35		
2 Block	space G. If, in space G, you identified 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 the part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero.	1?			
3	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero.	-	0.00		
	Line 3. Add lines 1 and 2 and enter here.	\$	4,284.44		
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.  Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7	-	\$ 247,758.35	Cable systems submitting	
	(block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.  Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	additional deposits under Section 111(d)(7) should contact the Licensing	
	Line 4. FILING FEE	-	\$ 725.00	additional fees. Division for the	
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	\$	248,483.35	appropriate form for submitting the additional fees.	
	EFT Trace # or TRANSACTION ID # 76648244117				
Remit this amount via electronic payment payable to Register of Copyrights. (See page (i) of the					
	general instructions located in the paper SA3 form and the Excel instructions tab for	or more i	nformation.)		

ACCOUNTING PERIOD: 2023/2
FORM SA3E PAGE 8

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CINCINNATI BELL EXTENDED TERRITORIES, LLC	SYSTEM ID# 62861						
M	CHANNELS  Instructions: You must give (1) the number of channels on which the cable system carried television broadce to its subscribers and (2) the cable system's total number of activated channels, during the accounting period							
Channels	Enter the total number of channels on which the cable     system carried television broadcast stations	54						
	Enter the total number of activated channels     on which the cable system carried television broadcast stations     and nonbroadcast services	. 461						
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)							
Be Contacted for Further Information	Name ANGELA KRAMER Telephone 513-604-1689							
	Address 221 E. 4TH STREET #103-900 (Number, street, rural route, apartment, or suite number)							
	CINCINNATI, OH 45202  (City, town, state, zip)  Email ANGELA.KRAMER@ALTAFIBER.COM Fax (optional)							
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office re	egulations.)						
Certification	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)							
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified							
	in line 1 of space B and that the owner is not a corporation or partnership; or  (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.  I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]							
	X /s/ THEODORE HECKMANN							
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in button, then type /s/ and your name. Pressing the "F2" button will avoid enabling Excel's Lotus com							
l	Typed or printed name: THEODORE HECKMANN							
	Title: SENIOR DIRECTOR, REGULATOR & GOVERNMENT AFFAI  (Title of official position held in corporation or partnership)	RS & ASSISTANT SEC						
l	Date: February 28, 2024							

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

EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	_
CINCINNATI BELL EXTENDED TERRITORIES, LLC	62861	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the bas service of providing secondary transmissions of primary broadcast transmitters, the system shall not include scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 11	sic le sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in t paper SA3 form.	he	Concerning Gross Receipts Exclusion
During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmiss made by satellite carriers to satellite dish owners?  X NO	sions	
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpay For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	ment.	Q
Line 1 Enter the amount of late payment or underpayment	-	Interest
×	0%	Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-	
x_	<b>0</b> days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-	
x 0.00	274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,  space L (page 7)	_	
(interest of	charge)	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance product the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	blease	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, accounting period, and ID number as given in the or filing.	iginal	
Owner Address		
First community served		
Accounting period		
ID number		

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

**ACCOUNTING PERIOD: 2023/2** DSE SCHEDULE, PAGE 10.

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

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

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

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

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

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

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

Step 2: Calculate the station's basis of carriage value: The DSE of

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

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

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

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

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

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

## **TOTAL OF DSEs**

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

# THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

U.S. Copyright Office

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

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

If none of the stations were partially distant, calculate your base rate fee according to the following rates—for the system's permitted DSEs as reported in block B, part 6 or from part 5, whichever is applicable.
 First DSE 1.064% of gross receipts
 Each of the second, third, and fourth DSEs 0.701% of gross receipts
 The fifth and each additional DSE 0.330% of gross receipts

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

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

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

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

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

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

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

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

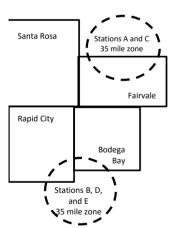
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

#### **EXAMPLE:**

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

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



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

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 \$6,384.00

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

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

**ACCOUNTING PERIOD: 2023/2** 

DSE SCHEDULE. PAGE										
4	LEGAL NAME OF OWNER OF CABLE	E SYSTEM:			S'	YSTEM ID#				
I	CINCINNATI BELL EXTE	INNATI BELL EXTENDED TERRITORIES, LLC 62861								
	SUM OF DSEs OF CATEGOR	Y "O" STATION	S.							
	Add the DSEs of each station		<b>o</b> .							
	Enter the sum here and in line		schedule.		1.50					
		•				i				
2	Instructions:									
	In the column headed "Call S of space G (page 3).	ign": list the call	signs of all distant stations	identified by the	e letter "O" in column 5					
	In the column headed "DSE"	: for each indepe	ndent station, give the DSF	as "1.0": for ea	ach network or noncom-					
	mercial educational station, giv			,						
Category "O"			CATEGORY "O" STATIO	NS: DSEs						
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
	WCET 48	0.250								
	WCET ARTS 48.3	0.250		<del> </del>						
	WCET CREATE 48.2	0.250								
	I									
	WCVN 54	0.250		<u></u>						
Add rows as	WCVN 54.2	0.250								
necessary.	WPTD THINK TV 16	0.250								
Remember to copy all										
formula into new										
rows.										
10W3.										
				<del></del>						
			***************************************							
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				····						
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						l				

 	 J	 

Name		WNER OF CABLE SYSTEM: BELL EXTENDED TI	ERRITORIES	, LLC				S	YSTEM ID# 62861
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should of Column 3 Column 4 be carried out Column 5 give the type- Column 6	at the call sign of all distate: For each station, give to correspond with the information and the station, give to bivide the figure in columnt least to the third decires.	he number of hemation given in the total number umn 2 by the figmal point. This station, give the fulumn 4 by the fulumn 4 by the fulumn 4 by the fullumn 4 by	nours your cable system space J. Calculate or rof hours that the statigure in column 3, and gis the "basis of carriage "type-value" as "1.0."	n carried the statily one DSE for e on broadcast ove tive the result in ce value" for the state of each networth give the result in the ce value of the state of	ion during the ach station.  If the air durin decimals in contaction.  It or noncommodecommod	g the account lumn 4. This the ercial educate und to no les	ting period. figure must tional station, s than the	
Capacity		(	CATEGORY	LAC STATIONS:	COMPUTATI	ON OF DS	Es	1	
	1. CALL SIGN	2. NUMBE OF HOI CARRIE SYSTE	URS ED BY M	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	SE .	5. TYPE VALUE	6. DS	E
			÷		=	x x		=	
			÷		=	x		=	
			÷		=	x		=	
			÷		=	x x		=	
			÷			x			
			÷		=	x		=	
	Add the DSEs	OF CATEGORY LAC S of each station. m here and in line 2 of p		nedule,			0.00		
Computation of DSEs for Substitute-Basis Stations	Was carried tions in efference to broadcast of space I).     Column 2: at your option.     Column 3: Column 4: I	e the call sign of each st. I by your system in subst ct on October 19, 1976 ( one or more live, nonnetw  For each station give the  This figure should correct  Enter the number of days  Divide the figure in colum  This is the station's DSE	itution for a pro as shown by the ork programs do number of live spond with the s in the calenda an 2 by the figu	gram that your system to letter "P" in column a uring that optional carring the column 3, and give ar year: 365, except in a re in column 3, and given.	was permitted to of space I); and age (as shown by the carried in substance I); and the carried in substance the result in co	o delete under the word "Yes" itution for prog lumn 4. Round	FCC rules ar in column 2 of grams that we do no less the street of the rules are the street of the rules are the r	ere deleted	n).
		Sl	JBSTITUTE	-BASIS STATION	S: COMPUTA	ATION OF E	OSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBE OF DAY IN YEAL	'S	1. CALL SIGN	2. NUMI OF PRO	BER GRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
			÷				÷		=
			÷ ÷	=			÷ ÷		=
		-	÷	=			÷		=
			÷	=			÷		=
		-	÷	=			÷		=
	Add the DSEs	<b>OF SUBSTITUTE-BASI</b> of each station. m here and in line 3 of p		nedule,			0.00		
5		ER OF DSEs: Give the am		boxes in parts 2, 3, and	4 of this schedule	and add them	to provide the	e total	
Total Number	1. Number	of DSEs from part 2 ●				<b></b>		1.50	
of DSEs	2. Number	of DSEs from part 3 ●				<u> </u>		0.00	
	3. Number	of DSEs from part 4 ●				<b></b>		0.00	
	TOTAL NUMBE	R OF DSEs					<u> </u>		1.50

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

LEGAL NAME OF O							S	YSTEM ID#	Name
CINCINNATI B	ELL EXTENDE	D TERRIT	ORIES, LLC	<b>;</b>				62861	Name
Instructions: Bloc	k A must be comp	leted.							
,	Yes," leave the re	mainder of pa	rt 6 and part 7	of the DSE schedu	ule blank and	complete part	8, (page 16) of the	•	6
schedule. • If your answer if "	No," complete blo	cks B and C b	pelow.						
				TELEVISION MA	ARKETS				Computation of 3.75 Fee
Is the cable system effect on June 24,	•	utside of all m	ajor and smalle	er markets as defin	ed under secti	on 76.5 of FC	C rules and regula	tions in	3.75 Fee
		schedule—D0	O NOT COMPI	LETE THE REMAII	NDER OF PA	RT 6 AND 7.			
X No—Comp	lete blocks B and	C below.							
		BLO	CK B: CARR	IAGE OF PERM	MITTED DS	Es			
Column 1:	List the call signs			oart 2, 3, and 4 of t			m was permitted to	o carry under	
CALL SIGN	FCC rules and re	gulations prione DSE Scheo	r to June 25, 1 Iule. (Note: The	981. For further ex e letter M below ref	planation of p	ermitted statio	ns, see the	,	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru	les and regul	ations cited be	is on which you ca low pertain to those ket quota rules [76.	e in effect on J	lune 24, 1981.	,		
	C Noncommeric	al educational d station (76.6	station [76.59 5) (see paragr	6.59(d)(1), 76.61(e) (c), 76.61(d), 76.63 aph regarding subs	B(a) referring to	o 76.61(d)]			
	E Carried pursua *F A station pre	ant to individu viously carrie	al waiver of FC	CC rules (76.7) e or substitute basi ontour, [76.59(d)(5)	•		ring to 76 61(e)(5)	1	
	M Retransmission		•		,, 10.01(0)(0),	70.00(4) 10.011	mg to 70.01(0)(0)	ı	
Column 3:		e stations ider	ntified by the le	parts 2, 3, and 4 of tter "F" in column 2			ksheet on page 14	4 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
WCET 48	C	0.25	5.5.1	27.10.10		5.5.1	2, 10.0		
WCET ART		0.25							1
WCET CRE WCVN 54	C C	0.25 0.25							I
WCVN 54.2	C	0.25							I
WPTD THIN		0.25							
	L	<u>l</u>	L		<u> </u>	1			
								1.50	
		E	BLOCK C: CC	MPUTATION OF	3.75 FEE				
Line 1: Enter the	total number of	DSEs from p	oart 5 of this s	schedule					
Line 2: Enter the	sum of permitte	d DSEs from	block B abo	ve					
Line 3: Subtract I (If zero, le				of DSEs subject of this schedule		ate.			
Line 4: Enter gro	ss receipts from	space K (pa	ge 7)				x 0.03	375	Do any of the DSEs represent
Line 5: Multiply li	ne 4 by 0.0375 a	ınd enter suı	n here					<u> </u>	partially permited/ partially
Line 6: Enter tota	I number of DSF	Es from line :	3				х		nonpermitted carriage? If yes, see part
	22. 2. 201								9 instructions.
Line 7: Multiply li	ne 6 by line 5 an	d enter here	and on line 2	2, block 3, space	L (page 7)			0.00	

ACCOUNTING PERIOD: 2023/2

	OWNER OF CABLES	ORIES, LLO	C			<b>5</b> `	4STEM ID# 62861	Name
1. CALL	2. PERMITTED	A: TELEVI	SION MARKETS  2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE	6
SIGN	BASIS	SIGN	BASIS		SIGN	BASIS		Computation of
								3.75 Fee

**ACCOUNTING PERIOD: 2023/2** 

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CINCINNATI BELL EXTENDED TERRITORIES. LLC 62861 Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Computating the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections Carriage 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B-Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S-Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED SIGN DSE **PERIOD CARRIAGE** DSE Instructions: Block A must be completed. 7 Computation If your answer is "Yes." complete blocks B and C. below. of the If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. **Syndicated BLOCK A: MAJOR TELEVISION MARKET Exclusivity** Surcharge Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? X Yes—Complete blocks B and C. No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Is any station listed in block B of part 6 the primary stream of a Was any station listed in block B of part 7 carried in any commucommercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer to former FCC rule 76.159) or in part, over the cable system? Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. X No—Enter zero and proceed to part 8. CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE 0.00 0.00 TOTAL DSES TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: CINCINNATI BELL EXTENDED TERRITORIES, LLC	SYSTEM ID# 62861	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	23,285,558.83	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defned by the FCC?  X Yes—Complete section 3 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?      No—Complete the applicable section below.  If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS	SE	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	) <u> </u>	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here	_	
	E. Add lines A and D. This is your surcharge.		
	Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1)	SE .	
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2)  and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		

Nama	LEGAL NAM	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	(	CINCINNATI BELL EXTENDED TERRITORIES, LLC	62861
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1)	0.00
of the Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1)	00
Surcharge		C. Multiply line B by 3.000 and enter here	0.00
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$	00
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.	00
		F. Multiply line D by line E and enter here	0.00
		G. Add lines A, C, and F. This is your surcharge.  Enter here and on line 2, block 4, space L (page 7)	0.00
		Syndicated Exclusivity Surcharge	0.00
8	6 was	ctions:  ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of pa checked "Yes," use the total number of DSEs from part 5.  ck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.	t
Computation		r answer is "No," compute your system's base rate fee in block B. 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 belo	w
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 "loca	I
	service	e area," see page (v) of the general instructions.	
	- Did v	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	_	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
	L	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 <b>4.000 or less,</b> compute your base rate fee here and leave section 4 blank.	
		NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.	
		A. Enter 0.01064 of gross receipts	
		(the amount in section 1)	
		D 5 4 0 00704 (	
		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)	0.00
		Base Rate Fee	0.00

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTE	M ID#	
CINCINNATI BELL EXTENDED TERRITORIES, LLC	62861	Name
Section If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
4		8
A. Enter 0.01064 of gross receipts  (the amount in section 1) ▶\$		
B. Enter 0.00701 of gross receipts  (the amount in section 1)	'	Computation of
	В	Base Rate Fee
C. Multiply line B by 3.000 and enter here		
D. Enter 0.00330 of gross receipts  (the amount in section 1)		
(the amount in section 1) <b>\$</b>		
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)		
	0.00	
	=-	
<b>IMPORTANT:</b> It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups		•
Space G.		9
In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage		Computation
exclusion, you must:		of Base Rate Fee
First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same		and Syndicated
station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the numbor DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.	er or	Exclusivity
Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.		Surcharge for
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		Partially Distant
also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. How your cable system is wholly located outside all major television markets, complete block A only.		Stations, and
How to Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
Step 1: For each community served, determine the local service area of each wholly distant and each partially distant station you carried to that community.		Stations
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, same token, the station is distant to the subscriber.)	by the	
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 will have only one subscriber group when the distant stations it carried have local service areas that coincide.	system	
Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber group:	coribor	
groups.	scriber	
In each section:		
<ul> <li>Identify the communities/areas represented by each subscriber group.</li> <li>Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the</li> </ul>		
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 2, of this schedule; or,	3, and 4	
2) any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this schedule.		
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 instruction in the paper SA3 form.	s	
• Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding		
page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the to DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show actual calculations on the form.		

# SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 62861 CINCINNATI BELL EXTENDED TERRITORIES, LLC Guidance for Computing the Royalty Fee for Partially Permitted/Partially Nonpermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Of Base Ra  WPTD THINK TV 1 0.25 Syndic  Exclus  Surch  for  Partic  Dista	CINCINNATI BELL I							62861	
CALL SIGN   DSE   CALL SIGN	В				ATE FEES FOR EACH			ID	
CALL SIGN   DSE	COMMUNITY/ A DEA	FIRST	SUBSCRIBER GRU		COMMUNITY/AREA	SECOND	SUBSCRIBER GRUI		9
CALL SIGN   DSE	JOINIMONT IT AREA				COMMONT I/ AREA				Computat
Syndic   S	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
Syndic Exclus   Surch   Fourth   Subscriber Group					WPTD THINK TV 1	0.25			Base Rate
									and
Surch   Four									Syndicate
District									Exclusivi
Datal DSEs  Jotal DSEs  Jotal DSEs  Jotal DSEs  Jotal DSEs  Josephines Receipts First Group  Jotal DSEs  Josephines Receipts Fourth Group  Jotal DSEs  Josephines Receipts Fourth Group  Journal DSEs  Jo									Surcharg
District   Static									
Dotal DSEs									Stations
S									
S									
S									
Serios Receipts First Group   Serios   Serios   Second Group   S									
Stross Receipts First Group   S   21,688,527.83   Gross Receipts Second Group   S   1,590,201.00						ļ			
Serios Receipts First Group   Serios   Serios   Second Group   S						]			
Sase Rate Fee First Group   S   0.00   Base Rate Fee Second Group   S   4,229.93	otal DSEs			0.00	Total DSEs			0.25	
THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  0 CALL SIGN  COLL S	Fross Receipts First Gro	up	s 21,68	8,527.83	Gross Receipts Second	d Group	\$ 1,5	590,201.00	
THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  0 CALL SIGN  COLL S									
THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  0 CALL SIGN  COLL S	Raso Rato Foo First Gro	un	e .	0.00	Base Rate Fee Second	l Group	e e	4 229 93	
COMMUNITY/AREA   D   COMMUNI	Table 1 de 1 met ene	чр	14	0.00	Base Rate 1 se essent	Стопр	Ψ	4,223.30	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE VCET 48 0.25 WCVN 54 0.25 VCET ARTS 48.3 0.25 WCVN 54.2 0.25 VCET CREATE 48. 0.25 VCVN 54.2 0.25 VCCN 54 0.25 VCVN 54.2		THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	JP	
VCET 48	OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
VCET 48									
VCET ARTS 48.3   0.25			CALL SIGN	DSE			CALL SIGN	DSE	
VCET CREATE 48. 0.25 VCVN 54 0.25 VCVN 54.2 0.25 VC						·······			
VCVN 54.2 0.25					WCVN 54.2	0.25			
VPTD THINK TV 16  0.25									
VPTD THINK TV 16         0.25         Image: Control of the control of									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
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Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	etal DCFe			1 50	Total DCFa	l l		0.50	
	otal DSES				Total DSEs				
sase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
	Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Enter here and in block 3, line 1, space L (page 7) \$ <b>4,284.44</b>	2 a blook c	, 1, 5	(٢~٣٠ )				·	-,	

LEGAL NAME OF OWNER CINCINNATI BELL E			S, LLC			SY	STEM ID# 62861	Name
BL	OCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
	FIFTH	SUBSCRIBER GROU	P		SIXTH	SUBSCRIBER GROUP		•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WCVN 54	0.25							Base Rate Fee
WCVN 54.2	0.25							and
WPTD THINK TV 16	0.25							Syndicated Exclusivity Surcharge
								for Partially Distant
								Stations
Total DSEs			0.75	Total DSEs			0.00	
Gross Receipts First Group \$ 6,830.00			830.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	up	\$	54.50	Base Rate Fee Second	l Group	\$	0.00	
SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA 0			P <b>0</b>	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GROUP	0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gro	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Group \$ 0.00		Base Rate Fee Fourth	Group	\$	0.00			
Base Rate Fee: Add the Enter here and in block 3			ber group a	as shown in the boxes ab	ove.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CINCINNATI BELL EXTENDED TERRITORIES, LLC  62861								
BI	OCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
	NINTH	SUBSCRIBER GROU	P		TENTH	SUBSCRIBER GROUP		^
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
								Guarono
Total DSEs	<u> </u>		0.00	Total DSEs	<u> </u>		0.00	
Gross Receipts First Gro	up	\$	0.00	Gross Receipts Second	l Group	\$	0.00	
-			0.00	Base Rate Fee Second		\$	0.00	
EL	EVENTH	SUBSCRIBER GROU	P		TWELVTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gro	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
David Barrier		· france in the second		1 1				
Base Rate Fee: Add the base rate fees for each subscriber group as Enter here and in block 3, line 1, space L (page 7)				is snown in the boxes abo	ove.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CINCINNATI BELL EXTENDED TERRITORIES, LLC  62861									
ВІ	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP			
THIR	RTEENTH	SUBSCRIBER GROU	Р	FOU	RTEENTH	SUBSCRIBER GROUP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
0.122.2.0.1								Base Rate Fee	
								and	
								Syndicated	
	<b>.</b>							Exclusivity	
	ł								
								Surcharge	
								for	
								Partially	
	<b>.</b>							Distant	
						_		Stations	
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Total DSEs 0.00				Total DSEs			0.00		
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Second	d Group	\$	0.00		
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Second	l Group	\$	0.00		
FIF	TEENTH	SUBSCRIBER GROU	Р	S	IXTEENTH	SUBSCRIBER GROUP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA	COMMUNITY/ AREA 0  CALL SIGN DSE CALL SIGN DSE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00		
Base Rate Fee Third Group \$ 0.00		Base Rate Fee Fourth	Group	\$	0.00				
Base Rate Fee: Add the	base rate	e fees for each subscri	ber group a	as shown in the boxes abo	ove.				
ase Rate Fee: Add the base rate fees for each subscriber group anter here and in block 3, line 1, space L (page 7)						\$			

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CINCINNATI BELL EXTENDED TERRITORIES, LLC  62861								
BI	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
SEVEN	ITEENTH	SUBSCRIBER GROU	P	EIG	HTEENTH	SUBSCRIBER GROUP		^
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
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Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	l Group	\$	0.00	
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Second	l Group	\$	0.00	
NIN	ITEENTH	SUBSCRIBER GROU	P	TV	VENTIETH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Group \$ 0.00		Base Rate Fee Fourth	Group	\$	0.00			
Paca Pata Fac. Add 41-	hace ret	fooe for each subs	hor grove =	os shown in the haves	240			
Base Rate Fee: Add the base rate fees for each subscriber group as Enter here and in block 3, line 1, space L (page 7)				is shown in the doxes ab	∪v <b>c</b> .	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CINCINNATI BELL EXTENDED TERRITORIES, LLC  62861								
ВІ	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
TWEN	TY-FIRST	SUBSCRIBER GROU	Р	TWENTY	-SECOND	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
0.122.2.0.1								Base Rate Fee
								and
								Syndicated
	<b>.</b>							Exclusivity
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								Surcharge for
								Partially
	<b>.</b>							Distant
						_		Stations
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Total DSEs				Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Second	l Group	\$	0.00	
TWENT	Y-THIRD	SUBSCRIBER GROU	Р	TWENTY	/-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u> </u>				<u> </u>			
	<u> </u>				<u> </u>			
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	[]							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Group \$ 0.00		Base Rate Fee Fourth	Group	\$	0.00			
Base Rate Fee: Add the	base rate	e fees for each subscri	ber aroun a	as shown in the boxes abo	ove.			
Enter here and in block 3, line 1, space L (page 7)						\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CINCINNATI BELL EXTENDED TERRITORIES, LLC  62861								
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
TWEN	TY-FIFTH	SUBSCRIBER GROU	P	TWEN	ITY-SIXTH	SUBSCRIBER GROUP		^
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
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Total DSEs				Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Second	l Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	l Group	\$	0.00	
TWENTY-S	SEVENTH	SUBSCRIBER GROU	Р	TWENT	Y-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	<b>†</b>				<b></b>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Group \$ 0.00		Base Rate Fee Fourth	Group	\$	0.00			
<b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as s Enter here and in block 3, line 1, space L (page 7)			s shown in the boxes abo	ove.	\$			

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CINCINNATI BELL EXTENDED TERRITORIES, LLC  62861								
ВІ	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
TWENT	Y-NINTH	SUBSCRIBER GROU	Р	Т	HIRTIETH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
0.122.2.0.1								Base Rate Fee
						_		and
								Syndicated
	<b>.</b>							Exclusivity
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			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Second	l Group	\$	0.00	
			0.00	Base Rate Fee Second	l Group	\$	0.00	
THIR	TY-FIRST	SUBSCRIBER GROU	Р	THIRTY	-SECOND	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	T							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Group \$ 0.00		Base Rate Fee Fourth	Group	\$	0.00			
Base Rate Fee: Add the	base rate	e fees for each subscri	ber group a	as shown in the boxes abo	ove.			
Enter here and in block 3, line 1, space L (page 7)						\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CINCINNATI BELL EXTENDED TERRITORIES, LLC  62861								
ВІ	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
THIRT	Y-THIRD	SUBSCRIBER GROU	Р	THIRTY	/-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
OTTLE STOTY	DOL	OF ILL STOTA	DOL	O/ LEE GIGIT	DOL	O/ LEE OTOTA	502	Base Rate Fee
								and
								Syndicated
						-		Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
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Total DSEs							0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Second	l Group	\$	0.00	
			0.00	Base Rate Fee Second	l Group	\$	0.00	
THIR	TY-FIFTH	SUBSCRIBER GROU	Р	THIF	RTY-SIXTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Group \$ 0.00		Base Rate Fee Fourth	Group	\$	0.00			
Base Rate Fee: Add the	base rate	e fees for each subscri	ber group a	as shown in the boxes abo	ove.			
ase Rate Fee: Add the base rate fees for each subscriber group a nter here and in block 3, line 1, space L (page 7)						\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CINCINNATI BELL EXTENDED TERRITORIES, LLC  62861								
BI	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
THIRTY-S	EVENTH	SUBSCRIBER GROU	Р	THIRT	Y-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
0.122.2.0.1								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
						_		Stations
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Total DSEs				Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Second	l Group	\$	0.00	
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Second	l Group	\$	0.00	
THIRT	Y-NINTH	SUBSCRIBER GROU	Р	I	FORTIETH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Group \$ 0.00		Base Rate Fee Fourth	Group	\$	0.00			
Base Rate Fee: Add the	base rate	e fees for each subscri	ber group a	s shown in the boxes abo	ove.			
Base Rate Fee: Add the base rate fees for each subscriber group a inter here and in block 3, line 1, space L (page 7)						\$		

LEGAL NAME OF OWNER CINCINNATI BELL			S, LLC			S	STEM ID# 62861	Name
				TE FEES FOR EACH				
COMMUNITY/ AREA	ı Y-HRST	SUBSCRIBER GROU	<b>0</b>	COMMUNITY/ AREA	FORTY-SECOND SUBSCRIBER GROUP  COMMUNITY/ AREA  0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
3.3.1		3 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.	232	3		223.5.1	232	Base Rate Fee
								and
	<b>.</b>							Syndicated
							<u> </u>	Exclusivity Surcharge
	<b></b>	H	l			<b></b>		for
								Partially
	<b>.</b>							Distant
			<u> </u>				_	Stations
			<u> </u>					
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00		0.00	Gross Receipts Second	d Group	\$	0.00		
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Second	d Group	\$	0.00	
FOR	ry-third	SUBSCRIBER GROU		<del>  </del>	Y-FOURTH	SUBSCRIBER GROUP	•	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	<u></u>						<del></del>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Group \$ 0.00		Base Rate Fee Fourth	Group	\$	0.00			
Base Rate Fee: Add the base rate fees for each subscriber group a Enter here and in block 3, line 1, space L (page 7)				as shown in the boxes ab	ove.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CINCINNATI BELL EXTENDED TERRITORIES, LLC  62861								
BI	OCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
FOR	TY-FIFTH	SUBSCRIBER GROU	Р	FOR	RTY-SIXTH	SUBSCRIBER GROUP		^
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
						-		Stations
					<b></b>			
			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Second	l Group	\$	0.00	
Base Rate Fee First Gro	up	\$	0.00	Base Rate Fee Second	l Group	\$	0.00	
FORTY-S	EVENTH	SUBSCRIBER GROU	Р	FORT	Y-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gro	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gre	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
David David Tolland								
Base Rate Fee: Add the base rate fees for each subscriber group as Enter here and in block 3, line 1, space L (page 7)				is snown in the boxes abo	ove.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CINCINNATI BELL EXTENDED TERRITORIES, LLC  62861									
ВІ	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP			
FORT	Y-NINTH	SUBSCRIBER GROU	Р		FIFTIETH	SUBSCRIBER GROUP		^	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
								and	
								Syndicated	
								Exclusivity	
								Surcharge	
								for	
								Partially	
								Distant	
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			0.00	Total DSEs		_	0.00		
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Second	d Group	\$	0.00		
			0.00	Base Rate Fee Second	l Group	\$	0.00		
FIF	ΓY-FIRST	SUBSCRIBER GROU	Р	FIFTY	'-SECOND	SUBSCRIBER GROUP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA	CALL SIGN DSE CALL SIGN DSE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
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Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00		
Base Rate Fee Third Gr	oun	e	0.00	Base Rate Fee Fourth	Group	\$	0.00		
	- <b>up</b>	\$	0.00	_uss rate ree rourill	Отобр	Ψ	3.00		
Base Rate Fee: Add the	base rate	fees for each subscri	her aroun a	s shown in the hoves abo	ove				
Base Rate Fee: Add the base rate fees for each subscriber group as Enter here and in block 3, line 1, space L (page 7)				S Shown in the boxes abo	- 10.	\$			

			LEGAL NAME OF OWNER OF CABLE SYSTEM:  CINCINNATI BELL EXTENDED TERRITORIES, LLC  62861								
BI	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP					
FIFT	Y-THIRD	SUBSCRIBER GROU	P	FIFTY	-FOURTH	SUBSCRIBER GROUP		^			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of			
								Base Rate Fee			
								and			
								Syndicated			
								Exclusivity			
								Surcharge			
								for			
								Partially			
								Distant			
								Stations			
Total DSEs			0.00	Total DSEs			0.00				
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	l Group	\$	0.00				
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	l Group	\$	0.00				
FIF <sup>-</sup>	TY-FIFTH	SUBSCRIBER GROU	Р	FIF	TY-SIXTH	SUBSCRIBER GROUP					
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
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Total DSEs			0.00	Total DSEs			0.00				
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Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00				
Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fourth	Group	\$	0.00					
Page Pate Fee: Add "	bace ==f	food for each	hor gra	o chown in the larger							
Base Rate Fee: Add the Enter here and in block 3			oei group a	is silowii iii iiie doxes add	Jve.	\$					

LEGAL NAME OF OWNER CINCINNATI BELL			S, LLC			SYS	62861	Name
BI	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
FIFTY-S	SEVENTH	SUBSCRIBER GROU	Р	FIFT	Y-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
0.122.2.0.1								Base Rate Fee
								and
								Syndicated
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
FIFT	Y-NINTH	SUBSCRIBER GROU	Р		SIXTIETH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	[							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the	haso rate	o fees for each subscri	her aroup c	as shown in the boxes abo	ove			
Enter here and in block 3			-oi gioup c	as shown in the boxes abo	- <b>.</b>	\$		

LEGAL NAME OF OWNER CINCINNATI BELL			S, LLC			SYS	62861	Name
BI	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
SIX	TY-FIRST	SUBSCRIBER GROU	Р	SIXTY	-SECOND	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
0.122.2.0.1								Base Rate Fee
								and
								Syndicated
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								Surcharge for
								Partially
								Distant
								Stations
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	l Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	l Group	\$	0.00	
SIXT	Y-THIRD	SUBSCRIBER GROU	Р	SIXTY	/-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fourth	Group	\$	0.00		
Base Rate Fee: Add the	base rate	e fees for each subscri	ber group a	as shown in the boxes abo	ove.			
Enter here and in block 3			5 1 -			\$		

LEGAL NAME OF OWNER CINCINNATI BELL			S, LLC			SYS	62861	Name
BI	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
SIX	TY-FIFTH	SUBSCRIBER GROU	Р	SIX	(TY-SIXTH	SUBSCRIBER GROUP		_
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
0.122.2.0.1								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	l Group	\$	0.00	
SIXTY-S	EVENTH	SUBSCRIBER GROU	Р	SIXT	Y-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fourth	Group	\$	0.00		
Base Rate Fee: Add the	base rate	e fees for each subscri	ber group a	as shown in the boxes abo	ove.			
Enter here and in block 3						\$		

LEGAL NAME OF OWNER CINCINNATI BELL I			S, LLC			SYS	62861	Name
BI	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
SIXT	Y-NINTH	SUBSCRIBER GROU	Р	SE	VENTIETH	SUBSCRIBER GROUP		_
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
0.122.2.0.1								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	l Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	l Group	\$	0.00	
SEVEN	ΓY-FIRST	SUBSCRIBER GROU	Р	SEVENTY	'-SECOND	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gro	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gre	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the	base rate	e fees for each subscri	ber group s	as shown in the hoxes abo	ove.			
Enter here and in block 3					- : • .	\$		

LEGAL NAME OF OWNER CINCINNATI BELL			S, LLC			SYS	62861	Name
ВІ	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
SEVENT	Y-THIRD	SUBSCRIBER GROU	Р	SEVENTY	/-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
0.122.2.0.1								Base Rate Fee
								and
								Syndicated
								Exclusivity
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	l Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	l Group	\$	0.00	
SEVEN <sup>-</sup>	TY-FIFTH	SUBSCRIBER GROU	Р	SEVEN	NTY-SIXTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the	base rate	e fees for each subscri	ber group a	s shown in the boxes abo	ove.			
Enter here and in block 3						\$		

LEGAL NAME OF OWNER CINCINNATI BELL			S, LLC			SYS	62861	Name
BI	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
SEVENTY-S	SEVENTH	SUBSCRIBER GROU	Р	SEVENT	Y-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
0.122.2.0.1								Base Rate Fee
								and
								Syndicated
	<b>.</b>							Exclusivity
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								Partially
	<b>.</b>							Distant
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	l Group	\$	0.00	
SEVENT	Y-NINTH	SUBSCRIBER GROU	Р	E	IGHTIETH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	[]							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fourth	Group	\$	0.00		
Base Rate Fee: Add the	base rate	e fees for each subscri	ber group a	as shown in the boxes abo	ove.			
Enter here and in block 3			J 1 -			\$		

LEGAL NAME OF OWNER CINCINNATI BELL I			S, LLC			SYS	62861	Name
BI	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
EIGHT	TY-FIRST	SUBSCRIBER GROU	Р	EIGHTY	-SECOND	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
0.122.2.0.1								Base Rate Fee
								and
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								Exclusivity
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								Partially
								Distant
						_		Stations
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	l Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	l Group	\$	0.00	
EIGHT	Y-THIRD	SUBSCRIBER GROU	Р	EIGHTY	/-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gro	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fourth	Group	\$	0.00		
Base Rate Fee: Add the	base rate	e fees for each subscri	ber group a	s shown in the boxes abo	ove.			
Enter here and in block 3						\$		

LEGAL NAME OF OWNER CINCINNATI BELL			S, LLC			SYS	62861	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
EIGH	TY-FIFTH	SUBSCRIBER GROU	P	EIGH	TY-SIXTH	SUBSCRIBER GROUP		^
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	l Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	l Group	\$	0.00	
EIGHTY-S	EVENTH	SUBSCRIBER GROU	P	EIGHT	Y-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
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Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fourth	Group	\$	0.00		
Base Rate Fee: Add the	base rate	e fees for each subscri	ber group a	as shown in the boxes abo	ove.			
Enter here and in block 3	3, line 1, sp	pace L (page 7)				\$		

LEGAL NAME OF OWNER CINCINNATI BELL			S, LLC			SYS	62861	Name
ВІ	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
EIGHT	Y-NINTH	SUBSCRIBER GROU	Р		NINTIETH	SUBSCRIBER GROUP		^
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	l Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	l Group	\$	0.00	
NINE	ΓY-FIRST	SUBSCRIBER GROU	P	NINETY	-SECOND	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Page Pate Face Add #5	hans ret	s food for each sub	hor grave -	o about in the haves	210			
Base Rate Fee: Add the Enter here and in block 3			oei group a	is shown in the poxes apo	∪v <b>c</b> .	\$		

LEGAL NAME OF OWNER CINCINNATI BELL I			S, LLC			SYS	62861	Name
BI	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
NINET	Y-THIRD	SUBSCRIBER GROU	Р	NINETY	/-FOURTH	SUBSCRIBER GROUP		^
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	l Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	l Group	\$	0.00	
NINE	TY-FIFTH	SUBSCRIBER GROU	P	NINE	TY-SIXTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gro	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fourth	Group	\$	0.00		
Boss Bets Face A 110	hace	food for each 100 100	har ===	o abour in the l	21/2			
Base Rate Fee: Add the Enter here and in block 3			uei group a	is shown in the doxes abo	ove.	\$		

LEGAL NAME OF OWNER CINCINNATI BELL			S, LLC			SYS	62861	Name
BI	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
NINETY-S	SEVENTH	SUBSCRIBER GROU	Р	NINET	Y-EIGHTH	SUBSCRIBER GROUP		_
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
0.122.2.0.1								Base Rate Fee
								and
								Syndicated
						H		Exclusivity
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	l Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	l Group	\$	0.00	
NINET	Y-NINTH	SUBSCRIBER GROU	P	ONE HU	NDREDTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the	base rate	e fees for each subscri	ber aroun a	s shown in the hoves abo	ove			
Enter here and in block 3			-oi gioup o	as shown in the boxes abo	- 10.	\$		

LEGAL NAME OF OWNER CINCINNATI BELL			S, LLC			S	7STEM ID# 62861	Name
ONE HUNDRI		COMPUTATION OF SUBSCRIBER GROU	Р	TI .		BER GROUP SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for
								Partially
	<b> </b>		<u> </u>					Distant Stations
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro		\$	0.00	Base Rate Fee Second		\$	0.00	
	ED THIRD	SUBSCRIBER GROU		<del>  </del>	FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs	1		0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
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Base Rate Fee: Add the Enter here and in block			ber group a	as shown in the boxes ab	ove.	\$		

LEGAL NAME OF OWNER CINCINNATI BELL I			S, LLC			SYS	62861	Name
BI	OCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRE	D FIFTH	SUBSCRIBER GROU	Р	ONE HUNDR	ED SIXTH	SUBSCRIBER GROUP		^
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	up	\$	0.00	Gross Receipts Second	l Group	\$	0.00	
Base Rate Fee First Gro	up	\$	0.00	Base Rate Fee Second	l Group	\$	0.00	
ONE HUNDRED S	EVENTH	SUBSCRIBER GROU	Р	ONE HUNDRE	D EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs	I		0.00	
Gross Receipts Third Gro	auc	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
The state of the s	Pr	*		2.000 Noonplo i oditii	-,	·		
Base Rate Fee Third Gro	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			per group a	is snown in the boxes abo	ove.	\$		

LEGAL NAME OF OWNER CINCINNATI BELL			S, LLC			SYS	62861	Name
ВІ	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRE	D NINTH	SUBSCRIBER GROU	Р	ONE HUNDRE	ED TENTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
0.122.2.0.1								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	l Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	l Group	\$	0.00	
ONE HUNDRED EL	.EVENTH	SUBSCRIBER GROU	Р	ONE HUNDRED	TWELVTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gro	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gro	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the	base rate	e fees for each subscri	ber group a	s shown in the boxes abo	ove.			
Enter here and in block 3	3, line 1, sp	pace L (page 7)				\$		

LEGAL NAME OF OWNER CINCINNATI BELL			S, LLC			SYS	62861	Name
ВІ	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED THIS	RTEENTH	SUBSCRIBER GROU	Р	ONE HUNDRED FOU	RTEENTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	l Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	l Group	\$	0.00	
ONE HUNDRED FIF	TEENTH	SUBSCRIBER GROU	Р	ONE HUNDRED S	IXTEENTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	[]							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the	hase rate	o fees for each subscri	her group s	es shown in the hoves abo	ove			
Enter here and in block 3			_ 5. g. oap c		- : • :	\$		

LEGAL NAME OF OWNER CINCINNATI BELL			S, LLC			SYS	62861	Name
BI	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		·
ONE HUNDRED SEVEN	ITEENTH	SUBSCRIBER GROU	Р	ONE HUNDRED EIG	HTEENTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
0.122.2.0.1								Base Rate Fee
								and
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	l Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	l Group	\$	0.00	
ONE HUNDRED NIN	ITEENTH	SUBSCRIBER GROU	Р	ONE HUNDRED TV	VENTIETH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the	base rate	e fees for each subscri	ber group a	as shown in the boxes abo	ove.			
Enter here and in block 3			5 1 -			\$		

LEGAL NAME OF OWNER CINCINNATI BELL			S, LLC			S	YSTEM ID# 62861	Name
		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EACH				
COMMUNITY/ AREA			0	COMMUNITY/ AREA	T-SECOND		0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
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								Syndicated
								Exclusivity
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
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Base Rate Fee First Gro		\$	0.00	Base Rate Fee Second		\$	0.00	
	ITY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED TWENT	IY-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs		I	0.00	Total DSEs	<u> </u>	11	0.00	
Gross Receipts Third Gr	าดเมต	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
C.000 Neocipio Hilla Gi	Jup	<u>*</u>	3.00	Oroso Receipts Fourth	Эгоар			
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			ber group a	as shown in the boxes ab	ove.	\$		

LEGAL NAME OF OWNER CINCINNATI BELL			S, LLC			SYS	62861	Name
BI	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED TWEN	NTY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED TWE	NTY-SIXTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	l Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	l Group	\$	0.00	
ONE HUNDRED TWENTY-	SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED TWEN	TY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the	base rate	e fees for each subscri	ber group a	s shown in the boxes abo	ove.			
Enter here and in block 3						\$		

LEGAL NAME OF OWNER CINCINNATI BELL			S, LLC			SYS	62861	Name
BI	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED TWEN	TY-NINTH	SUBSCRIBER GROUP		ONE HUNDRED	THIRTIETH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
OF ILLE CICIT	DOL	CALL SIGH	DOL	CALL CICIY	DOL	CALLE GIGIT	BOL	Base Rate Fee
								and
								Syndicated
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								Surcharge
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Total DSEs	•		0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	l Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	l Group	\$	0.00	
ONE HUNDRED THIR	RTY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED THIRT	Y-SECOND	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u> </u>				<u> </u>			
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the	base rate	e fees for each subscri	ber group a	s shown in the boxes abo	ove.			
Enter here and in block 3			5 1 -			\$		

LEGAL NAME OF OWNER CINCINNATI BELL			S, LLC			SYS	62861	Name
ВІ	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED THIR	TY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED THIRT	Y-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				3.122.57511				Base Rate Fee
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								Exclusivity
								Surcharge for
								Partially
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		-						Stations
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	I Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	l Group	\$	0.00	
ONE HUNDRED THIS	RTY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED THI	RTY-SIXTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	•							
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the	base rate	e fees for each subscri	ber group a	s shown in the boxes abo	ove.			
Enter here and in block 3	3, line 1, sp	pace L (page 7)				\$		

LEGAL NAME OF OWNER CINCINNATI BELL			S, LLC			SYS	62861	Name
			BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED THIRTY-	SEVENTH	SUBSCRIBER GROUP		ii e	TY-EIGHTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
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								Distant
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Total DSEs			0.00	Total DSEs	<u> </u>	Ш	0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	l Group	\$	0.00	
Base Rate Fee First Gro	-	\$	0.00	Base Rate Fee Second		\$	0.00	
	TY-NINTH	SUBSCRIBER GROUP		ll .	FORTIETH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			ber group a	as shown in the boxes abo	ove.	\$		
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LEGAL NAME OF OWNE CINCINNATI BELL			S, LLC			S	YSTEM ID# 62861	Name
				TE FEES FOR EACH	I SUBSCRI	BER GROUP		
	RTY-FIRST	SUBSCRIBER GROUP		1	TY-SECOND	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
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Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED FO	RTY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED FOR	RTY-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group a	as shown in the boxes al	bove.	\$		

LEGAL NAME OF OWNER CINCINNATI BELL			S, LLC			SYS	62861	Name
ВІ	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED FOR	RTY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED FO	RTY-SIXTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	I Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	l Group	\$	0.00	
ONE HUNDRED FORTY-	SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED FOR	TY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the	base rate	e fees for each subscri	ber aroup a	is shown in the boxes abo	ove.			
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LEGAL NAME OF OWNER CINCINNATI BELL			S, LLC			S	7STEM ID# 62861	Name
ONE HUNDRED FORT				ONE HUNDRED		BER GROUP SUBSCRIBER GROUP	0	9
COMMUNITY/ AREA			U	COMMUNITY/ AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
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Total DSEs		11	0.00	Total DSEs	•	Н	0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED FIF	TY-FIRST	SUBSCRIBER GROU	P	ONE HUNDRED FIFTY	/-SECOND	SUBSCRIBER GROUP	<b>&gt;</b>	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the	base rate	e fees for each subscri	ber group a	as shown in the boxes ab	ove.			
Enter here and in block	3, line 1, sp	pace L (page 7)				\$		

LEGAL NAME OF OWNER CINCINNATI BELL			S, LLC			SYS	62861	Name
BI	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED FIFT	Y-THIRD	SUBSCRIBER GROU	Р	ONE HUNDRED FIFTY	-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	l Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	l Group	\$	0.00	
ONE HUNDRED FIF	TY-FIFTH	SUBSCRIBER GROU	Р	ONE HUNDRED FIF	TY-SIXTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs	I		0.00	
Gross Receipts Third Gr	oun	•	0.00	Gross Receipts Fourth	Group	<u> </u>	0.00	
TOTOSS Receipts Third Gr	oup	<u>*</u>	0.00	Gioss Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the	base rate	e fees for each subscri	ber group a	s shown in the boxes abo	ove.			
Enter here and in block 3			5 1 -			\$		

LEGAL NAME OF OWNER CINCINNATI BELL			S, LLC			SY	62861	Name
BI	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED FIFTY-	SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED FIF	TY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
0.122.2.0.1								Base Rate Fee
								and
								Syndicated
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								Surcharge for
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	l Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	l Group	\$	0.00	
ONE HUNDRED FIF	TY-NINTH	SUBSCRIBER GROUP		ONE HUNDREI	D SIXTIETH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	1							
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the	base rate	e fees for each subscri	ber group a	s shown in the boxes abo	ove.			
Enter here and in block 3			5 1 -			\$		

LEGAL NAME OF OWN			ES, LLC				62861	Name
				TE FEES FOR EAG				
0014441147777455		SUBSCRIBER GRO		001414111171111		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
		-						and Syndicate
		H						Exclusivity
								Surcharge
						<u> </u>		for
		-						Partially Distant
								Stations
		-	<u></u>					
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$ 21,68	8,527.83	Gross Receipts Sec	ond Group	\$ 1,5	590,201.00	
Base Rate Fee First		\$	0.00	Base Rate Fee Sec		\$	0.00	
		SUBSCRIBER GRO				SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		<b> </b>	<u></u>					
		H	<u></u>					
		H						
						H		
Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				II				
		e fees for each subs pace L (page 7)	criber group a	as shown in the boxes	above.	\$	0.00	

LEGAL NAME OF OWNE			ES, LLC				62861	Name
				TE FEES FOR EAC				
	FIFTH	SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
				.				Syndicate
	<del></del>	H						Exclusivit Surcharge
		<b> </b>		.				for
								Partially
								Distant
								Stations
	<u> </u>	<u> </u>						
		<del> </del>						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	6,830.00	Gross Receipts Sec	ond Group	\$	0.00	
3ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	SEVENTH	SUBSCRIBER GRO	DUP		EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL CICIT	502	O/ LEE GIGIT	552	O'NEE GIGIT	BOL	O/ IEE OIOI1	BGE	
		H						
		<b>H</b>						
		-						
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (	-roup	•	0.00	Gross Receipts Fou	rth Group	•	0.00	
21033 Receipts Tillu (	o oup	\$	J.00	C1033 Necelpts Fou	тат Отоир	\$	0.00	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee Third (  Base Rate Fee: Add ti Enter here and in block	Group ne <b>base rat</b>	\$ e fees for each subs	0.00	Base Rate Fee Fou	rth Group			

LEGAL NAME OF OWN CINCINNATI BEL			ES, LLC			· · · · · · · · · · · · · · · · · · ·	62861	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicate
								Exclusivity Surcharge
			····					for
								Partially
								Distant
								Stations
			<b></b>					
			····					
		<b> </b>						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
•	·				·	·		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	ELEVENTH	SUBSCRIBER GRO	)UP		TWELVTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Γotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
2.300 Recorpts Hillu	. J. Jup	<del>*</del>	<u> </u>	S. S	Стоир	*		
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee Third  Base Rate Fee: Add Enter here and in blo	the base rat	e fees for each subs		Base Rate Fee Foundation		\$	0.00	

CINCINNATI BELL EXT		SYSTEM: ED TERRITORIE	S, LLC			<u> </u>	62861	Name
BLOC	K A: C	OMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
	NTH S	SUBSCRIBER GRO		ii —		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	4		0	Computati
CALL SIGN DS	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
	<del> </del>							and Syndicate
								Exclusivit
								Surcharge
								for
								Partially Distant
								Stations
	H							
otal DSEs	_		0.00	Total DSEs			0.00	
Gross Receipts First Group	<u> </u>	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
	Γ							
Base Rate Fee First Group	\$	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	NTH S	SUBSCRIBER GRO		OOMMUNITY//ARE		SUBSCRIBER GRO	_	
	NTH S	SUBSCRIBER GRO	JP <b>0</b>	COMMUNITY/ AREA		I SUBSCRIBER GRO	UP <b>0</b>	
		CALL SIGN		COMMUNITY/ AREA		SUBSCRIBER GRO	_	
COMMUNITY/ AREA			0		A		0	
COMMUNITY/ AREA			0		A		0	
COMMUNITY/ AREA			0		A		0	
COMMUNITY/ AREA			0		A		0	
COMMUNITY/ AREA			0		A		0	
COMMUNITY/ AREA			0		A		0	
COMMUNITY/ AREA			0		A		0	
COMMUNITY/ AREA			0		A		0	
COMMUNITY/ AREA			0		A		0	
COMMUNITY/ AREA			0		A		0	
COMMUNITY/ AREA			0		A		0	
COMMUNITY/ AREA			0		A		0	
CALL SIGN DS			0		A		0	
COMMUNITY/ AREA	SE SE		DSE	CALL SIGN	DSE		DSE	
CALL SIGN DS  CALL SIGN DS	SE SE	CALL SIGN	0 DSE	CALL SIGN  Total DSEs	DSE	CALL SIGN	0 DSE	
CALL SIGN DS  CALL SIGN DS	SE SE	CALL SIGN	0 DSE	CALL SIGN  Total DSEs	DSE STATE OF THE S	CALL SIGN	0 DSE	

DMPUTATION OF E		CALL SIGN  CALL SIGN  Total DSEs  Gross Receipts Seco	DSE	BER GROUP    SUBSCRIBER GROUP    CALL SIGN    CALL SIGN    CALL SIGN    CALL SIGN    CALL SIGN    CALL SIGN	DSE	of Base Rate and Syndicate Exclusivi Surcharg for Partially
	0 DSE	CALL SIGN  CALL SIGN  Total DSEs	DSE	CALL SIGN	DSE	Computati of Base Rate and Syndicate Exclusivi Surcharg for Partially Distant
CALL SIGN	DSE	Total DSEs	DSE		DSE	Computati of Base Rate and Syndicate Exclusivi Surcharg for Partially Distant
CALL SIGN	0.00	Total DSEs			0.00	of Base Rate and Syndicate Exclusivi Surcharg for Partially
			ond Group	<b>S</b>	-	and Syndicate Exclusivi Surcharg for Partially
			ond Group	<b>S</b>	-	Syndicate Exclusivit Surcharg
			ond Group	<b>S</b>	-	Exclusivit Surcharg for Partially Distant
			ond Group	<b>S</b>	-	Surcharg for Partially Distant
			ond Group	\$	-	for Partially Distant
			ond Group	<b>S</b>	-	Distant
			ond Group	<b>S</b>	-	
			ond Group	\$	-	Stations
			ond Group	- S	-	
			ond Group	\$	-	
			ond Group		-	
			ond Group	<b>s</b>	-	
			ond Group	<b>\$</b>	-	
			ond Group	\$	-	
	0.00	Gross Receipts Sec	ond Group	\$	0.00	
					<del></del>	
	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
BSCRIBER GROUP	)		TWENTIETH	SUBSCRIBER GROU	JP	
	0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-		
				H		
	0.00	Total DSEs			0.00	
	0.00	Gross Receipts Foul	rth Group	\$	0.00	
	0.00	Base Rate Fee Four	rth Group	\$	0.00	
	CALL SIGN	BSCRIBER GROUP  O CALL SIGN DSE  O O O O O O O O O O O O O O O O O O	BSCRIBER GROUP  O COMMUNITY/ AREA  CALL SIGN  DSE CALL SIGN  O.00  Total DSEs  Gross Receipts Fou  D.00  Base Rate Fee Fou  Dse CALL SIGN  Ds	BSCRIBER GROUP  CALL SIGN  DSE  CALL SIGN  DSE  CALL SIGN  DSE  O.00  Total DSEs  Gross Receipts Fourth Group  Base Rate Fee Fourth Group  DSE  D.00  DSE  DSE  DSE  DSE  DSE  DSE  DSE  D	BSCRIBER GROUP  TWENTIETH SUBSCRIBER GROU  COMMUNITY/ AREA  CALL SIGN  DSE  CALL SIGN  DSE  CALL SIGN  DSE  CALL SIGN  O.00  Total DSEs  Gross Receipts Fourth Group  Base Rate Fee Fourth Group  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$	BESCRIBER GROUP  O COMMUNITY/ AREA  O CALL SIGN  DSE  CALL SIG

	BLOCK A.	COMPUTATION (	OF BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
		SUBSCRIBER GRO		(1)		SUBSCRIBER GROU	JP	
MMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
								Computat
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						 		Base Rate
								and
								Syndicate
								Exclusivi
								Surcharg
								for
								Partially
								Distant
						. –		Stations
	···				••••••••••			
						-		
		H				· H		
	<del> </del>	H				-		
					<del></del>			
	<del> </del>	<del> </del>			<del> </del>			
tal DSEs			0.00	Total DSEs			0.00	
oss Receipts First G	roun	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
oss receipts i list o	Ισαρ	Ψ	0.00	Cross Receipts decor	id Oroup	Ψ	0.00	
<b>se Rate Fee</b> First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
		•				•	-	
TWEN	ITY-THIRD	SUBSCRIBER GRO	DUP	TWENT	Y-FOURTH	SUBSCRIBER GROU	JP	
MMUNITY/ AREA			0	COMMUNITY/ AREA			0	
			······	<b> </b>				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
tal DSEs	DSE	CALL SIGN	DSE	Total DSEs	DSE	CALL SIGN	DSE	
		CALL SIGN				CALL SIGN		
tal DSEs		CALL SIGN	0.00	Total DSEs			0.00	
tal DSEs		CALL SIGN	0.00	Total DSEs			0.00	
tal DSEs	Group	CALL SIGN	0.00	Total DSEs	n Group		0.00	

	SLOCK A.	COMPLITATION	OF BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
		SUBSCRIBER GRO		III		SUBSCRIBER GROU	JP	
MMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
		II			T =	II		Computat
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of December
					<b></b>	-		Base Rate
				.				and
								Syndicat
								Exclusivi
								Surcharg
								for
								Partially
								Distant
								Stations
						H		
	<u> </u>	H		-	<b></b>	H		
				-	<b> </b>			
					ļ	Ц		
tal DSEs			0.00	Total DSEs			0.00	
oss Receipts First G	roun	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
ood recomple i list o	ioup	•	0.00	Gross receipts occorn	a Group	<u>*</u>		
<b>se Rate Fee</b> First G	roup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
		•				•	-	
TWENTY	SEVENTH	SUBSCRIBER GRO	DUP	TWENT	Y-EIGHTH	SUBSCRIBER GROU	JP	
MMUNITY/ AREA			0	COMMUNITY/ AREA			•	
			•				0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN			DSE	CALL SIGN		
CALL SIGN	DSE	CALL SIGN			DSE	CALL SIGN		
CALL SIGN	DSE	CALL SIGN			DSE	CALL SIGN		
CALL SIGN	DSE	CALL SIGN			DSE	CALL SIGN		
CALL SIGN	DSE	CALL SIGN			DSE	CALL SIGN		
CALL SIGN	DSE	CALL SIGN			DSE	CALL SIGN		
CALL SIGN	DSE	CALL SIGN			DSE	CALL SIGN		
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CALL SIGN	DSE	CALL SIGN			DSE	CALL SIGN		
CALL SIGN	DSE	CALL SIGN			DSE	CALL SIGN		
CALL SIGN	DSE	CALL SIGN			DSE	CALL SIGN		
CALL SIGN	DSE	CALL SIGN			DSE	CALL SIGN		
CALL SIGN	DSE	CALL SIGN			DSE	CALL SIGN		
CALL SIGN	DSE	CALL SIGN			DSE	CALL SIGN		
CALL SIGN	DSE	CALL SIGN			DSE	CALL SIGN		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN			DSE	CALL SIGN		
		CALL SIGN	DSE	CALL SIGN		CALL SIGN	DSE	
tal DSEs		CALL SIGN	0.00	CALL SIGN  Total DSEs			DSE	
tal DSEs	Group	CALL SIGN	0.00 0.00	Total DSEs Gross Receipts Fourth	Group	\$	0.00 0.00	
tal DSEs	Group	CALL SIGN	0.00	CALL SIGN  Total DSEs	Group		DSE	

LEGAL NAME OF OWNE  CINCINNATI BELL			ES LLC			•	SYSTEM ID#	Name
							62861	
				TE FEES FOR EACI			ID.	
TWEN COMMUNITY/ AREA	ı Y-NIN I H	SUBSCRIBER GRO	<b>0</b>	COMMUNITY/ AREA		SUBSCRIBER GRO	<b>0</b>	9
COMMUNITY AREA			<u> </u>	COMMUNITY AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicated
								Exclusivit
								Surcharge
								for
								Partially
	<del> </del>							Distant Stations
	•••••••••••••••••••••••••••••••••••••••		••••					Otations
Γotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
'						·		
Basa Bata Esa First Ci			0.00	Base Bete Fee Coop	nd Craun		0.00	
Base Rate Fee First G	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
Base Rate Fee First G		\$ SUBSCRIBER GRO				SUBSCRIBER GRO	•	
					TY-SECOND	-	•	
THIF			DUP	THIR	TY-SECOND	-	UP	
THIF			DUP	THIR	TY-SECOND	-	UP	
THIF COMMUNITY/ AREA	RTY-FIRST	SUBSCRIBER GRO	0 0	THIR'	TY-SECOND	SUBSCRIBER GRO	UP 0	
THIF COMMUNITY/ AREA	RTY-FIRST	SUBSCRIBER GRO	0 0	THIR'	TY-SECOND	SUBSCRIBER GRO	UP 0	
THIF COMMUNITY/ AREA	RTY-FIRST	SUBSCRIBER GRO	0 0	THIR'	TY-SECOND	SUBSCRIBER GRO	UP 0	
THIF COMMUNITY/ AREA	RTY-FIRST	SUBSCRIBER GRO	0 0	THIR'	TY-SECOND	SUBSCRIBER GRO	UP 0	
THIF COMMUNITY/ AREA	RTY-FIRST	SUBSCRIBER GRO	0 0	THIR'	TY-SECOND	SUBSCRIBER GRO	UP 0	
THIF COMMUNITY/ AREA	RTY-FIRST	SUBSCRIBER GRO	0 0	THIR'	TY-SECOND	SUBSCRIBER GRO	UP 0	
THIF COMMUNITY/ AREA	RTY-FIRST	SUBSCRIBER GRO	0 0	THIR'	TY-SECOND	SUBSCRIBER GRO	UP 0	
THIF COMMUNITY/ AREA	RTY-FIRST	SUBSCRIBER GRO	0 0	THIR'	TY-SECOND	SUBSCRIBER GRO	UP 0	
THIF COMMUNITY/ AREA	RTY-FIRST	SUBSCRIBER GRO	0 0	THIR'	TY-SECOND	SUBSCRIBER GRO	UP 0	
THIF COMMUNITY/ AREA	RTY-FIRST	SUBSCRIBER GRO	0 0	THIR'	TY-SECOND	SUBSCRIBER GRO	UP 0	
THIF COMMUNITY/ AREA	RTY-FIRST	SUBSCRIBER GRO	0 0	THIR'	TY-SECOND	SUBSCRIBER GRO	UP 0	
THIF COMMUNITY/ AREA	RTY-FIRST	SUBSCRIBER GRO	0 0	THIR'	TY-SECOND	SUBSCRIBER GRO	UP 0	
THIF COMMUNITY/ AREA	RTY-FIRST	SUBSCRIBER GRO	0 0	THIR'	TY-SECOND	SUBSCRIBER GRO	UP 0	
THIF COMMUNITY/ AREA  CALL SIGN	RTY-FIRST	SUBSCRIBER GRO	DUP 0	THIR COMMUNITY/ AREA	TY-SECOND	SUBSCRIBER GRO	DSE	
THIE COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE	SUBSCRIBER GRO	DUP  DSE  DOSE  O.000	THIR' COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE DSE	SUBSCRIBER GRO	DSE DSE D.00	
THIF COMMUNITY/ AREA  CALL SIGN	DSE	SUBSCRIBER GRO	DUP 0	THIR COMMUNITY/ AREA	DSE DSE	SUBSCRIBER GRO	DSE	
THIE COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE	SUBSCRIBER GRO	DUP  DSE  DOSE  O.000	THIR' COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE DSE	CALL SIGN	DSE DSE D.00	
THIE COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE STOUP	SUBSCRIBER GRO	DUP 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	THIR' COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE hh Group	CALL SIGN	DSE DSE D.00	
THIF COMMUNITY/ AREA  CALL SIGN  Fotal DSEs  Gross Receipts Third G	DSE STOUP	SUBSCRIBER GRO	DUP  DSE  DOSE  O.000	THIR' COMMUNITY/ AREA  CALL SIGN  Total DSEs Gross Receipts Fourt	DSE hh Group	SUBSCRIBER GROUND CALL SIGN	DSE	

LEGAL NAME OF OWN			ES, LLC			<u> </u>	62861	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO		11		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and Syndicate
								Exclusivity
								Surcharge
								for
								Partially
		-						Distant Stations
					<u></u>			
Total DSEs	•	···	0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	and Group	\$	0.00	
oross receipts i list	Огоар	<b>4</b>	0.00	Oloss Receipts dec	ond Group	<del>y</del>	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
TI	HIRTY-FIFTH	SUBSCRIBER GRO	DUP	Т	HIRTY-SIXTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs			0.00	Total DSEs		II	0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
į ·······			1		F	<u>·</u>		
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
<b>Base Rate Fee:</b> Add Enter here and in blo			criber group a	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN			ES, LLC				62861	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO		11		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
				.				Syndicate
		-		.				Exclusivity Surcharge
		H						for
								Partially
								Distant
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otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
TH	IRTY-NINTH	SUBSCRIBER GRO	DUP		FORTIETH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	¢	0.00	Gross Receipts Fou	rth Group	¢	0.00	
nos necelhis i illia	Gloup	\$	0.00	Cioss Neceipis Fou	тат Отоир	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo	the <b>base rat</b>	e fees for each subs				s	0.00	

LEGAL NAME OF OWNER CINCINNATI BELL			ES LLC			;	62861	Name
							02001	
				TE FEES FOR EAC			UD.	
	I Y-FIRST	SUBSCRIBER GRO		ii —		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	<i>P</i>		0	Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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								and
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
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Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FORT	Y-THIRD	SUBSCRIBER GRO	DUP	FOR	RTY-FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Ą		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs		-	0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
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IIII GI	- up	\$	0.00		0/0up	Ψ	0.00	
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		e fees for each subs						

LEGAL NAME OF OWNER  CINCINNATI BELL			FS LLC			;	SYSTEM ID# 62861	Name
							02001	
				TE FEES FOR EAC			LID	
	RTY-FIFTH	SUBSCRIBER GRO		11		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	······		0	Computation
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
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Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
FORTY-	SEVENTH	SUBSCRIBER GRO	)UP	FO	RTY-EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	١		0	
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F-4-1 DCE-		Ш	0.00	T-4-LDOF		11	0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
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Base Rate Fee Third G	iroun	•	0.00	Base Rate Fee Four	th Group	\$	0.00	
IIII G	Jup	\$	0.00	Judo Rate / Ge / Our	O.oup	Ψ	0.00	
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Base Rate Fee: Add th	e base rat	e fees for each subs	criber aroup a	as shown in the boxes	above.			
Base Rate Fee: Add th Enter here and in block			criber group a	as snown in the boxes	apove.	\$		

LEGAL NAME OF OW CINCINNATI BE		E SYSTEM: DED TERRITORI	ES, LLC			:	62861	Name
				ATE FEES FOR EAC				
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Firs	t Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee Firs		\$	0.00	Base Rate Fee Sec		\$	0.00	
		SUBSCRIBER GRO				SUBSCRIBER GRO	_	
COMMUNITY/ ARE	Α		0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Γotal DSEs		Ш	0.00	Total DSEs		11	0.00	
Gross Receipts Thir	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
2.355 . 10001pto 11III	_ C. 5up	<del>*</del>		3.555 (GOOIPIO (OC	510up	<u>*</u>		
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
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			criber group a	as shown in the boxes	above.			
Base Rate Fee: Add Enter here and in blo			criber group a	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER  CINCINNATI BELL I			ES, LLC			;	62861	Name
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COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
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Gross Receipts First Gro	NUD.	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
oroso recorpto i not ore	лир	<u>*</u>	0.00	Cross recorpts occor	ia Group			
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
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CALL SIGN  CALL SIGN  Figure 1	DSE	SUBSCRIBER GRO	DUP  O  DSE  O  O  O  O  O  O  O  O  O  O  O  O  O	CALL SIGN  CALL SIGN  Total DSEs	DSE DSE	I SUBSCRIBER GRO	DSE DSE D.00	
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LEGAL NAME OF OWN			ES, LLC				62861	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO		TI .		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
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otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
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Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
F	IFTY-NINTH	SUBSCRIBER GRO	DUP		SIXTIETH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
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אווונט און פפטיכיים איז פפטיכיים	Group	\$	0.00	Josa Receipis Fol	ται Gιυυρ	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo	the base rat	e fees for each subs				<b>S</b>	0.00	

LEGAL NAME OF OWN		E SYSTEM: DED TERRITORI	ES, LLC				62861	Name
				TE FEES FOR EAG				
		SUBSCRIBER GRO		TI .		SUBSCRIBER GRO		9
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CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Γotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
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Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
8	SIXTY-THIRD	SUBSCRIBER GRO	DUP	SI	XTY-FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
							<del></del>	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
	· 				<u>.</u>	<u> </u>		
ase Rate Fee: Add		e fees for each subs space L (page 7)	criber group a	s shown in the boxes	above.			

COMPUTATION OF SUBSCRIBER GROUND CALL SIGN	F BASE RA	COMMUNITY/ AREA	SIXTY-SIXTH	BER GROUP    SUBSCRIBER GROUN    CALL SIGN	0 DSE	Q Computation of Base Rate In and Syndicate Exclusivities Surcharg for Partially Distant Stations
CALL SIGN	DSE	COMMUNITY/ AREA	SIXTY-SIXTH	SUBSCRIBER GROU	0	Computation of Base Rate In and Syndicate Exclusivities Surcharg for Partially Distant
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Ÿ	0.00	Gross Receipts Sec	and Group	\$	0.00	
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SUBSCRIBER GROI	UP	SI	XTY-EIGHTH	SUBSCRIBER GROU	JP	
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CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	SUBSCRIBER GRO  CALL SIGN  S  \$	SUBSCRIBER GROUP  CALL SIGN DSE  O.00  \$ 0.00  \$ 0.00  \$ 0.00	SUBSCRIBER GROUP  CALL SIGN  DSE  CALL SIGN  DSE  CALL SIGN  O  Total DSEs  To	SUBSCRIBER GROUP  COMMUNITY/ AREA  CALL SIGN  DSE  CALL SIGN  DSE  A DOB  Total DSEs  Gross Receipts Fourth Group	SUBSCRIBER GROUP  SIXTY-EIGHTH SUBSCRIBER GROU  CALL SIGN  DSE  CALL SIGN  DSE	SUBSCRIBER GROUP  O COMMUNITY/ AREA  O CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  O DSE  Total DSEs  O DSE  O DSE

LEGAL NAME OF OWN CINCINNATI BEL			ES, LLC				62861	Name
	BLOCK A:	COMPUTATION (	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GRO		11		SUBSCRIBER GRO		9
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otal DSEs			0.00	Total DSEs			0.00	
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Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
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COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
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otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	•	0.00	Gross Receipts Fou	rth Group	•	0.00	
noss neocipis milu	Стоир	\$	0.00	Cioss Receipis Fol	тат Отоир	\$	0.00	
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EGAL NAME OF OWNER OF CAI CINCINNATI BELL EXTE		ES, LLC				62861	Name
	A: COMPUTATION C		TI .				
	D SUBSCRIBER GRO		ii —		SUBSCRIBER GRO		9
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	Computati
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otal DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
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SEVENTY-FIFT COMMUNITY/ AREA  CALL SIGN  DSE	TH SUBSCRIBER GRO	0 0	SE\	/ENTY-SIXTH	I SUBSCRIBER GRO	UP <b>0</b>	
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SEVENTY-FIFT COMMUNITY/ AREA  CALL SIGN  DSE	CALL SIGN	DUP  DSE  DOME  DO	CALL SIGN  CALL SIGN  Total DSEs	/ENTY-SIXTH	CALL SIGN	DSE 0.00	

	SYSTEM: NED TERRITORIE	-s 11 C			•	SYSTEM ID#	Name
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			TT .			ID	
:VENTH	SUBSURIBER GRO		11		SUBSCRIBER GROU		9
		<u> </u>	COMMUNITY/ AREA				Computati
DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate F
							and
							Syndicate
							Exclusivit
							Surcharge
							for
							Partially
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		0.00	T-4-1 DCE-		<u>ļļ</u>	0.00	
			Total DSEs			-	
ıp	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
ıρ	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
( <b>NUNIT</b> 1				FIGUREEN		<u> </u>	
′-NINTH	SUBSCRIBER GRO				SUBSCRIBER GROU		
		0	COMMUNITY/ AREA				
DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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DSE	CALL SIGN			DSE	CALL SIGN		
DSE	CALL SIGN	0.00	Total DSEs	DSE	CALL SIGN	0.00	
DSE	CALL SIGN				CALL SIGN		
		0.00	Total DSEs			0.00	
up	\$	0.00	Total DSEs	th Group		0.00	
up		0.00	Total DSEs Gross Receipts Four	th Group	\$	0.00	
	DSE IP	DSE CALL SIGN  IP \$	EXTENDED TERRITORIES, LLC  OCK A: COMPUTATION OF BASE RA EVENTH SUBSCRIBER GROUP  O  DSE   CALL SIGN   DSE  O  O  O  O  O  O  O  O  O  O  O  O  O	COCK A: COMPUTATION OF BASE RATE FEES FOR EACE VENTH SUBSCRIBER GROUP  SEVEN COMMUNITY AREA  DSE CALL SIGN DSE CALL SIGN  DSE CALL SIGN DSE CALL SIGN  O COMMUNITY AREA  TO COMMUNITY AR	COCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIEVENTH SUBSCRIBER GROUP  SEVENTY-EIGHTH  COMMUNITY/ AREA  DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN D	COCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP  EVENTH SUBSCRIBER GROUP  SEVENTY-EIGHTH SUBSCRIBER GROUP  COMMUNITY/ AREA  DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN  DSE CALL SIGN DSE CALL SIGN  DSE CALL SIGN DSE CALL SIGN  DSE CALL SIGN DSE CALL SIGN  DSE CALL SIGN DSE CALL SIGN  DSE CALL SIGN DSE CALL SIGN  DSE CALL SIGN DSE CALL SIGN  DSE CALL SIGN DSE CALL SIGN  DSE CALL S	EXTENDED TERRITORIES, LLC  OCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP  EVENTH SUBSCRIBER GROUP  OCMMUNITY/ AREA  OCH CALL SIGN  DSE  CALL

ENDED TERRITOR  K A: COMPUTATION  RST SUBSCRIBER GI	OF BASE RA	III	H SUBSCR	IBER GROUP	62861	
		III	H SUBSCR	IBER GROUP		
KS F SUBSCRIBER GI	KOUP					
		Ħ		SUBSCRIBER GROU		9
	0	COMMUNITY/ AREA			0	Computati
E CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
L CALL SIGN	DOL	CALL SIGN	DOL	CALL SIGN	DOL	Base Rate I
				·-		and
						Syndicate
						Exclusivit
						Surcharge
						for
						Partially
						Distant
						Stations
	0.00	Total DSEs			0.00	
\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
	0.00	Boss Bets Fee Con	and Craun		0.00	
\$	0.00	Dase Rate Fee Sec	она Стоир	\$	0.00	
IRD SUBSCRIBER GI	ROUP	EIGH	TY-FOURTH	SUBSCRIBER GRO	UP	
	0	COMMUNITY/ AREA	A		0	
E CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		.				
		-				
				·		
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				"		
	0.00	Total DSEs			0.00	
	_					
\$	0.00	Gross Receipts Fou	πn Group	\$	0.00	
\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
L				•	<u>_</u>	
	\$ HIRD SUBSCRIBER GI	\$ 0.00  \$ 0.00  HIRD SUBSCRIBER GROUP   COLUMN DECEMBER CALL SIGN DSE  DOUBLE CALL SIGN DSE  O 0.00  \$ 0.00	\$ 0.00 Gross Receipts Section   Sect	\$ 0.00  S 0.00  S 0.00  S 0.00  Base Rate Fee Second Group  EIGHTY-FOURTH  COMMUNITY/ AREA  SE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE  Total DSEs  Gross Receipts Second Group	\$ 0.00  Base Rate Fee Second Group  EIGHTY-FOURTH SUBSCRIBER GROUP  COMMUNITY/ AREA  CALL SIGN  DSE  CALL SIGN  DSE  CALL SIGN  DSE  CALL SIGN  DSE  CALL SIGN  Total DSEs  Gross Receipts Fourth Group  \$	\$ 0.00  S 0.00  Base Rate Fee Second Group  EIGHTY-FOURTH SUBSCRIBER GROUP  COMMUNITY/ AREA  CALL SIGN  DSE  C

COMPUTATION O SUBSCRIBER GRO  CALL SIGN	F BASE RA	CALL SIGN	IGHTY-SIXTH	IBER GROUP  I SUBSCRIBER GROU  CALL SIGN	0 DSE	Q Computation of Base Rate In and Syndicate Exclusivities Surcharg for Partially Distant Stations
CALL SIGN	DSE DSE D.000	CALL SIGN	IGHTY-SIXTH	I SUBSCRIBER GROU	0	Computati of Base Rate I and Syndicate Exclusivit Surcharg for Partially Distant
CALL SIGN	0 DSE	CALL SIGN	Α		0	Computati of Base Rate I and Syndicate Exclusivit Surcharg for Partially Distant
	DSE	CALL SIGN		CALL SIGN		Computati of Base Rate I and Syndicate Exclusivit Surcharg for Partially Distant
	0.00		DSE	CALL SIGN	DSE	of Base Rate I and Syndicate Exclusivit Surcharg for Partially Distant
	0.00					Base Rate I and Syndicate Exclusivit Surcharg for Partially Distant
\$		Total DSEs				Syndicate Exclusivit Surcharg for Partially Distant
\$		Total DSEs				Syndicate Exclusivit Surcharg for Partially Distant
\$		Total DSEs				Exclusivit Surcharg for Partially Distant
\$		Total DSEs				Surcharg for Partially Distant
\$		Total DSEs				for Partially Distant
\$		Total DSEs				Partially Distant
\$		Total DSEs				Distant
\$		Total DSEs				
\$		Total DSEs				
\$		Total DSEs				
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\$		Total DSEs				
\$		Total DSEs				
\$		Total DSEs		**		
\$		Total DSEs			0.00	
*	v.uu	Gross Receipts Sec	ond Group	\$	0.00	
				<u>·</u>		
\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SUBSCRIBER GRO	UP	EIG	HTY-EIGHTH	SUBSCRIBER GROU	JP	
	0	COMMUNITY/ AREA	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	2.55	T			0.00	
-	0.00	Total DSEs			0.00	
\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
					•	
	CALL SIGN	SUBSCRIBER GROUP  CALL SIGN  DSE  O  O  O  O  O  O  O  O  O  O  O  O  O	SUBSCRIBER GROUP  CALL SIGN  DSE  CALL SIGN  DSE  CALL SIGN  O  Total DSEs  Gross Receipts Four  \$ 0.00  Base Rate Fee Four	SUBSCRIBER GROUP  CALL SIGN  DSE  CALL SIGN  DSE  CALL SIGN  DSE  O.00  Total DSEs  Gross Receipts Fourth Group  Base Rate Fee Fourth Group	SUBSCRIBER GROUP  COMMUNITY/ AREA  CALL SIGN  DSE  CALL SIGN	SUBSCRIBER GROUP  COMMUNITY/ AREA  CALL SIGN  DSE  CALL SIGN

LEGAL NAME OF OWNER CINCINNATI BELL			S, LLC			S	YSTEM ID# 62861	Name
E	BLOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
		SUBSCRIBER GROU				SUBSCRIBER GROU	Р	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
						H		Partially
								Distant
								Stations
	<u> </u>							
			<u></u>					
Total DSEs	_		0.00	Total DSEs	1	<u>                                     </u>	0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
NINE	TY-FIRST	SUBSCRIBER GROU	JP	NINET	Y-SECOND	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						H		
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	<u> </u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group a	II	ove.	\$		

LEGAL NAME OF OWNE CINCINNATI BELL			ES, LLC				62861	Name
[	BLOCK A:	COMPUTATION (	OF BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
	TY-THIRD	SUBSCRIBER GRO		ii .		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		<u> </u>						Base Rate F
		-						and
								Syndicate Exclusivit
		<u> </u>						Surcharge
								for
		-						Partially
								Distant Stations
								otations
F 1 1 DOF		ĮĮ.	0.00	T			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NINE	TY-FIFTH	SUBSCRIBER GRO	DUP	N	INETY-SIXTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		<u> </u>						
		-						
		<u> </u>						
		<u> </u>						
		<u> </u>						
Fotal DSEs		Ш	0.00	Total DSEs			0.00	
	rour	<u> </u>			rth Crows	¢.		
aross Receipts Third G	πουρ	<b>3</b>	0.00	Gross Receipts Fou	rui Group	•	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Gross Receipts Third G  Base Rate Fee Third G  Base Rate Fee: Add th  Enter here and in block	e <b>base rat</b>	e fees for each subs	0.00	Gross Receipts Fou	rth Group	\$	0.00	

BLOCK A: COMPUTATION OF BASE RA NINETY-SEVENTH SUBSCRIBER GROUP  DIMMUNITY/ AREA  DESCRIBER GROUP  DIAMONITY/ AREA  DIAMONITY	CALL SIGN  CALL SIGN  Total DSEs  Gross Receipts Seconds  Base Rate Fee Seconds	ond Group  HUNDREDTH	SUBSCRIBER GROUP  SUBSCRIBER GROUP  CALL SIGN  \$  \$  SUBSCRIBER GROUP	0 DSE	of Base Rate and Syndicate Exclusivi Surcharg for Partially
DMMUNITY/ AREA  CALL SIGN  DSE  CALL SIGN  DSE  CALL SIGN  DSE  Tall DSEs  Ta	CALL SIGN  CALL SIGN  Total DSEs  Gross Receipts Second  ONE H  COMMUNITY/ AREA	ond Group  HUNDREDTH	\$	0 DSE	Computati of Base Rate I and Syndicate Exclusivit Surcharg for Partially Distant
CALL SIGN DSE CALL SIGN DSE  CALL SI	Total DSEs Gross Receipts Seco	ond Group HUNDREDTH	\$ \$	0.00 0.00 0.00	Computation of Base Rate I and Syndicate Exclusivities Surcharg for Partially
tal DSEs  O.00  oss Receipts First Group  NINETY-NINTH SUBSCRIBER GROUP  DMMUNITY/ AREA  0	Total DSEs Gross Receipts Seco Base Rate Fee Seco ONE H	ond Group  HUNDREDTH	\$ \$	0.00 0.00 0.00	of Base Rate I and Syndicate Exclusivit Surcharg for Partially Distant
see Rate Fee First Group  NINETY-NINTH SUBSCRIBER GROUP  DMMUNITY/ AREA  0.00  \$ 0.00	Gross Receipts Second Base Rate Fee Second ONE F	ond Group	\$	0.00 0.00	and Syndicate Exclusivit Surcharg for Partially Distant
see Rate Fee First Group  NINETY-NINTH SUBSCRIBER GROUP  DMMUNITY/ AREA  0.00  \$ 0.00	Gross Receipts Second Base Rate Fee Second ONE F	ond Group	\$	0.00 0.00	Syndicate Exclusivit Surcharg for Partially Distant
see Rate Fee First Group  NINETY-NINTH SUBSCRIBER GROUP  DMMUNITY/ AREA  0.00  \$ 0.00	Gross Receipts Second Base Rate Fee Second ONE F	ond Group	\$	0.00 0.00	Exclusivit Surcharg for Partially Distant
see Rate Fee First Group  NINETY-NINTH SUBSCRIBER GROUP  DMMUNITY/ AREA  0.00  \$ 0.00	Gross Receipts Second Base Rate Fee Second ONE F	ond Group	\$	0.00 0.00	Surcharg for Partially Distant
see Rate Fee First Group  NINETY-NINTH SUBSCRIBER GROUP  DMMUNITY/ AREA  0.00  \$ 0.00	Gross Receipts Second Base Rate Fee Second ONE F	ond Group	\$	0.00 0.00	for Partially Distant
see Rate Fee First Group  NINETY-NINTH SUBSCRIBER GROUP  DMMUNITY/ AREA  0.00  \$ 0.00	Gross Receipts Second Base Rate Fee Second ONE F	ond Group	\$	0.00 0.00	Distant
see Rate Fee First Group  NINETY-NINTH SUBSCRIBER GROUP  DMMUNITY/ AREA  0.00  \$ 0.00	Gross Receipts Second Base Rate Fee Second ONE F	ond Group	\$	0.00 0.00	
see Rate Fee First Group  NINETY-NINTH SUBSCRIBER GROUP  DMMUNITY/ AREA  0.00  \$ 0.00	Gross Receipts Second Base Rate Fee Second ONE F	ond Group	\$	0.00 0.00	Stations
see Rate Fee First Group  NINETY-NINTH SUBSCRIBER GROUP  DMMUNITY/ AREA  0.00  \$ 0.00	Gross Receipts Second Base Rate Fee Second ONE F	ond Group	\$	0.00 0.00	
see Rate Fee First Group  NINETY-NINTH SUBSCRIBER GROUP  DMMUNITY/ AREA  0.00  \$ 0.00	Gross Receipts Second Base Rate Fee Second ONE F	ond Group	\$	0.00 0.00	
see Rate Fee First Group  NINETY-NINTH SUBSCRIBER GROUP  DMMUNITY/ AREA  0.00  \$ 0.00	Gross Receipts Second Base Rate Fee Second ONE F	ond Group	\$	0.00 0.00	
see Rate Fee First Group  NINETY-NINTH SUBSCRIBER GROUP  DMMUNITY/ AREA  0.00  \$ 0.00	Gross Receipts Second Base Rate Fee Second ONE F	ond Group	\$	0.00 0.00	
see Rate Fee First Group  NINETY-NINTH SUBSCRIBER GROUP  DMMUNITY/ AREA  0.00  \$ 0.00	Gross Receipts Second Base Rate Fee Second ONE F	ond Group	\$	0.00 0.00	
see Rate Fee First Group  NINETY-NINTH SUBSCRIBER GROUP  DMMUNITY/ AREA  0.00  \$ 0.00	Gross Receipts Second Base Rate Fee Second ONE F	ond Group	\$	0.00 0.00	
NINETY-NINTH SUBSCRIBER GROUP  DMMUNITY/ AREA  0	Base Rate Fee Seco	ond Group	\$	0.00	
NINETY-NINTH SUBSCRIBER GROUP  DMMUNITY/ AREA  0	ONE F	HUNDREDTH	-	JP	
OMMUNITY/ AREA 0	COMMUNITY/ AREA		SUBSCRIBER GROU	_	
		Α		n	
CALL SIGN DSE CALL SIGN DSE	CALL SIGN				
	O/ ILL OIOIN	DSE	CALL SIGN	DSE	
			-		
			-		
				<u> </u>	
tal DSEs 0.00	Total DSEs			0.00	
oss Receipts Third Group \$ 0.00	Gross Receipts Four	rth Group	\$	0.00	
				$\overline{}$	
se Rate Fee Third Group \$ 0.00	Base Rate Fee Four	rth Group	\$	0.00	
	<u> </u>				

LEGAL NAME OF OWNER						S	YSTEM ID#	Nama
CINCINNATI BELL	EXTEND	ED TERRITORIE	S, LLC				62861	Name
В	LOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
		SUBSCRIBER GRO		III		SUBSCRIBER GROU	JP	_
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
	•••••				•••••			and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
	<b></b>				ļ	H		
	ļ							
	<u> </u>				<u> </u>	Ц		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRE	D THIRD	SUBSCRIBER GRO	UP	ONE HUNDRE	FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
			<u> </u>			H		
						H		
						H		
			···					
Total DSEs			0.00	Total DSEs			0.00	
Crass Bassints Third Cr		•	0.00	Cross Bassints Fourth	Craun	•	0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Эгоир	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee Third Gr Base Rate Fee: Add the Enter here and in block:	base rate	e fees for each subsc		Base Rate Fee Fourth		\$	0.00	

LEGAL NAME OF OWN			ES, LLC			<u> </u>	62861	Name
	BLOCK A:	COMPUTATION (	OF BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicate
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
		-						
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
·	•	· ·		·	·	·		
ase Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRE	D SEVENTH	SUBSCRIBER GRO	DUP	ONE HUND	RED EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
						-		
otal DSEs			0.00	Total DSEs			0.00	
	0						_	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rın Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
	the base rat	e fees for each subs		as shown in the boxes		s	0.00	

EGAL NAME OF OWNE			E8 11 C			•	SYSTEM ID#	Name
			•				62861	
				TE FEES FOR EACH				
	ED NINTH	SUBSCRIBER GRO		11		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicate
								Exclusivit
								Surcharge
		H						for
		H						Partially
		H						Distant
		<b></b>						Stations
			<del></del>					
otal DSEs	-	•	0.00	Total DSEs	•	•	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	na Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00	
Base Rate Fee First G		\$ SUBSCRIBER GRO				\$ SUBSCRIBER GRO	•	
		-				-	•	
ONE HUNDRED E		-	DUP	ONE HUNDREI		-	UP	
ONE HUNDRED E		-	DUP	ONE HUNDREI		-	UP	
ONE HUNDRED E	LEVENTH	SUBSCRIBER GRO	0 0	ONE HUNDREI	D TWELVTH	SUBSCRIBER GRO	UP <b>0</b>	
ONE HUNDRED E	LEVENTH	SUBSCRIBER GRO	0 0	ONE HUNDREI	D TWELVTH	SUBSCRIBER GRO	UP <b>0</b>	
ONE HUNDRED E	LEVENTH	SUBSCRIBER GRO	0 0	ONE HUNDREI	D TWELVTH	SUBSCRIBER GRO	UP <b>0</b>	
ONE HUNDRED E	LEVENTH	SUBSCRIBER GRO	0 0	ONE HUNDREI	D TWELVTH	SUBSCRIBER GRO	UP <b>0</b>	
ONE HUNDRED E	LEVENTH	SUBSCRIBER GRO	0 0	ONE HUNDREI	D TWELVTH	SUBSCRIBER GRO	UP <b>0</b>	
ONE HUNDRED E	LEVENTH	SUBSCRIBER GRO	0 0	ONE HUNDREI	D TWELVTH	SUBSCRIBER GRO	UP <b>0</b>	
ONE HUNDRED E	LEVENTH	SUBSCRIBER GRO	0 0	ONE HUNDREI	D TWELVTH	SUBSCRIBER GRO	UP <b>0</b>	
ONE HUNDRED E	LEVENTH	SUBSCRIBER GRO	0 0	ONE HUNDREI	D TWELVTH	SUBSCRIBER GRO	UP <b>0</b>	
ONE HUNDRED E	LEVENTH	SUBSCRIBER GRO	0 0	ONE HUNDREI	D TWELVTH	SUBSCRIBER GRO	UP <b>0</b>	
ONE HUNDRED E	LEVENTH	SUBSCRIBER GRO	0 0	ONE HUNDREI	D TWELVTH	SUBSCRIBER GRO	UP <b>0</b>	
ONE HUNDRED E	LEVENTH	SUBSCRIBER GRO	0 0	ONE HUNDREI	D TWELVTH	SUBSCRIBER GRO	UP <b>0</b>	
ONE HUNDRED E	LEVENTH	SUBSCRIBER GRO	0 0	ONE HUNDREI	D TWELVTH	SUBSCRIBER GRO	UP <b>0</b>	
ONE HUNDRED E	LEVENTH	SUBSCRIBER GRO	0 0	ONE HUNDREI	D TWELVTH	SUBSCRIBER GRO	UP <b>0</b>	
ONE HUNDRED E	LEVENTH	SUBSCRIBER GRO	DUP 0	ONE HUNDREI COMMUNITY/ AREA CALL SIGN	D TWELVTH	SUBSCRIBER GRO	DSE	
ONE HUNDRED E	LEVENTH	SUBSCRIBER GRO	DUP  O  DSE  O  O  O  O  O  O  O  O  O  O  O  O  O	ONE HUNDREI	D TWELVTH	SUBSCRIBER GRO	DSE	
ONE HUNDRED E	DSE	SUBSCRIBER GRO	DUP 0	ONE HUNDREI COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GRO	DSE	
ONE HUNDRED E COMMUNITY/ AREA  CALL SIGN  Fotal DSEs	DSE	SUBSCRIBER GRO	DUP  O  DSE  O  O  O  O  O  O  O  O  O  O  O  O  O	ONE HUNDREI COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE	CALL SIGN	DSE	
ONE HUNDRED E	DSE	SUBSCRIBER GRO	DUP  O  DSE  O  O  O  O  O  O  O  O  O  O  O  O  O	ONE HUNDREI COMMUNITY/ AREA  CALL SIGN  Total DSEs	D TWELVTH	CALL SIGN	DSE	
ONE HUNDRED E COMMUNITY/ AREA  CALL SIGN  Total DSEs  Gross Receipts Third G	DSE	SUBSCRIBER GRO	0.00 0.00	ONE HUNDREI COMMUNITY/ AREA CALL SIGN  Total DSEs Gross Receipts Fourt	D TWELVTH	SUBSCRIBER GRO	DSE	

LEGAL NAME OF OWN			ES, LLC			<u> </u>	62861	Name
				TE FEES FOR EAC				
ONE HUNDRED T		SUBSCRIBER GRO	)UP <b>0</b>	ONE HUNDRED F		SUBSCRIBER GRO	UP <b>0</b>	9
COMMUNITY AREA				COMMUNITY ARE	A			Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-						Base Rate F and
		-						Syndicate
								Exclusivit
								Surcharge
			<u></u>					for Partially
		<b> </b>						Distant
								Stations
			<u></u>		<u></u>			
		-	<u></u>		<u></u>			
otal DSEs			0.00	Total DSEs			0.00	
Bross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED	FIFTEENTH	SUBSCRIBER GRO	)UP	ONE HUNDRE	O SIXTEENTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		H						
		H	<u></u>		<u> </u>			
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
						_		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add			criber group a	as shown in the boxes	above.	¢		

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP  ONE HUNDRED BEVENTEENTH SUBSCRIBER GROUP  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE BASE RATE FEES FOR EACH SUBSCRIBER GROUP  COMMUNITY/AREA 0 COMMUNITY/AREA CALL SIGN DSE CALL SIGN DS	LEGAL NAME OF OWNE						S	SYSTEM ID#	Name
ONE HUNDRED SEVENTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  DSE  DSE  DSE  DSE  DSE  DSE  DS	CINCINNATI BELL	. EXTEND	DED TERRITORIE	:S, LLC				62861	Haille
CALL SIGN DSE CA		BLOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fee Second Group STATISTICAL SIGN DSE CALL SIGN	ONE HUNDRED SEV	ENTEENTH	SUBSCRIBER GROUP	)	ONE HUNDRED EI	GHTEENTH	SUBSCRIBER GROUP		^
CALL SIGN   DSE	COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
Base Rate Fee   First Group   S	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Syndicated Exclusivity Surcharge for Partially Distant Stations    Total DSEs									
Exclusivity Surcharge for Partially Distant Stations  Total DSEs									and
Surcharge for Partially Distant Stations			<del> </del>						Syndicated
Fotal DSEs Gross Receipts First Group  CALL SIGN  DSE  CALL SI									Exclusivity
Partially Distant Stations  Total DSEs  Gross Receipts First Group \$ 0.00  ONE HUNDRED NINTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SI									Surcharge
Distant Stations  Total DSEs Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 ONE HUNDRED NINTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 CALL SIGN DSE  CALL SIGN DSE CA									for
Stations    Total DSEs									Partially
Total DSEs Gross Receipts First Group  Base Rate Fee First Group  S O,00  ONE HUNDRED INITEENTH SUBSCRIBER GROUP COMMUNITY/ AREA  O CALL SIGN  DSE  CALL SIGN									Distant
Gross Receipts First Group  Base Rate Fee First Group  ONE HUNDRED NINTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIGN									Stations
Gross Receipts First Group  Base Rate Fee First Group  ONE HUNDRED NINTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIGN									
Gross Receipts First Group  Base Rate Fee First Group  ONE HUNDRED NINTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIGN									
Gross Receipts First Group  Base Rate Fee First Group  ONE HUNDRED NINTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIGN							-		
Gross Receipts First Group  Base Rate Fee First Group  ONE HUNDRED NINTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIGN									
Gross Receipts First Group  Base Rate Fee First Group  ONE HUNDRED NINTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIGN				<u></u>		<u></u>			
Gross Receipts First Group  Base Rate Fee First Group  S  ONE HUNDRED NINTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIG	Total DSEs		<u> </u>	0.00	Total DSEs			0.00	
Base Rate Fee First Group  ONE HUNDRED NINTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SI		roup	\$			d Group	<u> </u>		
ONE HUNDRED NINTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA  OCOMMUNITY/ AREA  OCOMMUNITY	Cross Reserved Files C	гоцр	<u>*</u>		Cross resolpts essent	и Отоир	*		
COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 CALL SIGN DSE CALL	Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN D	ONE HUNDRED N	INTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED T	WENTIETH	SUBSCRIBER GROU	JP	
Total DSEs 0.00 Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00							-		
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00				<del></del>			-		
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00							-		
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00				···			H		
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
	Total DSEs		-	0.00	Total DSEs			0.00	
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	Gross Receipts Third (	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00								<del></del>	
<u> </u>	Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
					II .				
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.  Enter here and in block 3, line 1, space L (page 7)				riber group a	as shown in the boxes ab	ove.	\$		

LEGAL NAME OF OWNE CINCINNATI BELL			S, LLC				62861	Name
E	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED TWE	NTY-FIRST	SUBSCRIBER GROUI	)	ONE HUNDRED TWE	ENTY-SECOND	SUBSCRIBER GROUP	)	^
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		H						Base Rate Fee
								and
	<u> </u>							Syndicated
							······	Exclusivity
	<u></u>							Surcharge for
	<del></del>	<b>-</b>	•••••••••••					Partially
		-	••••					Distant
								Stations
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
<b>3ase Rate Fee</b> First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED TWE	NTY-THIRD	SUBSCRIBER GROUI	)	ONE HUNDRED TW	ENTY-FOURTH	SUBSCRIBER GROUP	)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u> </u>			-				
		-						
	<del></del>							
		-			•••••			
	-					-		
	<del></del>							
		-						
Γotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the		e fees for each subso pace L (page 7)	riber group a	s shown in the boxes	above.	\$		

LEGAL NAME OF OWN			ES, LLC			•	62861	Name
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GROU				SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
		-						Syndicate
								Exclusivity Surcharge
		H	••••					for
								Partially
								Distant
		-						Stations
		-						
		-	<del></del>					
		<u> </u>	····					
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
•	•							
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NE HUNDRED TWEN	TY-SEVENTH	SUBSCRIBER GROU	Р	ONE HUNDRED TW	ENTY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-	<del></del>					
		<u> </u>	····					
		-						
		+	····					
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
2.300 Roooipia milu	эгоар	<del>-</del>		S. S	Стоир	*		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
	the base rat	e fees for each subs		as shown in the boxes		\$		

LEGAL NAME OF OWNER  CINCINNATI BELL			ES LLC			•	62861	Name
							02001	
				TE FEES FOR EACH			,	
ONE HUNDRED TWE	N I Y-NIN I H	SUBSURIBER GROUI	P 0	ONE HUNDRED THIRTIETH SUBSCRIBER GROUP				9
COMMUNITY AREA			<u> </u>	COMMUNITY/ AREA 0				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
								Otations
	<mark></mark>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
•	•							
Raso Pato Eoo Eirst Gr	oup.		0.00	Base Pate Foe Secon	nd Group		0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00	
Base Rate Fee First Gr		SUBSCRIBER GROU				\$ SUBSCRIBER GROUP	•	
						<u> </u>	•	
ONE HUNDRED THI		SUBSCRIBER GROUI	P	ONE HUNDRED THIS		<u> </u>	)	
ONE HUNDRED THI			P	ONE HUNDRED THIS		<u> </u>	)	
ONE HUNDRED THI	RTY-FIRST	SUBSCRIBER GROUI	0	ONE HUNDRED THIF	RTY-SECOND	SUBSCRIBER GROUP	0	
ONE HUNDRED THI	RTY-FIRST	SUBSCRIBER GROUI	0	ONE HUNDRED THIF	RTY-SECOND	SUBSCRIBER GROUP	0	
ONE HUNDRED THI	RTY-FIRST	SUBSCRIBER GROUI	0	ONE HUNDRED THIF	RTY-SECOND	SUBSCRIBER GROUP	0	
ONE HUNDRED THI	RTY-FIRST	SUBSCRIBER GROUI	0	ONE HUNDRED THIF	RTY-SECOND	SUBSCRIBER GROUP	0	
ONE HUNDRED THI	RTY-FIRST	SUBSCRIBER GROUI	0	ONE HUNDRED THIF	RTY-SECOND	SUBSCRIBER GROUP	0	
ONE HUNDRED THI	RTY-FIRST	SUBSCRIBER GROUI	0	ONE HUNDRED THIF	RTY-SECOND	SUBSCRIBER GROUP	0	
ONE HUNDRED THI	RTY-FIRST	SUBSCRIBER GROUI	0	ONE HUNDRED THIF	RTY-SECOND	SUBSCRIBER GROUP	0	
ONE HUNDRED THI	RTY-FIRST	SUBSCRIBER GROUI	0	ONE HUNDRED THIF	RTY-SECOND	SUBSCRIBER GROUP	0	
ONE HUNDRED THI	RTY-FIRST	SUBSCRIBER GROUI	0	ONE HUNDRED THIF	RTY-SECOND	SUBSCRIBER GROUP	0	
ONE HUNDRED THI	RTY-FIRST	SUBSCRIBER GROUI	0	ONE HUNDRED THIF	RTY-SECOND	SUBSCRIBER GROUP	0	
ONE HUNDRED THI	RTY-FIRST	SUBSCRIBER GROUI	0	ONE HUNDRED THIF	RTY-SECOND	SUBSCRIBER GROUP	0	
ONE HUNDRED THI	RTY-FIRST	SUBSCRIBER GROUI	0	ONE HUNDRED THIF	RTY-SECOND	SUBSCRIBER GROUP	0	
ONE HUNDRED THI	RTY-FIRST	SUBSCRIBER GROUI	0	ONE HUNDRED THIF	RTY-SECOND	SUBSCRIBER GROUP	0	
ONE HUNDRED THI COMMUNITY/ AREA  CALL SIGN	RTY-FIRST	SUBSCRIBER GROUI	DSE	ONE HUNDRED THIF COMMUNITY/ AREA  CALL SIGN	RTY-SECOND	SUBSCRIBER GROUP	DSE	
ONE HUNDRED THI COMMUNITY/ AREA  CALL SIGN  Fotal DSEs	DSE	SUBSCRIBER GROUI	0 DSE	ONE HUNDRED THIF COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE DSE	CALL SIGN	0 DSE	
ONE HUNDRED THI COMMUNITY/ AREA  CALL SIGN  Fotal DSEs	DSE	SUBSCRIBER GROUI	DSE	ONE HUNDRED THIF COMMUNITY/ AREA  CALL SIGN	DSE DSE	SUBSCRIBER GROUP	DSE	
ONE HUNDRED THI	DSE	CALL SIGN	0 DSE	ONE HUNDRED THIF COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE DSE	CALL SIGN	0 DSE	
ONE HUNDRED THI COMMUNITY/ AREA  CALL SIGN  Fotal DSEs	DSE	CALL SIGN	0 DSE	ONE HUNDRED THIF COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE h Group	CALL SIGN	0 DSE	
ONE HUNDRED THI COMMUNITY/ AREA  CALL SIGN  Fotal DSEs  Gross Receipts Third G	DSE	SUBSCRIBER GROUI  CALL SIGN  S  S	DSE	ONE HUNDRED THIF COMMUNITY/ AREA  CALL SIGN  Total DSEs Gross Receipts Fourt	DSE h Group	SUBSCRIBER GROUP  CALL SIGN  \$	0 DSE	

LEGAL NAME OF OWN						\$	SYSTEM ID#	Name
CINCINNATI BEL	L EXTEND	DED TERRITORIE	ES, LLC				62861	Name
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EACH	SUBSCR	BER GROUP		
ONE HUNDRED TH	IIRTY-THIRD	SUBSCRIBER GROUP	5	ONE HUNDRED THIR	TY-FOURTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	0 COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL CICIT	DOL	OF LEE GIGIT	DOL	O'ALL GIGIT	DOL	O/ LEE GIGIT	DOL	Base Rate Fe
			···		<u> </u>	-		and
			····		····	-		Syndicated
	•••••					-	·····	Exclusivity
	•••••					-	·····	Surcharge
	•••••					-	·····	for
						-		Partially
	•••••					-	·····	Distant
	•••••					-	·····	Stations
								Otations
			····		<del>-</del>	-		
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			····		<u>-</u>	H		
					-			
F 4 1 DOS		Ш	0.00	T 1 1 D 2 5		Ц	0.00	
Total DSEs			0.00	Total DSEs				
Gross Receipts First (	Group	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED TH	IRTY-FIFTH	SUBSCRIBER GRO	UP	ONE HUNDRED THI	RTY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<mark>.</mark>	.				
						-		
						-		
						-		
					_	-		
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					<del>-</del>			
Total DSEs			0.00	Total DSEs			0.00	
			_	TOTAL DOES				
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Book Boto For This !	Orana		0.00	Book Bate For Front	Crou-		0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
			criber group a	as shown in the boxes ab	oove.	•		
Enter here and in bloc	κο, iiiie 1, S	pace L (page /)				Ψ		

LEGAL NAME OF OWN CINCINNATI BEL			ES, LLC			<u> </u>	62861	Name
				TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GROU		11		SUBSCRIBER GROUP		9
COMMUNITY/ AREA	MUNITY/ AREA 0			COMMUNITY/ AREA 0				Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicate
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		H						for
								Partially
								Distant
								Stations
		-						
		H						
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED TH	IRTY-NINTH	SUBSCRIBER GRO	DUP	ONE HUNDRE	D FORTIETH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
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		<b>1</b>						
				.				
		H						
		<b> </b>						
Fotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	•	0.00	Gross Receipts Fou	rth Group	•	0.00	
noss neocipis milu	Эгоир	\$	0.00	C1033 Necelpts Fou	rai Gioup	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
	the base rat	e fees for each subs		as shown in the boxes		\$	0.00	

62861 Name					R OF CABLE	
CODIDED ODOLID			S, LLC	ED TERRITORIES	EXTEND	CINCINNATI BELL
SCRIBER GROUP	SUBSCRIE	TE FEES FOR EACH	BASE RA	COMPUTATION OF	BLOCK A:	
COND SUBSCRIBER GROUP	Y-SECOND	ONE HUNDRED FOR		SUBSCRIBER GROUP	RTY-FIRST	ONE HUNDRED FO
0 9 Computation	COMMUNITY/ AREA 0					COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe						
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	ļ		ļ		<del></del>	
0.00		Total DSEs	0.00			otal DSEs
	Total DSEs 0.00  Gross Receipts Second Group \$ 0.00			¢	oun	Gross Receipts First Gr
up \$ 0.00	Group	Gross Receipts Secon	0.00	\$	oup	Bross Receipts First Gr
up \$ 0.00	Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gr
DURTH SUBSCRIBER GROUP	Y-FOURTH	ONE HUNDRED FOR		SUBSCRIBER GROUP	RTY-THIRD	ONE HUNDRED FOR
0						
		COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	COMMUNITY/ AREA	DSE	CALL SIGN	DSE	CALL SIGN
	DSE				DSE	
	DSE				DSE	
	DSE				DSE	
	DSE				DSE	
	DSE				DSE	
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	DSE				DSE	CALL SIGN
	DSE				DSE	
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	DSE				DSE	CALL SIGN
E CALL SIGN DSE		CALL SIGN  Total DSEs	DSE			CALL SIGN
E CALL SIGN DSE		CALL SIGN	DSE	CALL SIGN		

BELL EXTENDED TERRITORIES, LLC  BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP RED FORTY-FIFTH SUBSCRIBER GROUP  REA  O COMMUNITY/ AREA  O COMMUNITY/ AREA  O COMMUNITY/ AREA  O COMMUNITY/ AREA  O Sase Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations  First Group  DSE  O.00  Total DSEs  O.00  Gross Receipts Second Group  Base Rate Fee Second Group  S O.00  FORTY-SEVENTH SUBSCRIBER GROUP  O COMMUNITY/ AREA  O DSE  CALL SIGN  DSE  CALL SIGN  DSE  CALL SIGN  DSE  O DOE  O DE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O DSE  CALL SIGN  DSE
RED FORTY-FIFTH SUBSCRIBER GROUP REA  O  COMMUNITY/ AREA  O  COMMUNITY/ AREA  O  Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations  First Group  S  O  O  O  D  D
REA 0 COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 COMPUTATION OF Base Rate Fe Second Group FORTY-SEVENTH SUBSCRIBER GROUP  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fe Second Group S 0.00  COMMUNITY/ AREA 0
Computation  DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations  Total DSEs 0.00 Gross Receipts Second Group \$ 0.00  FORTY-SEVENTH SUBSCRIBER GROUP  REA 0 COMMUNITY/ AREA 0
DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations
Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations  Total DSEs 0.00  Gross Receipts Second Group \$ 0.00  FORTY-SEVENTH SUBSCRIBER GROUP  REA 0 COMMUNITY/ AREA 0
Syndicated Exclusivity Surcharge for Partially Distant Stations  Total DSEs 0.00 Gross Receipts Second Group \$ 0.00  Gross Receipts Second Group \$ 0.00  FORTY-SEVENTH SUBSCRIBER GROUP REA 0 COMMUNITY/ AREA 0
Exclusivity Surcharge for Partially Distant Stations  Total DSEs O.00 Gross Receipts Second Group \$ 0.00 FORTY-SEVENTH SUBSCRIBER GROUP REA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA
Surcharge for Partially Distant Stations
for Partially Distant Stations
Partially Distant Stations
Distant Stations  O.00 Total DSEs O.00 Gross Receipts Second Group First Group  O.00 Base Rate Fee Second Group  ONE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP  REA OCCOMMUNITY/ AREA OCCOMMUNITY/ AREA OCCOMMUNITY/ AREA
0.00
0.00
First Group \$ 0.00 Gross Receipts Second Group \$ 0.00    Sase Rate Fee Second Group   Sase Rate Fee Sec
First Group \$ 0.00 Gross Receipts Second Group \$ 0.00    Sase Rate Fee Second Group   Sase Rate Fee Sec
First Group \$ 0.00 Gross Receipts Second Group \$ 0.00    Sase Rate Fee Second Group   Sase Rate Fee Sec
First Group \$ 0.00 Gross Receipts Second Group \$ 0.00    Sase Rate Fee Second Group   Sase Rate Fee Sec
First Group \$ 0.00 Gross Receipts Second Group \$ 0.00    Sase Rate Fee Second Group   Sase Rate Fee Sec
First Group \$ 0.00 Gross Receipts Second Group \$ 0.00    Sase Rate Fee Second Group   Sase Rate Fee Sec
First Group \$ 0.00 Gross Receipts Second Group \$ 0.00    Sase Rate Fee Second Group   Sase Rate Fee Sec
First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00  FORTY-SEVENTH SUBSCRIBER GROUP  REA 0 COMMUNITY/ AREA 0
FORTY-SEVENTH SUBSCRIBER GROUP  REA  0  COMMUNITY/ AREA  0
REA 0 COMMUNITY/ AREA 0
DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE
Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00
Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00

				TE FEES FOR EACH			UD.	
ONE HUNDRED FORTY-NINTH SUBSCRIBER GROUP				1	D FIFTIETH	SUBSCRIBER GROU		9
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computat
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
DALL GIGIN	DOL	OALL SIGIV	DOL	OALL GIGIT	DOL	CALL SIGIV	DOL	Base Rate
			····			·		and
	···		····		<u></u>	-		Syndicate
	···		····		<u></u>			Exclusivi
						-		Surcharg
								for
								Partially
								Distant
								Stations
tal DSEs			0.00	Total DSEs			0.00	
oss Receipts First G	roup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
oss recocipis i list oi	оцр		0.00	Cross receipts eccor	и Огоир		0.00	
B . E								
ise Rate Fee First Gi	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
						L.	<u>,</u>	
ONE HUNDRED FIR			DUP	ONE HUNDRED FIFT		L.	UP	
						L.	<u>,</u>	
ONE HUNDRED FIR	FTY-FIRST	SUBSCRIBER GRO	0 0	ONE HUNDRED FIFT COMMUNITY/ AREA	Y-SECOND	SUBSCRIBER GROU	UP <b>0</b>	
ONE HUNDRED FIR			DUP	ONE HUNDRED FIFT		L.	UP	
ONE HUNDRED FIR	FTY-FIRST	SUBSCRIBER GRO	0 0	ONE HUNDRED FIFT COMMUNITY/ AREA	Y-SECOND	SUBSCRIBER GROU	UP <b>0</b>	
ONE HUNDRED FIR	FTY-FIRST	SUBSCRIBER GRO	0 0	ONE HUNDRED FIFT COMMUNITY/ AREA	Y-SECOND	SUBSCRIBER GROU	UP <b>0</b>	
ONE HUNDRED FIR	FTY-FIRST	SUBSCRIBER GRO	0 0	ONE HUNDRED FIFT COMMUNITY/ AREA	Y-SECOND	SUBSCRIBER GROU	UP <b>0</b>	
ONE HUNDRED FIR	FTY-FIRST	SUBSCRIBER GRO	0 0	ONE HUNDRED FIFT COMMUNITY/ AREA	Y-SECOND	SUBSCRIBER GROU	UP <b>0</b>	
ONE HUNDRED FIR	FTY-FIRST	SUBSCRIBER GRO	0 0	ONE HUNDRED FIFT COMMUNITY/ AREA	Y-SECOND	SUBSCRIBER GROU	UP <b>0</b>	
ONE HUNDRED FIR	FTY-FIRST	SUBSCRIBER GRO	0 0	ONE HUNDRED FIFT COMMUNITY/ AREA	Y-SECOND	SUBSCRIBER GROU	UP <b>0</b>	
ONE HUNDRED FIR	FTY-FIRST	SUBSCRIBER GRO	0 0	ONE HUNDRED FIFT COMMUNITY/ AREA	Y-SECOND	SUBSCRIBER GROU	UP <b>0</b>	
ONE HUNDRED FIR	FTY-FIRST	SUBSCRIBER GRO	0 0	ONE HUNDRED FIFT COMMUNITY/ AREA	Y-SECOND	SUBSCRIBER GROU	UP <b>0</b>	
ONE HUNDRED FIR	FTY-FIRST	SUBSCRIBER GRO	0 0	ONE HUNDRED FIFT COMMUNITY/ AREA	Y-SECOND	SUBSCRIBER GROU	UP <b>0</b>	
ONE HUNDRED FIR	FTY-FIRST	SUBSCRIBER GRO	0 0	ONE HUNDRED FIFT COMMUNITY/ AREA	Y-SECOND	SUBSCRIBER GROU	UP <b>0</b>	
ONE HUNDRED FIR	FTY-FIRST	SUBSCRIBER GRO	0 0	ONE HUNDRED FIFT COMMUNITY/ AREA	Y-SECOND	SUBSCRIBER GROU	UP <b>0</b>	
ONE HUNDRED FIR	FTY-FIRST	SUBSCRIBER GRO	0 0	ONE HUNDRED FIFT COMMUNITY/ AREA	Y-SECOND	SUBSCRIBER GROU	UP <b>0</b>	
ONE HUNDRED FIR	FTY-FIRST	SUBSCRIBER GRO	0 0	ONE HUNDRED FIFT COMMUNITY/ AREA	Y-SECOND	SUBSCRIBER GROU	UP <b>0</b>	
ONE HUNDRED FIR	FTY-FIRST	SUBSCRIBER GRO	0 0	ONE HUNDRED FIFT COMMUNITY/ AREA	Y-SECOND	SUBSCRIBER GROU	UP <b>0</b>	
ONE HUNDRED FIR	FTY-FIRST	SUBSCRIBER GRO	0 0	ONE HUNDRED FIFT COMMUNITY/ AREA	Y-SECOND	SUBSCRIBER GROU	UP <b>0</b>	
ONE HUNDRED FIF	DSE	SUBSCRIBER GRO	DUP  O  DSE  O  O  O  O  O  O  O  O  O  O  O  O  O	ONE HUNDRED FIFT COMMUNITY/ AREA  CALL SIGN  Total DSEs	Y-SECOND  DSE	SUBSCRIBER GROUND CALL SIGN	DSE DSE O.00	
ONE HUNDRED FIE	DSE	SUBSCRIBER GRO	DUP 0	ONE HUNDRED FIFT COMMUNITY/ AREA  CALL SIGN	Y-SECOND  DSE	SUBSCRIBER GROU	DSE DSE	
ONE HUNDRED FIF	DSE	SUBSCRIBER GRO	DUP  O  DSE  O  O  O  O  O  O  O  O  O  O  O  O  O	ONE HUNDRED FIFT COMMUNITY/ AREA  CALL SIGN  Total DSEs	Y-SECOND  DSE	SUBSCRIBER GROUND CALL SIGN	DSE DSE O.00	
ONE HUNDRED FIF	DSE	SUBSCRIBER GRO	DUP  O  DSE  O  O  O  O  O  O  O  O  O  O  O  O  O	ONE HUNDRED FIFT COMMUNITY/ AREA  CALL SIGN  Total DSEs	Y-SECOND  DSE	SUBSCRIBER GROUND CALL SIGN	DSE DSE O.00	

LEGAL NAME OF OWN CINCINNATI BEL			ES, LLC			•	62861	Name
				TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ AREA	DMMUNITY/ AREA 0			COMMUNITY/ AREA 0				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
		-						Syndicated Exclusivity
		1						Surcharge
								for
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		-						Distant Stations
		<b> </b>	·····					Otations
			<del></del>					
Γotal DSEs		Щ	0.00	Total DSEs		<u>Į</u>	0.00	
	Craun	•	0.00		and Craun	•	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ona Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED I	FIFTY-FIFTH	SUBSCRIBER GRO	UP	ONE HUNDRED	FIFTY-SIXTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-	<u></u>					
		-	<del></del>					
		1						
		-						
			<u></u>					
		<b> </b>	·····					
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
•	·				•			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group a	s shown in the boxes	above.	s		

	COMPLITATION C						
CEVENTU	COM CTATION C	F BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
-SEVENTH	SUBSCRIBER GROU				9		
		0	COMMUNITY/ ARE	Α		0	Computati
DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate
							and
					<u> </u>		Syndicate
							Exclusivi
							Surcharg for
							Partially
							Distant
							Stations
<b></b>							
		0.00	Total DSEs			0.00	
oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
TY-NINTH	SUBSCRIBER GRO	UP	ONE HUNDR	ED SIXTIETH	SUBSCRIBER GROU	JP	
		0	COMMUNITY/ ARE	Α		0	
DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
<b></b>					.		
		0.00	Total DSEs			0.00	
oup	<u> </u>	0.00	Gross Receipts Fou	rth Group	<u></u>	0.00	
1	-			- ·In			
oup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
hase rate	fees for each subs	criber group a	is shown in the boyes	ahove			
	oup  TY-NINTH  DSE  roup	poup \$  TY-NINTH SUBSCRIBER GRO  DSE CALL SIGN  Toup \$  Troup \$	O.00 Soup \$ 0.00  TY-NINTH SUBSCRIBER GROUP  O  DSE CALL SIGN DSE  O.00  O  DSE O.00  O  DO  DO  DO  DO  DO  DO  DO  DO  D	O.00 Total DSEs Gross Receipts Sec  OUP \$ 0.00 Base Rate Fee Sec  TY-NINTH SUBSCRIBER GROUP ONE HUNDR  O COMMUNITY/ ARE/  DSE CALL SIGN DSE CALL SIGN  DSE CALL SIGN DSE Gross Receipts Four  O.00 Total DSEs  Gross Receipts Sec  ONE HUNDR  O TOTAL SIGN  Base Rate Fee Four  O.00 Total DSEs  Gross Receipts Four  Base Rate Fee Four  O.00 Base Rate Fee Four	O.00 S O.	O.00  S O.00  S O.00  S O.00  S O.00  S O.00  Base Rate Fee Second Group  S O.00  COMMUNITY/AREA  DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN  DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN  DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN  DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN  DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN  DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN  DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN  DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN  DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN  DSE CALL SIGN DSE CAL	0.00

**ACCOUNTING PERIOD: 2023/2** FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CINCINNATI BELL EXTENDED TERRITORIES, LLC 62861 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation of First 50 major television market Second 50 major television market INSTRUCTIONS: **Base Rate Fee** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. **Exclusivity** 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 Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for Partially Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show Stations your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . Line 2: Enter the Exempt DSEs . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY **SURCHARGE SURCHARGE** First Group . . . . . . . . . . . . . . . Second Group . . . . . . . . . . . . THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE 

\$ 0

**ACCOUNTING PERIOD: 2023/2** FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CINCINNATI BELL EXTENDED TERRITORIES, LLC 62861 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation of First 50 major television market Second 50 major television market INSTRUCTIONS: **Base Rate Fee** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. **Exclusivity** 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 Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for Partially Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show Stations your actual calculations on this form. FIFTH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . Line 2: Enter the Exempt DSEs . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY **SURCHARGE SURCHARGE** First Group . . . . . . . . . . . . . . . Second Group . . . . . . . . . . SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

**ACCOUNTING PERIOD: 2023/2** FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CINCINNATI BELL EXTENDED TERRITORIES, LLC 62861 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation of First 50 major television market Second 50 major television market INSTRUCTIONS: **Base Rate Fee** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. **Exclusivity** 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 Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for Partially Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show Stations your actual calculations on this form. NINTH SUBSCRIBER GROUP TENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . Line 2: Enter the Exempt DSEs . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY **SURCHARGE SURCHARGE** First Group . . . . . . . . . . . . . . . Second Group . . . . . . . . . . . . **ELEVENTH SUBSCRIBER GROUP** TWELVTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . .

### Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE

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

SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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THIRTY-FIFTH SUBSCRIBER GROUP	THIRTY-SIXTH SUBSCRIBER GROUP
Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
Line 3: Subtract line 2 from line 1 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 Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group

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

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EIGHTY-SEVENTH SUBSCRIBER GROUP

First Group . . . . . . . . . . . . . . . .

## EIGHTY-EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . .

Second Group . . . . . . . . . . . .

Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge 

Line 1: Enter the VHF DSEs . . . .

Line 2: Enter the Exempt DSEs. .

and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation . . . . . . . . . . . . . . . .

SYNDICATED EXCLUSIVITY

Line 2: Enter the Exempt DSEs. .

Line 3: Subtract line 2 from line 1

SYNDICATED EXCLUSIVITY SURCHARGE

SURCHARGE 

SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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SURCHARGE

SURCHARGE

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