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

STATEMENT OF ACCOUNT for Secondary Transmissions by

Cable Systems (Long Form)

General instructions are located in

the first tab of this workbook.

SA3E Long Form

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	AC	COUNTING PERIOD COVERED BY THIS STATEMENT:				
Accounting Period		2023/2				
B Owner	rate	tructions: Give the full legal name of the owner of the cable system. If the owner is a title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busine <i>If there were different owners during the accounting period, only the owne</i> <i>ingle statement of account and royalty fee payment covering the entire acco</i> Check here if this is the system's first filing. If not, enter the system's ID	ess of the cable system or on the last day of the counting period.	n. e accounting period should su		6553
I	LE	GAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM				
		SERVICE ELECTRIC CABLEVISION, INC.				
					655	320232
					6553	2023/2
		4949 LIBERTY LANE, SUITE 400 ALLENTOWN, PA 18106				
С		STRUCTIONS: In line 1, give any business or trade names used to nes already appear in space B. In line 2, give the mailing address of				
System	H	IDENTIFICATION OF CABLE SYSTEM:	·····, ···			
-	1	SUNBURY, PA				
		MAILING ADDRESS OF CABLE SYSTEM:				
	2	(Number, street, rural route, apartment, or suite number)				
		(City, town, state, zip code)				
D	Ine	tructions: For complete space D instructions, see page 1b. Identify	, only the first comm	unity served below and rel	list on page	
_		n all communities.		and real below and real	list on page	510
Area Served	VIL	CITY OR TOWN	STATE			
First		Sunbury	ΡΑ			
Community	В	elow is a sample for reporting communities if you report multiple ch	annel line-ups in S	bace G.		
		CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	B GRP#
Sample	Ald		MD	A		1
			MD	B		2
	Gei	111g	MD	В		3
form in order to pro numbers. By provic search reports prep	cess y ling PI pared f	tion 111 of title 17 of the United States Code authorizes the Copyright Offce to collect your statement of account. PII is any personal information that can be used to identify I, you are agreeing to the routine use of it to establish and maintain a public record, while for the public. The effect of not providing the PII requested is that it may delay process ements of account, and it may affect the legal suffciency of the fling, a determination the	or trace an individual, su hich includes appearing i ing of your statement of	ch as name, address and telephor n the Offce's public indexes and ir account and its placement in the	ne	

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

01/30/24

FORM SA3E. PAGE 1b. LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
SERVICE ELECTRIC CABLEVISION, INC.			6553	
SERVICE ELECTRIC CABLEVISION, INC.			0000	
Instructions: List each separate community served by the cable system. A "community in FCC rules: "a separate and distinct community or municipal entity (including unincorp areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The free of system identification hereafter known as the "first community." Please use it as the first community.	orated communit st community that	ies within unincorp t you list will serve	orated	D Area Served
Note: Entities and properties such as hotels, apartments, condominiums, or mobile hon below the identified city or town.	-	-	ntheses	
If all communities receive the same complement of television broadcast stations (i.e., or all communities with the channel line-up "A" in the appropriate column below or leave th				
on a partially distant or partially permitted basis in the DSE Schedule, associate each re designated by a number (based on your reporting from Part 9).	levant communit	y with a subscriber	group,	
When reporting the carriage of television broadcast stations on a community-by-commu channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns b	l a subscriber gro			
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	
Sunbury	PA	AA	1	First
Beaver Twp.	PA	AA	2	Community
Beavertown Borough	PA	AA	2	
Bloomsburg	PA	AC	4	
Buffalo Twp.	PA	AD	9	
Catawissa Borough	PA	AC	4	See instructions for
Catawissa Twp.	PA	AC	4	additional information on alphabetization.
Centre Twp.	PA DA		1	
Cleveland Twp.	PA PA		3 7	
Coal Twp. Conyngham	PA PA	AB AB	7	
Cooper Twp.	PA PA	AB AD	9	Add rows as necessary.
Danville Borough	PA	AD	9	
Delaware Twp.	PA	AD	9	
Derry Twp.	PA	AD	9	
East Buffalo Twp.	PA	AD	9	
E. Cameron Twp.	ΡΑ	AB	7	
E. Chillisquaque Twp.	PA	AD	9	
Franklin Twp. (Columbia)	PA	AE	5	
Franklin Twp. (Snyder)	PA	AA	1	
Freeburg Borough	PA	AA	1	
Gregg Twp.	PA	AD	10	
Hemlock Twp.	PA	AC	4	
Herndon	PA	AA	1	
Jackson Twp. (Northumberland)	PA	AA	1	
Jackson Twp. (Snyder)	PA	AA	1	
Jordan Twp.	PA DA		1	
Kelly Twp.	PA PA	AD AB	9 7	
Kulpmont Borough Lewis Twp.	PA PA	AD AD	9	
Lewisburg Borough	PA PA	AD AD	9	
Liberty Twp.	PA	AD	9	
Linestone Twp. (Union Co.)	PA	AA	1	
Limestone Twp. (Montour Co.)	PA	AD	9	
Little Mahanoy Twp.	PA	AA	1	
Locust Twp.	PA	AC	3	
Lower Augusta	PA	AB	7	
Lower Mahanoy Twp.	PA	AA	1	
Mahoning Twp.	PA	AD	9	
Main Twp.	PA	AC	4	
Marian Heights Borough	PA	AB	7	
McEwensville Borough	PA	AD	10	

			• •••••••••••••••••••••••••••••••••••
Middleburg	PA	AA	1
Middlecreek Twp.	PA	AA	1
Milton Borough	ΡΑ	AD	9
Monroe Twp.	PA	AA	1
Montour Twp.	PA	AF	6
Mt. Carmel Borough	ΡΑ	AB	7
Mt. Carmel Twp.	PA	AB	7
Mt. Pleasant Twp.	PA	AC	4
N. Centre Twp.	PA	AC	4
New Berlin Borough	PA		1
Northumberland Borough	PA		1
Orange Twp.	PA	AC	4
Penn Twp.	PA	AA	1
Point Twp.	PA	AG	8
Ralpho Twp.	PA	AB	7
Riverside Borough	PA	AD	9
Roaring Creek Twp.	PA	AC	3
Rockfeller Twp.	PA	AA	1
S. Centre Twp.	PA	AC	4
Scott Twp.	ΡΑ	AC	4
Selinsgrove Borough	PA	AA	1
Shamokin City	ΡΑ	AB	7
Shamokin Dam Borough	PA	AA	1
Shamokin Twp.	PA	AB	7
Snydertown Borough	PA	AB	7
Spring	PA		2
	PA	AD	9
Turbot Twp.			
Turbotville Borough	PA	AD	10
Upper Augusta Twp.	PA	AA	1
Upper Mahanoy Twp.	PA	AA	1
Union Twp.	PA	AG	8
Valley Twp.	PA	AD	9
W. Comoron Twn	PA	AB	7
W. Cameron Twp. W. Chillisquaque Twp.	PA	AD	9
		AD AA	9 1
W. Chillisquaque Twp. Washington Twp. (Northumberland)	PA		
W. Chillisquaque Twp. Washington Twp. (Northumberland) Washington Twp. (Snyder)	PA PA	AA	1
W. Chillisquaque Twp. Washington Twp. (Northumberland) Washington Twp. (Snyder) Washingtonville Borough	PA PA PA PA	AA AA AD	1 1 10
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W. Chillisquaque Twp. Washington Twp. (Northumberland) Washington Twp. (Snyder) Washingtonville Borough Watsontown Borough West Hemlock Twp. White Deer Twp.	PA PA PA PA PA PA PA	AA AA AD AD AD AD AD	1 1 10 10 9 9
W. Chillisquaque Twp. Washington Twp. (Northumberland) Washington Twp. (Snyder) Washingtonville Borough Watsontown Borough West Hemlock Twp. White Deer Twp. Zerbe Twp.	PA PA PA PA PA PA PA PA	AA AA AD AD AD AD AD AA	1 1 10 10 9 9 9 1
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News	LEGAL NAME OF OWNER OF CABL	E SYSTEM:							S	YSTEM ID
Name	SERVICE ELECTRIC CA	BLEVISION	, INC.							655
F	SECONDARY TRANSMISSION	SERVICE: SU	IBSCRI	IBERS AND R	AT	ES				
E	In General: The information in s	•		-						
C oordona	system, that is, the retransmission									
Secondary Transmission	about other services (including plast day of the accounting period	• • •				-		those exist	ing on the	
Service: Sub-	Number of Subscribers: Both							ble system	broken	
scribers and	down by categories of secondary							•		
Rates	each category by counting the n			• • •						
	separately for the particular serv									
	Rate: Give the standard rate of	-	-						-	
	unit in which it is generally billed category, but do not include disc	• •		,		y standar	d rate variation	s within a p	particular rate	
	Block 1: In the left-hand block					es of seco	ondary transmis	ssion servi	ce that cable	
	systems most commonly provide	•		-			•			
	that applies to your system. Not									
	categories, that person or entity						• • •			
	subscriber who pays extra for ca						in the count ur	nder "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system						sonvice that are	difforant f	rom those	
	printed in block 1 (for example, t	-		-						
	with the number of subscribers a								•	
	sufficient.		0				•			
	BLC	CK 1 NO. OF	:					BLOC	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE		CATE	GORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential:									
	Service to first set		7,389	\$ 19.95						
	 Service to additional set(s) 	5	6,256	-						
	• FM radio (if separate rate)									
	Motel, hotel		25	\$ 586.81						
	Commercial		50	\$ 1,040.38						
	Converter									
	Residential	3	6,890	\$ 4.95						
	Non-residential									
	SERVICES OTHER THAN SEC		NSMIS		s					
-	In General: Space F calls for ratio	-			-	pect to al	l your cable sys	stem's serv	rices that were	
F	not covered in space E, that is, t									
	service for a single fee. There a	•						• • •	•	
Services	furnished at cost or (2) services									
Other Than	amount of the charge and the ur enter only the letters "PP" in the		usually	y billed. If any r	ate	es are ch	arged on a vari	able per-p	rogram basis,	
Secondary ransmissions:	Block 1: Give the standard rat		the cab	le system for e	ac	h of the a	applicable servi	ces listed		
Rates	Block 2: List any services that								were not	
		•				-	-	•		
	listed in block 1 and for which a separate charge was made or established. List these other services in th brief (two- or three-word) description and include the rate for each.									
	brief (two- or three-word) descrip	BLOCK 1					E			
									BLOCK 2	
	CATEGORY OF SERVICE	BLO RATE	CATE	GORY OF SEF			RATE	CATEGO	DRY OF SERVICE	RATE
	CATEGORY OF SERVICE Continuing Services:	RATE	CATE Install	ation: Non-re			RATE	CATEGO		RATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable		CATE Install • Mo	ation: Non-re otel, hotel			RATE	CATEGO		RATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	RATE	CATE Install • Mo • Co	ation: Non-re otel, hotel ommercial			RATE	CATEGO		RATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE	CATEC Install • Mc • Co • Pa	ation: Non-rea otel, hotel ommercial y cable	sid	dential	RATE	CATEGO		RATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection	RATE	CATEC Install • Mc • Co • Pa • Pa	ation: Non-re otel, hotel ommercial y cable y cable-add'l c	sid	dential	RATE	CATEGO		RATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	RATE \$ 17.95	CATEC Install • Mc • Co • Pa • Pa • Fir	ation: Non-rea otel, hotel ommercial y cable y cable-add'l c e protection	sic ha	dential	RATE	CATEGO		RATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set	RATE \$ 17.95 \$35/\$61	CATEC Install • Mc • Co • Pa • Pa • Fir • Bu	ation: Non-rea otel, hotel ommercial by cable by cable-add'l c e protection irglar protectior	sic ha	dential	RATE	CATEGO		RATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	RATE \$ 17.95 \$35/\$61	CATEC Install • Mc • Co • Pa • Pa • Fir • Bu Other	ation: Non-rest otel, hotel ommercial by cable by cable-add'l c e protection orglar protection services:	sic ha	dential		CATEGO		RATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE \$ 17.95 \$35/\$61 \$17/\$26	CATEC Install • Mc • Co • Pa • Pa • Fir • Bu Other • Re	ation: Non-res otel, hotel ommercial by cable by cable-add'l c re protection irglar protection services: econnect	sic ha	dential	RATE	CATEGO		RATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	RATE \$ 17.95 \$35/\$61	CATEC Install • Mc • Co • Pa • Pa • Fir • Bu Other • Re • Dis	ation: Non-res otel, hotel ommercial by cable by cable-add'l c e protection irglar protection services: econnect sconnect	sic ha	dential	\$ 35.00			RATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE \$ 17.95 \$35/\$61 \$17/\$26	CATEC Install • Mc • Co • Pa • Pa • Fir • Bu Other • Re • Dis • Ou	ation: Non-res otel, hotel ommercial by cable by cable-add'l c re protection irglar protection services: econnect	ha h	lential nnel				RATE

LEGAL NAME OF C	WNER OF CABLE SY	YSTEM:			SYSTEM ID:	
SERVICE EL	ECTRIC CABL	EVISION,	INC.		6553	3 Name
PRIMARY TRANSMI	TTERS: TELEVISIO	ON				
carried by your cab FCC rules and regu 76.59(d)(2) and (4)	le system during t ilations in effect or , 76.61(e)(2) and (he accounting n June 24, 19 (4), or 76.63 (i	period, except 81, permitting th referring to 76.6	(1) stations carrie	s and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G Primary
substitute program Substitute Basi				s carried by your	cable system on a substitute program	Transmitters Television
basis under specifo • Do not list the sta	FCC rules, regulation here in space	ations, or auth G—but do lis	orizations:		ent and Program Log)—if the	
 List the station he 	r information conc	ace I, if the sta			tute basis and also on some other of the general instructions located	
each multicast stre	am 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	
WETA-simulcast).			·	,	ion for broadcasting over-the-air in	
on which your cable	e system carried th	ne station.		-	may be different from the channel	
for independent m	ulticast), "E" (for n	oncommercia	l educational), o	or "E-M" (for nonc	ast), "I" (for independent), "I-M" ommercial educational multicast). he paper SA3 form.	
	e station is outside	the local server	vice area, (i.e. "o	distant"), enter "Y	es". If not, enter "No". For an ex-	
Column 5: If yo	u have entered "Y	es" in column	4, you must cor	mplete column 5,	stating the basis on which your	
cable system carrie carried the distant s		•	• •		tering "LAC" if your cable system capacity.	
For the retransm	nission of a distant	t multicast stre	eam that is not s	subject to a royalt	y payment because it is the subject	
•					stem or an association representing ry transmitter, enter the designa-	
tion "E" (exempt). F	or simulcasts, als	o enter "E". If	you carried the	channel on any c	ther basis, enter "O." For a further	
					ed in the paper SA3 form. y to which the station is licensed by the	
FCC. For Mexican (Note: If you are util					n which the station is identifed.	
		•	EL LINE-UP			-
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)		
WYOU	22	N	NO		SCRANTON, PA (CBS)	
WBRE	28	N	NO		WILKES BARRE, PA (NBC)	See instructions for
						additional information on alphabetization.
WITF	33	Е	NO		HARRISBURG, PA (PBS)	
WNEP	16	N	NO		SCRANTON, PA (ABC)	
WNEP-2	16.2	I-M	NO			
	10.2	1-141	NU		SCRANTON, PA (Antenna)	
		I-IVI -		~		
WPIX	11	I - 101 -	YES	0	NEW YORK, NY (CW)	1110 1110 1110

WQMY

WQPX

WSWB

WSWB-2

WSWB-3

WWOR

WOLF

WVIA

WVIA-2

53

64

38

38.2

38.3

9

56

44

44.2

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I-M

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E-M

NO

NO

NO

NO

NO

YES

NO

YES

YES

0

0

0

WILLIAMSPORT, PA (MyTV)

SCRANTON, PA (ION)

SCRANTON, PA (CW)

SCRANTON, PA (MeTV)

SCRANTON, PA (Comet)

NEW YORK, NY (MyTV)

HAZLETON, PA (FOX)

SCRANTON, PA (PBS)

SCRANTON, PA (PBS Kids)

FORM SA3E. PAGE 3.	
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SY

	NER OF CABLE SY CTRIC CABL		INC.		SYSTEM ID# 6553	Name
					0000	
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G

Primary

Transmitters:

Television

SYSTEM ID#

6553

FORM SA3E. PAGE 3.	
LEGAL NAME OF OWNER OF CABLE SYSTEM:	
SERVICE ELECTRIC CABLEVISION, INC.	

PRIMARY TRANSMITTERS: TELEVISION

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.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:

 Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

		CHANN	EL LINE-UP	AB	
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
WYOU	22	N	NO		SCRANTON, PA (CBS)
WBRE	28	N	NO		WILKES BARRE, PA (NBC)
WPVI	6	N	YES	0	PHILADELPHIA, PA (ABC)
WITF	33	Е	NO		HARRISBURG, PA (PBS)
WNEP	16	N	NO		SCRANTON, PA (ABC)
WNEP-2	16.2	I-M	NO		SCRANTON, PA (Antenna)
WPIX	11	I	YES	ο	NEW YORK, NY (CW)
WQMY	53	I	NO		WILLIAMSPORT, PA (MyTV
WQPX	64	I	NO		SCRANTON, PA (ION)
WSWB	38	I	NO		SCRANTON, PA (CW)
WSWB-2	38.2	I-M	NO		SCRANTON, PA (MeTV)
WSWB-3	38.3	I-M	NO		SCRANTON, PA (Comet)
WWOR	9	I	YES	0	NEW YORK, NY (MyTV)
WOLF	56	I	NO		HAZLETON, PA (FOX)
WVIA	44	Е	NO		SCRANTON, PA (PBS)
WVIA-2	44.2	E-M	NO		SCRANTON, PA (PBS Kids)

G

Primary

Transmitters:

Television

SYSTEM ID#

6553

ORM SA3E.	PAGE 3.	

SERVICE ELECTRIC	CABLEVISION, INC.

PRIMARY TRANSMITTERS: TELEVISION

LEGAL NAME OF OWNER OF CABLE SYSTEM

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.

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 List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast 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.

		CHANN	EL LINE-UP	AB - PAGE 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
WVIA-3	44.3	E-M	NO		SCRANTON, PA (PBS Create)
WBRE-2	28.2	I-M	NO		WILKES BARRE, PA (LAFF)
WBRE-3	28.3	I-M	NO		WILKES BARRE, PA (RewindTV)
WYOU-2	22.2	I-M	NO		SCRANTON, PA (ION Mystery)
WYOU-3	22.3	I-M	NO		SCRANTON, PA (Twist)
WYOU-4	22.4	I-M	NO		SCRANTON, PA (Cozi)
WBRE-4	28.4	I-M	NO		WILKES BARRE, PA (True Crime
WSWB-4	38.4	I-M	NO		SCRANTON, PA (Stadium TV)
WOLF-4	56.4	I-M	NO		HAZLETON, PA (Charge)
WQPX-2	64.2	I-M	NO		SCRANTON, PA (Bounce)
WQPX-4	64.4	I-M	NO		SCRANTON, PA (Grit TV)

G

Primary

Transmitters:

Television

	Accounting 1 E
FORM SA3E. PAGE 3.	
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
SERVICE ELECTRIC CABLEVISION, INC.	6553

PRIMARY TRANSMITTERS: TELEVISION

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.

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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 multi-cast 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.

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CHANNEL LINE-UP AC						
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	
WYOU	22	N	NO		SCRANTON, PA (CBS)	
WBRE	28	N	NO		WILKES BARRE, PA (NBC)	
WCAU	10	N	YES	0	PHILADELPHIA, PA (NBC)	
WPVI	6	N	YES	Ο	PHILADELPHIA, PA (ABC)	
WITF	33	Е	YES	Ο	HARRISBURG, PA (PBS)	
WNEP	16	N	NO		SCRANTON, PA (ABC)	
WNEP-2	16.2	I-M	NO		SCRANTON, PA (Antenna)	
WPIX	11	I	YES	0	NEW YORK, NY (CW)	
WQMY	53	I	NO		WILLIAMSPORT, PA (MyTV	
WQPX	64	I	NO		SCRANTON, PA (ION)	
WSWB	38	I	NO		SCRANTON, PA (CW)	
WSWB-2	38.2	I-M	NO		SCRANTON, PA (MeTV)	
WSWB-3	38.3	I-M	NO		SCRANTON, PA (Comet)	
WWOR	9	I	YES	Ο	NEW YORK, NY (MyTV)	
WOLF	56	I	NO		HAZLETON, PA (FOX)	
WVIA	44	Е	NO		SCRANTON, PA (PBS)	
WVIA-2	44.2	E-M	NO		SCRANTON, PA (PBS Kids)	

G

Primary

Transmitters:

Television

SYSTEM ID#

6553

ORM SA3E.	PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:
SERVICE ELECTRIC CABLEVISION, INC.

PRIMARY TRANSMITTERS: TELEVISION

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.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:

 Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

 List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast 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.

		CHANN	EL LINE-UP	AC - PAGE 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
WVIA-3	44.3	E-M	NO		SCRANTON, PA (PBS Create)
WBRE-2	28.2	I-M	NO		WILKES BARRE, PA (LAFF)
WBRE-3	28.3	I-M	NO		WILKES BARRE, PA (RewindTV)
WYOU-2	22.2	I-M	NO		SCRANTON, PA (ION Mystery)
WYOU-3	22.3	I-M	NO		SCRANTON, PA (Twist)
WYOU-4	22.4	I-M	NO		SCRANTON, PA (Cozi)
WBRE-4	28.4	I-M	NO		WILKES BARRE, PA (True Crime
WSWB-4	38.4	I-M	NO		SCRANTON, PA (Stadium TV)
WOLF-4	56.4	I-M	NO		HAZLETON, PA (Charge)
WQPX-2	64.2	I-M	NO		SCRANTON, PA (Bounce)
WQPX-4	64.4	I-M	NO		SCRANTON, PA (Grit TV)

G

Primary

Transmitters:

Television

FORM SA3E. PAGE 3.	Account	NGTERIOD. 2
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
SERVICE ELECTRIC CABLEVISION, INC.	6553	Name
PRIMARY TRANSMITTERS: TELEVISION		

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. **Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program

Substitute basis Stations. With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:
Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the

station was carried only on a substitute basis.

 List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

CHANNEL LINE-UP AD						
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	
WYOU	22	N	NO		SCRANTON, PA (CBS)	
WBRE	28	N	NO		WILKES BARRE, PA (NBC)	
WITF	33	E	NO		HARRISBURG, PA (PBS)	
WNEP	16	N	NO		SCRANTON, PA (ABC)	
WNEP-2	16.2	I-M	NO		SCRANTON, PA (Antenna)	
WPIX	11	I	YES	ο	NEW YORK, NY (CW)	
WQMY	53	I	NO		WILLIAMSPORT, PA (MyTV	
WQPX	64	I	NO		SCRANTON, PA (ION)	
WSWB	38	I	NO		SCRANTON, PA (CW)	
WSWB-2	38.2	I-M	NO		SCRANTON, PA (MeTV)	
WSWB-3	38.3	I-M	NO		SCRANTON, PA (Comet)	
WWOR	9	I	YES	0	NEW YORK, NY (MyTV)	
WOLF	56	I	NO		HAZLETON, PA (FOX)	
WVIA	44	Е	NO		SCRANTON, PA (PBS)	
WVIA-2	44.2	E-M	NO		SCRANTON, PA (PBS Kids	

G

Primary

Transmitters:

Television

SYSTEM ID#

6553

ORM SA3E.	PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:
SERVICE ELECTRIC CABLEVISION, INC.

PRIMARY TRANSMITTERS: TELEVISION

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.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:

 Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

 List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast 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.

		CHANN	EL LINE-UP	AD - PAGE 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
WVIA-3	44.3	E-M	NO		SCRANTON, PA (PBS Create)
WBRE-2	28.2	I-M	NO		WILKES BARRE, PA (LAFF)
WBRE-3	28.3	I-M	NO		WILKES BARRE, PA (RewindTV)
WYOU-2	22.2	I-M	NO		SCRANTON, PA (ION Mystery)
WYOU-3	22.3	I-M	NO		SCRANTON, PA (Twist)
WYOU-4	22.4	I-M	NO		SCRANTON, PA (Cozi)
WBRE-4	28.4	I-M	NO		WILKES BARRE, PA (True Crime
WSWB-4	38.4	I-M	NO		SCRANTON, PA (Stadium TV)
WOLF-4	56.4	I-M	NO		HAZLETON, PA (Charge)
WQPX-2	64.2	I-M	NO		SCRANTON, PA (Bounce)
WQPX-4	64.4	I-M	NO		SCRANTON, PA (Grit TV)
					•

G

Primary

Transmitters:

Television

FORM SA3E. PAGE 3.	
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	lomo
SERVICE ELECTRIC CABLEVISION, INC. 6553	lame

PRIMARY TRANSMITTERS: TELEVISION

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.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:

 Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

 List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast 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.

CHANNEL LINE-UP AE						
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	
WBRE	28	N	NO		WILKES BARRE, PA (NBC)	
WCAU	10	N	YES	0	PHILADELPHIA, PA (NBC)	
WPVI	6	N	YES	0	PHILADELPHIA, PA (ABC)	
WITF	33	Е	NO		HARRISBURG, PA (PBS)	
WNEP	16	N	NO		SCRANTON, PA (ABC)	
WNEP-2	16.2	I-M	NO		SCRANTON, PA (Antenna)	
WPIX	11	I	YES	Ο	NEW YORK, NY (CW)	
WQMY	53	I	NO		WILLIAMSPORT, PA (MyTV	
WQPX	64	I	NO		SCRANTON, PA (ION)	
WSWB	38	I	NO		SCRANTON, PA (CW)	
WSWB-2	38.2	I-M	NO		SCRANTON, PA (MeTV)	
WSWB-3	38.3	I-M	NO		SCRANTON, PA (Comet)	
WWOR	9	I	YES	0	NEW YORK, NY (MyTV)	
WYOU	22	N	NO		SCRANTON, PA (CBS)	
WOLF	56	I	NO		HAZLETON, PA (FOX)	
WVIA	44	Е	NO		SCRANTON, PA (PBS)	

G

Primary

Transmitters:

Television

SYSTEM ID#

6553

FORM	SA3F.	PAGE 3	3.
1 01 01	0/102.	17.00	/.

LEGAL NAME OF OWNER OF CABLE SYSTEM:
SERVICE ELECTRIC CABLEVISION, INC.

PRIMARY TRANSMITTERS: TELEVISION

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.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:

 Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

 List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast 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.

		CHANN	EL LINE-UP	AE - PAGE 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
WVIA-2	44.2	E-M	NO		SCRANTON, PA (PBS Kids)
WVIA-3	44.3	E-M	NO		SCRANTON, PA (PBS Create)
WBRE-2	28.2	I-M	NO		WILKES BARRE, PA (LAFF)
WBRE-3	28.3	I-M	NO		WILKES BARRE, PA (RewindTV)
WYOU-2	22.2	I-M	NO		SCRANTON, PA (ION Mystery)
WYOU-3	22.3	I-M	NO		SCRANTON, PA (Twist)
WYOU-4	22.4	I-M	NO		SCRANTON, PA (Cozi)
WBRE-4	28.4	I-M	NO		WILKES BARRE, PA (True Crime)
WSWB-4	38.4	I-M	NO		SCRANTON, PA (Stadium TV)
WOLF-4	56.4	I-M	NO		HAZLETON, PA (Charge)
WQPX-2	64.2	I-M	NO		SCRANTON, PA (Bounce)
WQPX-4	64.4	I-M	NO		SCRANTON, PA (Grit TV)

G

Primary

Transmitters:

Television

FORM SA3E. PAGE 3.	
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID	
SERVICE ELECTRIC CABLEVISION, INC. 655	3 Name

PRIMARY TRANSMITTERS: TELEVISION

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.

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 Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

 List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast 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.

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		CHANN	EL LINE-UP	AF - PAGE 1	
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)	
WCAU	10	N	YES	Ο	PHILADELPHIA, PA (NBC)
WBRE	28	N	NO		WILKES BARRE, PA (NBC)
WITF	33	Е	NO		
					HARRISBURG, PA (PBS)
WNEP	16	N	NO		SCRANTON, PA (ABC)
WNEP-2	16.2	I-M	NO		SCRANTON, PA (Antenna)
WPIX	11	I	YES	Ο	NEW YORK, NY (CW)
WQMY	53	I	NO		WILLIAMSPORT, PA (MyTV
WQPX	64	I	NO		SCRANTON, PA (ION)
WSWB	38	I	NO		SCRANTON, PA (CW)
WSWB-2	38.2	I-M	NO		SCRANTON, PA (MeTV)
WSWB-3	38.3	I-M	NO		SCRANTON, PA (Comet)
WWOR	9	I	YES	Ο	NEW YORK, NY (MyTV)
WYOU	22	N	NO		SCRANTON, PA (CBS)
WPVI	6	N	YES	0	PHILADELPHIA, PA (ABC)
WOLF	56	I	NO		HAZLETON, PA (FOX)

G

Primary

Transmitters:

Television

SYSTEM ID#

6553

FORM	SA3E	PAGE 3.	
	SASE.	FAGE 5.	

LEGAL NAME OF OWNER OF CABLE SYSTEM:
SERVICE ELECTRIC CABLEVISION, INC.

PRIMARY TRANSMITTERS: TELEVISION

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.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:

 Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

 List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast 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.

		CHANN	EL LINE-UP	AF - PAGE 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
WVIA	44	Е	NO		SCRANTON, PA (PBS)
WVIA-2	44.2	E-M	NO		SCRANTON, PA (PBS Kids)
WVIA-3	44.3	E-M	NO		SCRANTON, PA (PBS Create)
WBRE-2	28.2	I-M	NO		WILKES BARRE, PA (LAFF)
WBRE-3	28.3	I-M	NO		WILKES BARRE, PA (RewindTV)
WYOU-2	22.2	I-M	NO		SCRANTON, PA (ION Mystery)
WYOU-3	22.3	I-M	NO		SCRANTON, PA (Twist)
WYOU-4	22.4	I-M	NO		SCRANTON, PA (Cozi)
WBRE-4	28.4	I-M	NO		WILKES BARRE, PA (True Crime
WSWB-4	38.4	I-M	NO		SCRANTON, PA (Stadium TV)
WOLF-4	56.4	I-M	NO		HAZLETON, PA (Charge)
WQPX-2	64.2	I-M	NO		SCRANTON, PA (Bounce)
WQPX-4	64.4	I-M	NO		SCRANTON, PA (Grit TV)

G

Primary

Transmitters:

Television

FORM SA3E. PAGE 3.	Account	NGTERIOD. 2
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
SERVICE ELECTRIC CABLEVISION, INC.	6553	Name
PRIMARY TRANSMITTERS: TELEVISION		

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.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:

 Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

 List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast 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.

		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
WYOU	22	N	NO	(ii bistant)	SCRANTON, PA (CBS)
WBRE	28	N	NO		WILKES BARRE, PA (NBC)
WITF	33	E	NO		HARRISBURG, PA (PBS)
WNEP	16	N	NO		SCRANTON, PA (ABC)
WNEP-2	16.2	I-M	NO		SCRANTON, PA (Antenna)
WPIX	11	I	YES	0	NEW YORK, NY (CW)
WQMY	53	I	NO		WILLIAMSPORT, PA (MyTV
WQPX	64	I	NO		SCRANTON, PA (ION)
WSWB	38	I	NO		SCRANTON, PA (CW)
WSWB-2	38.2	I-M	NO		SCRANTON, PA (MeTV)
WSWB-3	38.3	I-M	NO		SCRANTON, PA (Comet)
WWOR	9	I	YES	0	NEW YORK, NY (MyTV)
WOLF	56	I	NO		HAZLETON, PA (FOX)
WVIA	44	Е	NO		SCRANTON, PA (PBS)
WVIA-2	44.2	E-M	NO		SCRANTON, PA (PBS Kids)

G

Primary

Transmitters:

Television

SYSTEM ID#

6553

FORM SA3E.	PAGE 3.	

PRIMARY TRANSMITTERS: TELEVISION

LEGAL NAME OF OWNER OF CABLE SYSTEM

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.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:

 Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

 List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast 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.

		CHANN	EL LINE-UP	AG - PAGE 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
WVIA-3	44.3	E-M	NO		SCRANTON, PA (PBS Create)
WBRE-2	28.2	I-M	NO		WILKES BARRE, PA (LAFF)
WBRE-3	28.3	I-M	NO		WILKES BARRE, PA (RewindTV)
WYOU-2	22.2	I-M	NO		SCRANTON, PA (ION Mystery)
WYOU-3	22.3	I-M	NO		SCRANTON, PA (Twist)
WYOU-4	22.4	I-M	NO		SCRANTON, PA (Cozi)
WBRE-4	28.4	I-M	NO		WILKES BARRE, PA (True Crime
WSWB-4	38.4	I-M	NO		SCRANTON, PA (Stadium TV)
WOLF-4	56.4	I-M	NO		HAZLETON, PA (Charge)
WQPX-2	64.2	I-M	NO		SCRANTON, PA (Bounce)
WQPX-4	64.4	I-M	NO		SCRANTON, PA (Grit TV)
					•

	LEGAL NAME OF (A.A.					SYSTEM ID#
Name	SERVICE EL								6553
H Primary Transmitters:	all-band basis v Special Instruc receivable if (1)	t every radio s vhose signals ctions Concer it is carried by	tation ca were "ge ming All / the sys	nried on a separate and discr enerally receivable" by your ca I -Band FM Carriage: Under (tem whenever it is received a	ab Co at i	ble system during opyright Office re the system's he	g the accounti egulations, an adend, and (2	ng perio FM sigr) it can l	od. nal is generally be expected,
Radio				ved at the headend, with the Copyright Office regulations		•	-		
	located in the p			Copyright Office regulations	01	i triis point, see	page (vi) or ir	le gener	
		•	•	each station carried.					
				n is AM or FM. nal was electronically process	se	d by the cable s	vstem as a se	parate a	and discrete
	signal, indicate	this by placing	a check	mark in the "S/D" column.					
				on (the community to which the community with which the			•	C or, in	the case of
		iauian stations	, ii arry, i		5 5		eu).		
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Η	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
					1				

SERVICE ELECTRIC C	ABLEVISI	ON, INC.				6553	Name
SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG				
In General: In space I, identif substitute basis during the acc explanation of the programmin	counting per ng that mus	riod, under spec t be included in	this log, see page (v) of the	rules, regulati	ons, or authorizations. Fo	r a further	Substitute
1. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE CARRIAGE				Carriage: Special
 During the accounting period broadcast by a distant stati 	on?				Yes	XNo	Statement and Program Log
Note: If your answer is "No", log in block 2.	leave the	rest of this page	e blank. If your answer is "`	Yes," you mus	t complete the program		
2. LOG OF SUBSTITUTE	PROGRA	MS					
period, was broadcast by a c under certain FCC rules, reg SA3 form for futher informat titles, for example, "I Love Lu Column 2: If the program	e, please a of every nor distant stati- julations, or on. Do not ucy" or "NB was broad	attach additiona nnetwork televis on and that you r authorizations t use general ca A Basketball: cast live, enter	Il pages. sion program (substitute pr ir cable system substituted s. See page (vi) of the gene ategories like "movies", or 76ers vs. Bulls." "Yes." Otherwise enter "No	ogram) that, c for the progra ral instruction "basketball". p."	during the accounting amming of another static is located in the paper	'n	
			sting the substitute prograr e community to which the s		sed by the ECC or in		
the case of Mexican or Cana	adian statio	ns, if any, the c	ommunity with which the s	tation is identi	fied).		
Column 5: Give the mont first. Example: for May 7 give	-	when your syste	em carried the substitute p	rogram. Use r	numerals, with the month	1	
Column 6: State the time	s when the		ram was carried by your c				
to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carrie	ed by a system from 6:01:1	5 p.m. to 6:28	:30 p.m. should be		
Column 7: Enter the lette		• •	was substituted for prograr				
to delete under FCC rules an gram was substituted for pro							
effect on October 19, 1976.	granning						
S		E PROGRAM			EN SUBSTITUTE IAGE OCCURRED	7. REASON	
1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	FOR DELETION	
1. TITLE OF FROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO		
					_		
					_		

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FORM SA3E. PAGE 5.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

ACCOUNTING PERIOD: 2023/2

SYSTEM ID#

Name	LEGAL NAME OF C			INC.					S	YSTEM ID# 6553
J Part-Time Carriage Log	time carriage du hours your syste Column 1 (C column 5 of spa Column 2 (D curred during th • Give the mont "4/10." • State the start television statio "app." Example	s space ties in v ue to lack of acti em carried that : ace G. Pates and hours he accounting pe h and day when ing and ending n's broadcast da : "12:30 a.m.– 3	ivated channel of station. If you no the call sign of o s of carriage): I eriod. I the carriage oc times of carriag ay, you may giv :15 a.m. app."	f space G. If you liste capacity, you are rec eed more space, ple every distant station For each station, list ccurred. Use numera e to the nearest qua e an approximate er hours of carriage we	uire ase who the als, v rter nding	d to complete th attach additiona se basis of carri dates and hours vith the month fin hour. In any cas g hour, followed	is log giving the I pages. age you identifie when part-time rst. Example: for e where carriage by the abbreviat	total dates and ed by "LAC" in carriage oc- April 10 give e ran to the end tion		ð
			DA	TES AND HOURS (DF F	PART-TIME CAR	RIAGE			
	CALL SIGN	WHEN	I CARRIAGE O H	CCURRED IOURS		CALL SIGN	WHEN	I CARRIAGE O H	CCUF OURS	
		DATE	FROM	ТО			DATE	FROM		то
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FORM	SA3E. PAGE 7.		
	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
SE	RVICE ELECTRIC CABLEVISION, INC.	6553	
Inst all a (as pag	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's seco- identified in space E) during the accounting period. For a further explanation of how to co- e (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. PORTANT: You must complete a statement in space P concerning gross receipts.	ndary transmission service	K Gross Receipts
 Instru Con Con If you fee If you accord 	(RIGHT ROYALTY FEE Inctions : Use the blocks in this space L to determine the royalty fee you owe: implete block 1, showing your minimum fee. implete block 2, showing whether your system carried any distant television stations. bur system did not carry any distant television stations, leave block 3 blank. Enter the am from block 1 on line 1 of block 4, and calculate the total royalty fee. bur system did carry any distant television stations, you must complete the applicable pa companying this form and attach the schedule to your statement of account. art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be	rts of the DSE Schedule	L Copyright Royalty Fee
•	sk 3 below.		
· ·	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be e	entered on line 2 in block	
▶ If pa	elow. art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shou block 4 below.	uld be entered on line	
1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.	is 1.064 percent of the	
	Line 1. Enter the amount of gross receipts from space K	\$ 4,624,440.45	
	Enter the result here.		
	This is your minimum fee.	\$ 49,204.05	
2 Block 3	 DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the i space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colum "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 co Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero 	n 4, you must check	
	Line 3. Add lines 1 and 2 and enter		
	here	\$ 87,140.22	
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 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter 	\$ 87,140.22 0.00	Cable systems submitting additional
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00_	deposits under Section 111(d)(7) should contact
	Line 4. FILING FEE	\$ 725.00	the Licensing additional fees. Division for the
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 87,865.22	appropriate form for submitting the additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (S general instructions located in the paper SA3 form for more information.)	See page (i) of the	

ACCOUNTING PERIOD: 2023/2

FORM	SA3E.	PAGE	8.
	OVOT		μ

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYS	TEM ID# 6553
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	_
	1. Enter the total number of channels on which the cable 30 system carried television broadcast stations 30	
	2. Enter the total number of activated channels	-
	on which the cable system carried television broadcast stations 90 and nonbroadcast services	
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 Robert M. Wieand Telephone 610-432-2210	
	Address 4949 Liberty Lane, Suite 400 (Number, street, rural route, apartment, or suite number)	
	Allentown, PA 18106 (City, town, state, zip)	
	Email robert.wieand@secv.com Fax (optional)	
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)	
O Certifcation	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
	Owner other than corporation or partnership) I am the owner of the cable system as identifed 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 identifed 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/ Mark D. Walter	
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.	
	Typed or printed name: Mark D. Walter	
	Title: Senior Vice President (Title of official position held in corporation or partnership)	
	Date: January 30, 2024	

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

FORM	SA3F	PAGE9.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SERVICE ELECTRIC CABLEVISION, INC.	SYSTEM ID# 6553	Name
 SPECIAL STATEMENT CONCERNING GROSS RET The Satellite Home Viewer Act of 1988 amended Title 17, sect lowing sentence: "In determining the total number of subscribers and the geservice of providing secondary transmissions of primary scribers and amounts collected from subscribers received For more information on when to exclude these amounts, see the paper SA3 form. During the accounting period did the cable system exclude any made by satellite carriers to satellite dish owners? 	ion 111(d)(1)(A), of the Copyright Act by adding the fol- gross amounts paid to the cable system for the basic broadcast transmitters, the system shall not include sub- ing secondary transmissions pursuant to section 119." the note on page (vii) of the general instructions in the	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below Name Mailing Address	ow	
INTEREST ASSESSMENTS	Ч	
You must complete this worksheet for those royalty payments a For an explanation of interest assessment, see page (viii) of the		Q
Line 1 Enter the amount of late payment or underpayment	x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum h		
	x days	
Line 3 Multiply line 2 by the number of days late and enter the		
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, bl space L, (page 7)		
* To view the interest rate chart click on <i>www.copyright.gov.</i> contact the Licensing Division at (202) 707-8150 or licens		
** This is the decimal equivalent of 1/365, which is the inter-	est assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of a please list below the owner, address, first community served, a filing.		
Address		
First community served Accounting period		
Privacy Act Notice : Section 111 of title 17 of the United States Code authorizes the form in order to process your statement of account. PII is any personal information the		

numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and telephone search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

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, 198l, 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.

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Form SA3E Long Form (Rev. 05-17)

DSE SCHEDULE. PAGE 11.

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

Determine whether any of the stations you carried were partially distantthat 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 The fifth and each additional DSE

0.701% of gross receipts 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.

Distant Stations Carried

STATION

A (independent)

B (independent)

C (part-time)

D (part-time)

5. Calculate a separate base rate fee for each subscriber group, using (1) the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) the amount of gross receipts attributable to that group.

6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.

7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

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

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

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

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

EXAMPLE:

DSE

1.0

1.0

0.083

0.139

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

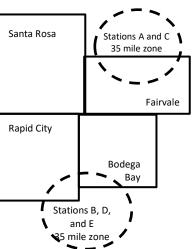
Santa Rosa

Rapid City

Bodega Bay

CITY

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.



E (network)	0.25	Fairvale S	tations B, D,	and E		120,000.00
· · · ·	2.472			S RECEIPTS		\$600,000.00
Minimum Fee Total Gross F	Receipts	\$	600,000.00			
			x .01064			
			\$6,384.00			
First Subscriber Group		Second Subscribe	er Group		Third Subscriber Group	
(Santa Rosa)		(Rapid City and Boo	dega 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

Identification of Subscriber Groups

OUTSIDE LOCAL

Stations A and C

Stations A and C

SERVICE AREA OF

Stations A, B, C, D ,E

GROSS RECEIPTS

\$310,000.00

100,000.00

70,000.00

FROM SUBSCRIBERS

DSE SCHEDULE. PAGE 11. (CONTINUED)

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM:										
1	SERVICE ELECTRIC CA		INC			6553					
	SUM OF DSEs OF CATEGOR					0000					
	• Add the DSEs of each station		N3:								
	Enter the sum here and in line 1 of part 5 of this schedule. 3.50										
2	Instructions:										
	the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 space G (page 3).										
Computation	n the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom- nercial educational station, give the DSE as ".25."										
Category "O"	CATEGORY "O" STATIONS: DSEs										
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
	WPIX	1.000									
	WWOR	1.000									
	WVIA	0.250									
	WPVI	0.250									
Add rows as	WCAU	0.250									
necessary.	WITF	0.250									
Remember to conv all	WVIA-2	0.250									
formula into new	WVIA-3	0.250									
rows.											

ACCOUNTING PERIOD: 2023/2

Name		OWNER OF CABLE SYSTEM:	ON, INC.				S	YSTEM ID# 6553
3 Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should Column 2 be carried ou Column 2 give the type Column 0	 CAPACITY ist the call sign of all dista 2: For each station, give the correspond with the inform 3: For each station, give the figure in colution 4: Divide the figure in colution t at least to the third decire 5: For each independent set of the figure in colution construct as ".25." 6: Multiply the figure in colution point. This is the station's 	he number of mation given he total numb imn 2 by the f nal point. This station, give the lumn 4 by the	hours your cable syste in space J. Calculate of er of hours that the sta igure in column 3, and s is the "basis of carria ne "type-value" as "1.0 figure in column 5, ar	em carried the sta only one DSE for ation broadcast or I give the result in age value" for the ." For each netwo	ation during the accountin each station. ver the air during the acco decimals in column 4. The station. ork or noncommercial edu in column 6. Round to no	ounting period. his figure must icational station, less than the	
Capacity		С	ATEGORY	LAC STATIONS	COMPUTAT	ION OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	IRS D BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OI CARRIAC VALUE			SE
			÷		=	X	=	
			÷ ÷		=	x x	=	
			÷		=	x	=	
			÷		=	x	=	
			÷		=	x	=	
			÷ ÷		=	x x	=	
	Add the DSEs	s OF CATEGORY LAC S of each station. um here and in line 2 of pa		chedule,		0.00]	
4 Computation of DSEs for Substitute- Basis Stations	Was carrie tions in eff Broadcast space I). Column 2: at your option. Column 3: Column 4:	ve the call sign of each sta d by your system in subst ect on October 19, 1976 (one or more live, nonnetwo For each station give the This figure should corres Enter the number of days Divide the figure in colum This is the station's DSE	itution for a pr as shown by f ork programs o number of liv spond with the in the calenc in 2 by the fig	ogram that your syste the letter "P" in column during that optional car e, nonnetwork program e information in space lar year: 365, except in ure in column 3, and g	m was permitted n 7 of space I); an riage (as shown by ns carried in subs I. n a leap year. jive the result in c	to delete under FCC rules d the word "Yes" in column 2 stitution for programs that column 4. Round to no les	2 of were deleted ss than the third	orm).
		SUI	BSTITUTE	-BASIS STATION	IS: COMPUTA	ATION OF DSEs	I	1
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMB OF DA` IN YEA	YS	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷		=		÷		=
		÷		=		÷		=
		÷ +		=		÷		=
		÷		=		÷		=
		÷		=		÷		=
	Add the DSEs	s OF SUBSTITUTE-BASI of each station. um here and in line 3 of pa			Þ	0.00]	

5	TOTAL NUMBER OF DSEs: Give the amounts from the boxes in par number of DSEs applicable to your system.	rts 2, 3, and 4 of this schedule and add them	n to provide the total	
Total Number	1. Number of DSEs from part 2 ●	►	3.50	
of DSEs	2. Number of DSEs from part 3 ●		0.00	
	3. Number of DSEs from part 4 ●		0.00	
	TOTAL NUMBER OF DSEs		•	3.50

U.S. Copyright Office

Form SA3E Long Form (Rev. 05-17)

LEGAL NAME OF C	WNER OF CABLE	SYSTEM:					S	YSTEM ID#	
	CTRIC CABLE	VISION, II	NC.					6553	Name
Instructions: Bloc	ck A must be com	pleted.							
In block A: • If your answer if '	'Yes," leave the re	emainder of p	part 6 and part	7 of the DSE sche	dule blank and	d complete pa	art 8, (page 16) of	the	6
schedule.							, (r - 0		
 If your answer if ' 				ELEVISION M	ARKETS				Computation of
Is the cable system						ction 76.5 of	FCC rules and req	gulations in	3.75 Fee
effect on June 24,							7		
	blete blocks B and			PLETE THE REM	AINDER OF P	ART 6 AND 1			
				IAGE OF PERM					
Column 1: CALL SIGN	under FCC rules	and regulati	ons prior to Ju edule. (Note: T	n part 2, 3, and 4 of ne 25, 1981. For fu he letter M below r Act of 2010.)	urther explana	tion of permit	ted stations, see t	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carri 76.61(b)(c)] B Specialty stati C Noncommeric	ules and regued pursuant on as define cal education d station (76. or DSE schee	ulations cited b to the FCC ma d in 76.5(kk) (1 al station [76.5 (65) (see parag dule).	asis on which you c elow pertain to tho arket quota rules [7 76.59(d)(1), 76.61(9(c), 76.61(d), 76. graph regarding su	se in effect on 6.57, 76.59(b) e)(1), 76.63(a) 63(a) referring) June 24, 198), 76.61(b)(c),) referring to 7) to 76.61(d)]	76.63(a) referring 76.61(e)(1)	g to	
Column 3:	G Commercial U M Retransmission	JHF station v on of a distan each distant e stations ide	within grade-B nt multicast str station listed in entified by the	ne or substitute ba contour, [76.59(d)(eam. n parts 2, 3, and 4 letter "F" in column	(5), 76.61(e)(5 of the schedul), 76.63(a) re e.			
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
WWOR	D	1.00	WVIA-2	M	0.25	SIGN	DAGIG		
WPIX	D	1.00	WVIA-3	М	0.25				
	C	0.25							
WPVI WCAU	D D	0.25 0.25							
WVIA	C	0.25							
								3.50	
		В	LOCK C: CO	MPUTATION OF	- 3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule					
Line 2: Enter the	sum of permitte	ed DSEs fro	m block B ab	ove					
Line 3: Subtract (If zero, I				er of DSEs subjec t 7 of this schedu		rate.			
Line 4: Enter gro	ss receipts from	i space K (p	bage 7)				× 0.0	375	Do any of the DSEs represent partially
Line 5: Multiply li	ne 4 by 0.0375	and enter s	um here						permited/ partially
Line 6: Enter tota	al number of DS	Es from line	e 3				X		nonpermitted carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ne 6 by line 5 ar	nd enter he	re and on line	e 2, block 3, spac	e L (page 7):			0.00	

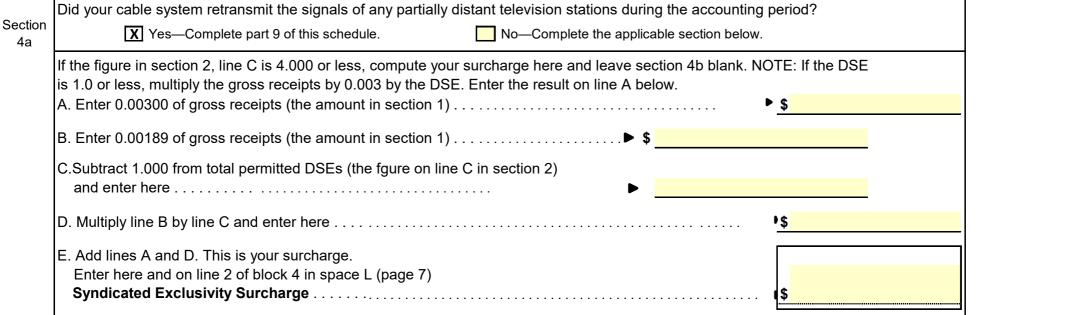
DSE SCHEDULE. PAGE 13.

	OWNER OF CABLE						S	YSTEM ID#	
SERVICE ELE		VISION, IN	NC.					6553	Name
1. CALL	2. PERMITTED		A: TELEVIS	SION MARKET		UED) 1. CALL	2. PERMITTED	3. DSE	6
SIGN	BASIS	0. DOL	SIGN	BASIS	0. DOL	SIGN	BASIS		
									Computation 3.75 Fee
						·			
						·			

								DSE	SCHEDULE. PAGE 14.	
Name	LEGAL NAME OF OWN								SYSTEM ID#	
Name	SERVICE ELEC	TRIC CAB	LEVISION, INC.						6553	
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	 Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1), 76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S—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. 									
					ED	ON A PART-TIME AN				
	1. CALL	2. PRIC		OUNTING		4. BASIS OF			6. PERMITTED	
	SIGN	DSE	PE	RIOD		CARRIAGE		DSE	DSE	
7	Instructions: Block A In block A:	A must be com	npleted.							
Computation of the			ete blocks B and C,		nai	rt 8 of the DSE schedu	llo			
		NO, leave bi		· · · ·						
Syndicated			BLOCK	(A: MAJOR	TE	ELEVISION MARK	ET			
Exclusivity										
Surcharge	 Is any portion of the or 	cable system w	vithin a top 100 majo	r television mai	rket	t as defned by section 7	76.5 of FCC	rules in effect June	24, 1981?	
	X Yes—Complete	blocks B and	С			No—Proceed to	part 8			
							P 1 0			
	BLOCK B: Ca	arriage of VHF	-/Grade B Contour	Stations		BLOCI	< C: Compι	Itation of Exempt D	SEs	
		-			┨					
	Is any station listed in					Was any station listed		-	-	
	commercial VHF stati		s a grade B contour,	in whole		nity served by the cab	•	rior to March 31, 1	972? (refer	
	or in part, over the ca	-				to former FCC rule 76	,			
	Yes—List each s	tation below wit	th its appropriate perr	nitted DSE		Yes—List each st	tation below	with its appropriate p	ermitted DSE	
	X No—Enter zero a	and proceed to	part 8.			X No—Enter zero a	nd proceed t	o part 8.		
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIGN	DSE	
		I I		0.00			<u> </u>		0.00	
			TOTAL DSEs	0.00				TOTAL DSEs	0.00	

DSE SCHEDULE. PAGE15.

LEGAL NA	AME OF OWNER OF CABLE SYSTEM: SERVICE ELECTRIC CABLEVISION, INC.	SYSTEM ID# 6553	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	4,624,440.45	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the 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?	<i>I</i> .	
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the I is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	JSE	
	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?		



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Form SA3E Long Form (Rev. 05-17)

ACCOUNTING PERIOD: 2023/2

Name		IE OF OWNER OF CABLE SYSTEM: SYSTEM ID# 6553
	0	
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.
Computation of the		A. Enter 0.00300 of gross receipts (the amount in section 1)
Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1)
Surcharge		C. Multiply line B by 3.000 and enter here
		D. Enter 0.00089 of gross receipts (the amount in section 1)
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here
		F. Multiply line D by line E and enter here
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)
		Syndicated Exclusivity Surcharge
8 Computation	6 was o • In blo	ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. ck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. 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 below
Base Rate Fee	blank.	
	were lo	s a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers ocated within that station's local service area and others were located outside that area. For the definition of a station's "local e area," see page (v) of the general instructions.
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS
	• Did yo	our cable system retransmit the signals of any partially distant television stations during the accounting period?
		X Yes—Complete part 9 of this schedule. No—Complete the following sections.
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE
	Section 1	Enter the amount of gross receipts from space K (page 7)
	Castian	
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes,"
		use the total number of DSEs from part 5.)
	Section 3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.
		A. Enter 0.01064 of gross receipts (the amount in section 1)
		B. Enter 0.00701 of gross receipts (the amount in section 1)
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here
		D. Multiply line B by line C and enter here
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee

LEGAL N	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Namo
SERV	VICE ELECTRIC CABLEVISION, INC. 6553	INAIIIE
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) ► \$	U
	(the amount in section 1)►\$	
	B. Enter 0.00701 of gross receipts	Computation
	(the amount in section 1)► \$	of Base Rate Fee
	C. Multiply line B by 3.000 and enter here ▶\$	
	D. Enter 0.00330 of gross receipts (the amount in section 1)► \$	
	E. Subtract 4.000 from total DSEs	
	(the figure in section 2) and enter here	
	F. Multiply line D by line E and enter here	
	G. Add lines A, C, and F. This is your base rate fee.	
	Enter here and in block 3, line 1, space L (page 7) Base Rate Fee	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall	
instead Space	l be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in G.	9
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude	Computation
	s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this on, you must:	of Base Rate Fee
Firet: [Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same	and
	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of	Syndicated
	and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.	Exclusivity Surcharge
-	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	for
	If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However,	Partially Distant
	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
-	: For each community served, determine the local service area of each wholly distant and each partially distant station you to that community.	Stations
	: 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, by ne token, the station is distant to the subscriber.)	
-	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each	
	ber 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.	
Compເ groups	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber	
• ·	n section:	
	fy the communities/areas represented by each subscriber group.	
	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 bers in the group.	
• lf:		
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, 3, of this schedule; or,	
, ,	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, 6 of this schedule.	
•	he DSEs for each station. This gives you the total DSEs for the particular subscriber group.	
• Calcu	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions paper SA3 form.	
	bute 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. DSEs f	In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your calculations on the form.	

,	DSE SCHEDULE	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYS	TEM I
	SERVICE ELECTRIC CABLEVISION, INC.	65
	Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals	
	Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and	
	partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant.	
	Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant	
	signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by	
	.0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported	
	for each part 9 used in steps 1 and 2 must equal the amount reported in space K.	
	Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge.	
	Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams	
	Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from	
	a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate	
	and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream.	
	You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement	
	entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary	
	transmitter or an association representing the primary transmitter.	

LEGAL NAME OF OWNE							SYSTEM ID# 6553	Name
BI	OCK A: 0	COMPUTATION OF	BASE RA	TE FEES FOR EAG	CH SUBSCRI	BER GROUP		
	FIRST	SUBSCRIBER GROU	Р		OUP	•		
COMMUNITY/ AREA Sub Group 1			COMMUNITY/ ARE		9 Computation			
CALL SIGN DSE CALL SIGN DSE			DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WWOR	1.00			WWOR	1.00			Base Rate Fee
WPIX	1.00			WPIX	1.00			and
				WVIA	0.25			Syndicated
				WVIA-2	0.25			Exclusivity
				WVIA-3	0.25			-
				WVIA-3	0.25			Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			2.00	Total DSEs			2.75	
Gross Receipts First G	roup	\$ 1,296 ,	,050.77	Gross Receipts Sec	cond Group	\$	53,572.26	
Base Rate Fee First G	roup	\$ 22,	,875.30	Base Rate Fee Sec	cond Group	\$	1,227.21	
	THIRD	SUBSCRIBER GROU	Р		FOURTH	SUBSCRIBER GR	OUP	
COMMUNITY/ AREA	Sub Gro	oup 3		COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WWOR	1.00	ONLE CICIT	DOL	WWOR	1.00	ON LE CICIN	DOL	
				•				
WPIX	1.00			WPIX	1.00			
WPVI	0.25			WITF	0.25			
WCAU	0.25			WPVI	0.25			
				WCAU	0.25			
Total DSEs			2.50	Total DSEs			2.75	
Gross Receipts Third G	Group	\$ 57,	387.66	Gross Receipts Fou	urth Group	\$	557,401.47	
Base Rate Fee Third G	iroup	\$1,	214.04	Base Rate Fee Fou	urth Group	\$	12,768.67	
Base Rate Fee: Add th Enter here and in block			iber group	as shown in the boxes	s above.	\$	87,140.22	

LEGAL NAME OF OWN							SYSTEM ID# 6553	Name
В		COMPUTATION O SUBSCRIBER GRO		ATE FEES FOR EA		BER GROUP SUBSCRIBER GR	OUP	•
COMMUNITY/ AREA Sub Group 5				COMMUNITY/ ARI	9 Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WWOR	1.00			WWOR	1.00			Base Rate Fee
WPIX	1.00			WPIX	1.00			and
WPVI	0.25			WPVI	0.25			Syndicated
WCAU	0.25	-		WCAU	0.25			Exclusivity
								Surcharge
								for
								Partially Distant
		-						
								Stations
Total DSEs 2.50				Total DSEs 2.50				
Gross Receipts First G	Group	\$	8,564.29	Gross Receipts Second Group \$ 33,030.93				
Base Rate Fee First G	Group	\$	181.18	Base Rate Fee Se	cond Group	\$	698.77	
	SEVENTH	SUBSCRIBER GRO	UP		EIGHTH	SUBSCRIBER GR	OUP	
COMMUNITY/ AREA	Sub Gr			COMMUNITY/ ARI				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WWOR	1.00			WWOR	1.00			
WPIX	1.00			WPIX	1.00			
WPVI	0.25							
	0.20							
Total DSEs			2.25	Total DSEs			2.00	
Gross Receipts Third (Group	\$ 1,11	8,239.88	Gross Receipts Fo	urth Group	\$	158,429.19	
Base Rate Fee Third Group \$ 21,696.65		Base Rate Fee Fo	urth Group	\$	2,796.28			
Base Rate Fee: Add the Enter here and in block			scriber group	as shown in the boxe	es above.	\$		

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LEGAL NAME OF OWNE SERVICE ELECTR						S	STEM ID# 6553	Name
BL				TE FEES FOR EACH				
		SUBSCRIBER GROU	JP		JP	9		
COMMUNITY/ AREA Sub Group 9				COMMUNITY/ AREA		Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WWOR	1.00			WWOR	1.00			Base Rate Fee
WPIX	1.00			WPIX	1.00			and Syndicated Exclusivity
								Surcharge for
		_						Partially
								Distant Stations
Total DSEs			2.00	Total DSEs			2.00	
Gross Receipts First Gr	oup	\$ 1,268	,833.83	Gross Receipts Second Group \$ 72,930.17				
Base Rate Fee First Gr	oup	\$ 22	,394.92	Base Rate Fee Seco	nd Group	\$	1,287.22	
EL	EVENTH	SUBSCRIBER GROU	JP		TWELVTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs 0.00			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00			0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third Group \$ 0.00			0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

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Nonpermitted 3.75 Stations

LEGAL NAME OF OWNE						S	6553 6553	Nam
BI				TE FEES FOR EA				
		SUBSCRIBER GRO	DUP			SUBSCRIBER GRO	UP	9
COMMUNITY/ AREA Sub Group 1			COMMUNITY/ AREA Sub Group 2					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computa of
								Base Rat
								and
								Syndica
								Exclusi
								Surcha
								for Dertie
								Partia Dista
								Statio
							······	Statio
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First G		\$ 1,29	6,050.77	Gross Receipts Second Group \$ 53,572.26				
	oup	۶ 1,23	0,000.77	Gross Receipts Second Group \$ 53,572.26				
ase Rate Fee First G	oup	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO)UP		FOURTH	I SUBSCRIBER GRO	UP	
OMMUNITY/ AREA	Sub Gr		-	COMMUNITY/ ARE			-	
	045 01	Cap C				cap :		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
OALL OIGH	DOL	OALL OIGH	DOL	OALL OIGH	DOL	OALL OIGH	DOL	
		-						
	<u> </u>		0.00				0.00	
Total DSEs0.00Gross Receipts Third Group\$ 57,387.66			Total DSEs					
			Gross Receipts Fou	irth Group	\$ 5	57,401.47		
ase Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	irth Group	\$	0.00	
Base Rate Fee Third G		<u></u>	0.00	Base Rate Fee Fou		\$	0.00	

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Nonpermitted 3.75 Stations

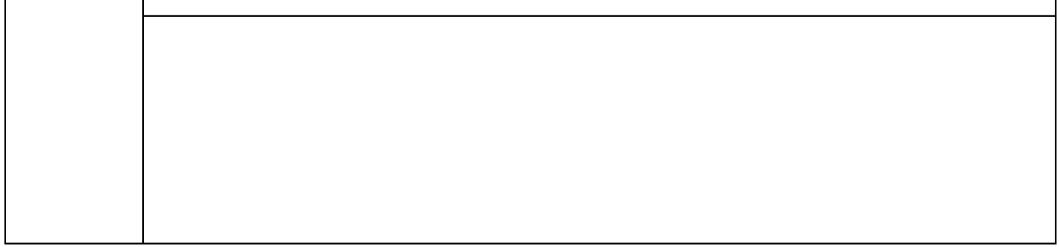
LEGAL NAME OF OWNE						SI	(STEM ID# 6553	Name
BL				TE FEES FOR EAC				
FIFTH SUBSCRIBER GROUP			SIXTH SUBSCRIBER GROUP			IP	9	
COMMUNITY/ AREA Sub Group 5			COMMUNITY/ AREA Sub Group 6				Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
		-						
			0.00				0.00	
Total DSEs			0.00	Total DSEs 0.00				
Gross Receipts First G	roup	\$ 8,	564.29	Gross Receipts Second Group		\$ 3	3,030.93	
Base Rate Fee First Gr	roup	\$	0.00	Base Rate Fee Second Group \$		0.00		
S	SEVENTH	SUBSCRIBER GROU	IP		EIGHTH	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA	Sub Gr	oup 7		COMMUNITY/ AREA Sub Group 8				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-				-		
·····								
Total DSEs			0.00	Total DSEs			0.00	
-		\$ 1,118,	239.88	Gross Receipts Four	th Group	\$ 15	8,429.19	
Base Rate Fee Third G	Base Rate Fee Third Group \$		0.00	Base Rate Fee Four	th Group	\$	0.00	
							,	
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)								

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Nonpermitted 3.75 Stations

LEGAL NAME OF OWN SERVICE ELECT			-			:	SYSTEM ID# 6553	Name
В				TE FEES FOR EAC		RIBER GROUP 1 SUBSCRIBER GRO		
		SUBSCRIBER GROU	JP		OUP	9		
COMMUNITY/ AREA Sub Group 9				COMMUNITY/ ARE		J 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 G	Group	<u>\$</u> 1,268	,833.83	Gross Receipts Sec	ond Group	\$	72,930.17	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
E	LEVENTH	SUBSCRIBER GROU	JP		TWELVTH	SUBSCRIBER GRO	OUP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third (Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				11				
Base Rate Fee: Add t			riber group	as shown in the boxes	s above.			
Enter here and in bloc	k 3, line 1, s	space L (page 7)				\$		

Name		SYSTEM ID#								
	SERVICE ELECTRIC CABLEVISION, INC.	6553								
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP									
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you 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								
Base Rate Fee	INSTRUCTIONS:									
and Syndicated	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 this schedule.									
Exclusivity	Step 2: In line 2, give the total number of DSEs by subscriber group for	r the VHF Grade B contour stations that were classified as								
Surcharge	Exempt DSEs in block C, part 7 of this schedule. If none ente									
for Bortially	Step 3: In line 3, subtract line 2 from line 1. This is the total number ofStep 4: Compute the surcharge for each subscriber group using the for									
Partially Distant		res 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 total number of DSEs for	and enter here. This is the total number of DSEs for								
	this subscriber group	this subscriber group								
	subject to the surcharge	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 this subscriber group	total number of DSEs for this subscriber group								
	subject to the surcharge	subject to the surcharge								
	computation	computation								
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY								
	SURCHARGE	SURCHARGE								
	Third Group	Fourth Group								
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for earlin the boxes above. Enter here and in block 4, line 2 of space L (page 7)								



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