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

### SA3E Long Form

### STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
03/03/2025	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

### coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:			
Accounting Period	2024/2			
B	Instructions:     Give the full legal name of the owner of the cable system. If the owner is rate title of the subsidiary, not that of the parent corporation     List any other name or names under which the owner conducts the busine If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account. Check here if this is the system's first filing. If not, enter the system's ID  LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM  Cogeco US (NH-ME), LLC	ess of the cable system on the last day of the counting perion	em the accounting period should s	
				06373320242
				063733 2024/2
	3 Batterymarch Park, Suite 200 Quincy, MA 02169			
С	<b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to in names already appear in space B. In line 2, give the mailing address of			
System	1 IDENTIFICATION OF CABLE SYSTEM: Cogeco US, LLC			
	MAILING ADDRESS OF CABLE SYSTEM:  24 Main Street (Number, street, rural route, apartment, or suite number)  Bradford, PA 16701 (City, town, state, zip code)			
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and rel	ist on page 1b
Area Served	with all communities.  CITY OR TOWN	STATE		_
First	ROCHESTER	NH		
Community	Below is a sample for reporting communities if you report multiple cha	annel line-ups in S	pace G.	
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
Sample	Alda	MD	A	1
-	Alliance	MD	B	2
	Gering	MD	В	3

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

FORM SA3E, PAGE 1b.			ACCOUNT	ING PERIOD: 2024/2
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
Cogeco US (NH-ME), LLC			063733	
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 frs of system identification hereafter known as the "first community." Please use it as the first Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom	orated communitiest community that yest community on a	es within unincorp you list will serve a Il future filings.	orated as a form	D Area Served
below the identified city or town.	•			
If all communities receive the same complement of television broadcast stations (i.e., or all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each redesignated by a number (based on your reporting from Part 9).	e column blank. If elevant community	you report any st with a subscriber	ations group,	
When reporting the carriage of television broadcast stations on a community-by-commuchannel 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 by	l a subscriber groι			
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	
ROCHESTER	NH	Α	1	First
STRAFFORD, DOVER, MADBURY, DURHAM, SOMERWORTH, BARRINGTON, FARMINGTON, MILTON,	NH	Α	1	Community
BARRING ION, FARMING ION, MILION,				
ACTON, LEBANON, NEWFIELD, SANFORD, SHAPLEIGH	ME	В	2	
DEEDELD MODILIMOOD	NA =			See instructions for
DEERFIELD, NORTHWOOD	ME	С	3	additional information on alphabetization.
ALTON, BARNSTEAD, BELMONT, CENTER HARBOR, GILFORD,	NH	D	4	
GILMANTON, LACONIA, MEREDITH, NEW DURHAM, NEW	NH	D	4	
HAMPTON, SANBORTON, TILTON	NH	D	4	Add rows as necessary.
EPSOM, FRANKLIN, NORTHFIELD, PITTSFIELD	NH	E	5	
ALEXANDRIA, BRIDGEWATER, BRISTOL	NH	F	6	
HEBRON, CONCORD	NH	F	6	
WOLFEBORO, BROOKFIELD	NH	G	7	
AMESBURY, SALISBURY	NH	Н	8	

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

Cogeco US (NH-ME), LLC

SYSTEM ID#

063733

### Ε

### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1			BLOC	CK 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE
Residential:							
<ul> <li>Service to first set</li> </ul>	20,548	\$	39.99	Entertainment	14,855	\$	69.98
<ul> <li>Service to additional set(s)</li> </ul>				Variety	799	\$	114.98
<ul> <li>FM radio (if separate rate)</li> </ul>				Digital Plus	879	\$	127.97
Motel, hotel	226	\$	39.99				
Commercial	1,797	\$	39.99				
Converter							
<ul> <li>Residential</li> </ul>						•	
Non-residential		ļ				•	
						<b>†</b>	

### F

Services Other Than Secondary Transmissions: Rates

### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLO	CK 1			BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RA <sup>*</sup>	TE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
Pay cable	1.99-19.99	Motel, hotel				
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial				
Fire protection		• Pay cable				
•Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>				
Installation: Residential		Fire protection				
First set	\$ 50.00	Burglar protection				
<ul> <li>Additional set(s)</li> </ul>	\$ 40.00	Other services:				
• FM radio (if separate rate)		Reconnect	-	40.00		
Converter		Disconnect				
		Outlet relocation	\$ 4	40.00		
		Move to new address	\$ 4	40.00		

FORM SA3E. PAGE 3.					CVCTEM ID#	
LEGAL NAME OF OV		YSTEM:			SYSTEM ID# 063733	Namo
					063733	
carried by your cable FCC rules and regula 76.59(d)(2) and (4), substitute program b Substitute Basis basis under specifc F • Do not list the static station was carrie • List the station here basis. For further in the paper SA3 Column 1: List each multicast stream as "WETA-simulcast). Column 2: Give t its community of lice on which your cable Column 3: Indica educational station, I (for independent mul For the meaning of ti	TERS: TELEVISION E. G., identify ever a system during the ations in effect of 76.61(e)(2) and the ations in effect of 76.61(e)(2) and the ations: With FCC rules, regular on here in space of only on a subset, and also in spainformation conform.  The ach station's call means a sociated with FA-2". Simulcast the channel number in space of the ach station is each case to yentering the left in each case to yentering the left in each case to yentering the left in each case to yenter in the set the station is outside the system is outside the system is outside.	y television standard by television standard	g period, except g period, except 181, permitting the referring to 76.6 paragraph. It is space I (the ation was carried tute basis station report origination of the report origination as assigned to annel 4 in Wash tation is a network to the report of the ation is a network to the report of the annel 4 in Wash tation is a network to the report of the annel 4 in Wash tation is a network to the report of the annel 4 in Wash tation is a network to the report of the annel 4 in Wash tation is a network to the annel 4 in Wash tation tation t	(1) stations carried carriage of cert 1(e)(2) and (4))]; is carried by your one Special Statement of both on a substitute of the same of the television statington, D.C. This bork station, an indefer network multiple of "E-M" (for nonceptions located in the television).	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 cable system on a substitute program ent and Program Log)—if the tute basis and also on some other of the general instructions located es such as HBO, ESPN, etc. Identify ation. For example, report multi- h stream separately; for example ion for broadcasting over-the-air in may be different from the channel ependent station, or a noncommercial ependent station, or a noncommercial ependent station, or a noncommercial ependent station, or an oncommercial ependent station.	G Primary Transmitters: Television
•			•	•	stating the basis on which your tering "LAC" if your cable system	
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**ACCOUNTING PERIOD: 2024/2** FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Cogeco US (NH-ME), LLC 063733 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your

cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

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

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	Α	
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
WENH.4	11.4	E-M	No		Durham, NH
WFXT	31	N	No		Boston, MA
WFXT.2	31.2	I-M	No		Boston, MA
WMFP	20	l	No		Boston, MA
WFXT.3	31.3	I-M	No		Boston, MA
WSBK	38	l	No		Boston, MA
WGBH	19	Е	No		Boston, MA
WGME	38	N	No		Portland, ME
WPXG	33	I	No		Concord, NH
WMUR.2	9.2	I-M	No		Manchester, NH
WMUR	9	N	No		Manchester, NH
WHDH	42	l	No		Boston, MA
WHDH.2	42.2	I-M	No		Boston, MA
			1		
		1			

**ACCOUNTING PERIOD: 2024/2** FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Cogeco US (NH-ME), LLC 063733 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP B 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) WCSH 44 Ν No Portland, ME WCSH.2 44.2 I-M No Portland, ME WENH 11 No Ε Durham, NH WENH.2 11.2 No E-M Durham, NH WENH.3 11.3 No E-M Durham, NH WENH.4 11.4 E-M No Durham, NH **WGBH** Ε 19 Yes Boston, MA 0 **WGME** Ν 38 No Portland, ME WGME.2 38.2 I-M No Portland, ME WGME.3 38.3 I-M No Portland, ME WHDH 42 ı No Boston, MA WHDH.2 42.2 I-M No Boston, MA **WMEA** 45 Ε No Biddeford, ME WMEA.3 45.3 E-M No Biddeford, ME **WMTW** 8 Ν No Poland Spring, ME

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

Poland Spring, ME

Poland Spring, ME

Waterville, ME

WMTW.2

WMTW.3

WPFO

8.2

8.3

23

I-M

I-M

Ν

No

No

No

**ACCOUNTING PERIOD: 2024/2** FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Cogeco US (NH-ME), LLC 063733 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP B 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF CARRIAGE SIGN (Yes or No) NUMBER STATION (If Distant) WPFO.2 I-M No Waterville, ME 23.2 WPFO.3 23.3 I-M No Waterville, ME **WPME** 35 ı No Waterville, ME No **WPXT** 43 Portland, ME WPXT.2 I-M 43.2 No Portland, ME **WFXT** 31 Ν No Boston, MA **WIPL** 35 No **Portland** ı WPFO.4 23.4 I-M No Waterville, ME I-M WCSH.3 44.3 No Portland, ME

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

Boston, MA

Boston, MA

Boston, MA

WFXT.2

WFXT.3

WBZ.3

31.2

31.3

30.3

I-M

I-M

I-M

No

No

No

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**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.

WETA-simulcast).

**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.

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		CHANN	EL LINE-UP	D	
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
WWJE	17	I	No		Derry, NH
WBTS	46	N	No		Boston, MA
WBTS.2	46	ı	No		Boston, MA
WBZ	30	N	No		Boston, MA
WBZ.2	30.2	I-M	No		Boston, MA
WCSH	44	N	No		Portland, ME
WCSH.2	44.2	I-M	No		Portland, ME
WCVB	20	N	No		Boston, MA
WCVB.2	20.2	I-M	No		Boston, MA
WENH	11	E	No		Durham, NH
WENH.2	11.2	E-M	No		Durham, NH
WENH.3	11.3	E-M	No		Durham, NH
WENH.4	11.4	E-M	No		Durham, NH
WFXT	31	N	No		Boston, MA
WFXT.2	31.2	I-M	No		Boston, MA

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		CHANN	EL LINE-UP	D	
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
WFXT.3	31.3	I-M	No		Boston, MA
WGBH	19	Е	Yes	0	Boston, MA
WGME	38	N	No		Portland, ME
WHDH	42	I	No		Boston, MA
WWJE	17	I	No		Derry, NH
WLVI	41	I	No		Cambridge, MA
WLVI.2	41.2	I-M	No		Cambridge, MA
WMUR	9	N	No		Manchester, NH
WMUR.2	9.2	I-M	No		Manchester, NH
WPXG	33	I	No		Concord, NH
WSBK	38	I	No		Boston, MA
WMFP	20	I	No		Boston, MA
WWDP	46.4	I-M	No		Norwell, MA

**Primary** 

Transmitters:

Television

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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.

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		CHANN	EL LINE-UP	E	
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
WBTS	46	N	No		Boston, MA
WBTS.2	46	I	No		Boston, MA
WBZ	30	N	No		Boston, MA
WBZ.2	30.2	I-M	No		Boston, MA
WCSH	44	N	No		Portland, ME
WCSH.2	44.2	I-M	No		Portland, ME
WWJE	17	I	No		Derry, NH
WCVB	20	N	No		Boston, MA
WCVB.2	20.2	I-M	No		Boston, MA
WENH	11	E	No		Durham, NH
WENH.2	11.2	E-M	No		Durham, NH
WENH.3	11.3	E-M	No		Durham, NH
WENH.4	11.4	E-M	No		Durham, NH
WFXT	31	N	No		Boston, MA
WFXT.2	31.2	I-M	No		Boston, MA
WFXT.3	31.3	I-M	No		Boston, MA
WGBH	19	E	No		Boston, MA
WWJE	17	I	No		Derry, NH

**ACCOUNTING PERIOD: 2024/2** FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Cogeco US (NH-ME), LLC 063733 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	E	
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
WGME	38	N	Yes	О	Portland, ME
WHDH	42	I	No		Boston, MA
WBZ.3	30.3	I-M	No		Boston, MA
WLVI	41	I	No		Cambridge, MA
WLVI.2	41.2	I-M	No		Cambridge, MA
WMUR	9	N	No		Manchester, NH
WMUR.2	9.2	I-M	No		Manchester, NH
WPXG	33	I	No		Concord, NH
WSBK	38	I	No		Boston, MA
WMFP	20	l	No		Boston, MA
WWDP	46.4	I-M	No		Norwell, MA

**ACCOUNTING PERIOD: 2024/2** FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Cogeco US (NH-ME), LLC 063733 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	F	
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
WENH	11	E	No		Durham, NH
WENH.2	11.2	E-M	No		Durham, NH
WENH.3	11.3	E-M	No		Durham, NH
WENH.4	11.4	E-M	No		Durham, NH
WFFF	44	I	No		Burlington, VT
WFFF.2	44.2	I-M	No		Burlington, VT
WFFF.3	44.3	I-M	No		Burlington, VT
WGBH	19	E	Yes	0	Boston, MA
WMUR	9	N	No		Manchester, NH
WWDP	46.4	I-M	Yes	0	Norwell, MA
WPTZ	5	N	No		Plattsburgh, NY
WPTZ.2	5.2	I-M	No		Plattsburgh, NY
WPTZ.3	5.3	I-M	No		Plattsburgh, NY
WPTZ.4	5.4	I-M	No		Plattsburgh, NY
WCAX	3	N	No		Burlington, VT
WCAX.2	3.2	I-M	No		Burlington, VT
WCAX.3	3.3	I-M	No		Burlington, VT
WCAX.5	3.5	I-M	No		Burlington, VT

**ACCOUNTING PERIOD: 2024/2** FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Cogeco US (NH-ME), LLC 063733 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	F	
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
WVNY	22	N	No		Burlington, VT
WVNY.2	22.2	I-M	No		Burlington, VT
WVNY.3	22.3	I-M	No		Burlington, VT
WYCI	40	I	No		Saranac Lake, NY
WYCI.2	40.2	I-M	No		Saranac Lake, NY
WYCI.3	40.3	I-M	No		Saranac Lake, NY
WNNE	31	l	No		Montpelier, VT
WSBK.3	38.3	I-M	Yes	0	Boston, MA
WBTS	46	N	Yes	0	Boston, MA
WBTS.2	46	l	Yes	0	Boston, MA
WMFP	20	l	Yes	0	Boston, MA
WCVB	20	N	Yes	0	Boston, MA
WCVB.2	20.2	I-M	Yes	0	Boston, MA
WHDH	42	I	Yes	0	Boston, MA
WHDH.2	42.2	I-M	Yes	0	Boston, MA
WLVI	41	I	Yes	0	Cambridge, MA
WLVI.2	41.2	I-M	Yes	0	Cambridge, MA
WSBK	38	1	Yes	0	Boston, MA

FORM SA3E. PAGE 3.									
LEGAL NAME OF OWI		YSTEM:			SYSTEM ID:	Namo			
Cogeco US (NI	H-ME), LLC				06373	3			
PRIMARY TRANSMITT			- 4i /i l li	4	d.l				
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)); 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 specific 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, eprort 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									
Note: If you are utilizing		nnel line-ups,	use a separate	space G for each					
		CHANN	EL LINE-UP	F		_			
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				
WBZ	30	N	Yes	0	Boston, MA				
WBZ.2	30.2	I-M	Yes	0	Boston, MA				
WBZ.3	30.3	I-M	Yes	O	Boston, MA				

**ACCOUNTING PERIOD: 2024/2** FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Cogeco US (NH-ME), LLC 063733 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	G	
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
WSBK.3	38.3	I-M	Yes	0	Boston, MA
WSBK.4	38.3	I-M	Yes	0	Boston, MA
WWDP	46.4	I-M	Yes	0	Norwell, MA
WGME	38	N	No		Portland, ME
WCSH	44	N	No		Portland, ME
WCSH.2	44.2	I-M	No		Portland, ME
WPFO	23	N	No		Waterville, ME
WCVB	20	N	Yes	0	Boston, MA
WCVB.2	20.2	I-M	Yes	0	Boston, MA
WENH	11	E	No		Durham, NH
WENH.2	11.2	E-M	No		Durham, NH
WENH.3	11.3	E-M	No		Durham, NH
WENH.4	11.4	E-M	No		Durham, NH
WPFO.2	23.2	I-M	No		Waterville, ME
WPFO.3	23.3	I-M	No		Waterville, ME
WPFO.4	23.4	I-M	No		Waterville, ME
WGBH	19	Е	Yes	0	Boston, MA
WMFP	20	ı	Yes	0	Boston, MA

FORM SA3E. PAGE 3.						NG PERIOD: 2024/2
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name
Cogeco US (NF	•				063733	
PRIMARY TRANSMITTE						
In General: In space C carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, is basis. For further in in the paper SA3 for Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the sta planation of local servic Column 5: If you he cable system carried th carried the distant stati For the retransmiss of a written agreement	G, identify even the system during the cast), "E" (for neach case), "E" (for neach case)	y television standard accounting in June 24, 194, or 76.63 (in din the next) at the espect to any attions, or auth G—but do list titute basis. In the standard account in a station account in a station account in a station account in a station account in the station. Whether the station is the station in the station is the station account in a station account in a station account in the station. Whether the station is the station account in a station account in a station account in the station account in the station account in a station account in the station	period, except 81, permitting the referring to 76.6 paragraph. I distant stations orizations: It it in space I (the stion was carried the basis station reported in origination coording to its over the period of the stion was assigned to stand 14 in Wash station is a network), "N-M" (I educational), or egeneral instruct 4, you must corraccounting period ause of lack of a stand 15 and 1	(1) stations carried to carriage of cert 1(e)(2) and (4))]; as a carried by your of the Special Statement of both on a substime, see page (v) on program service er-the-air designation of the television statington, D.C. This ork station, an indefor network multicor "E-M" (for noncontributions located in the interest of the television statington, D.C. This ork station, an indefor network multicor "E-M" (for noncontributions located in the interest of the inter	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	G Primary Transmitters: Television
tion "E" (exempt). For s	simulcasts, also	enter "E". If	you carried the	channel on any of	ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form.	
Column 6: Give the	e location of ea	ch station. Fo	r U.S. stations,	list the community	y to which the station is licensed by the	
<b>Note:</b> If you are utilizin		. ,		•	n which the station is identifed. channel line-up.	
		CHANN	EL LINE-UP	G		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
WILDII	NUMBER	STATION	No	(If Distant)	Doctor MA	
WHDH	42	I NA	No No		Boston, MA	
WCSH.3 WLVI	44.3 41	I-M	No Yes	0	Portland, ME Cambridge, MA	
WLVI.2	41.2	I-M	Yes	0	Cambridge, MA	
WMUR	9	N	No		Manchester, NH	
WMUR.2	9.2	I-M	No		Manchester, NH	
WPXG	33	I	No		Concord, NH	
WSBK	38	I	Yes	0	Boston, MA	

**ACCOUNTING PERIOD: 2024/2** FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Cogeco US (NH-ME), LLC 063733 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP H 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) WENH.4 11.4 E-M No Durham, NH **WFXT** 31 Ν No Boston, MA WFXT.2 I-M 31.2 No Boston, MA **WMFP** 20 No ı Boston, MA WFXT.3 31.3 I-M No Boston, MA **WSBK** 38 ı No Boston, MA **WGBH** 19 Ε No Boston, MA **WGME** Ν 38 Yes 0 Portland, ME **WPXG** 33 I No Concord, NH WMUR.2 9.2 I-M No Manchester, NH 9 Ν **WMUR** No Manchester, NH **WHDH** 42 No ı Boston, MA WHDH.2 42.2 I-M No Boston, MA **WBTS** 46 Ν No Boston, MA WBTS.2 46 ı No Boston, MA

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

Boston, MA

Boston, MA Boston, MA

Ν

I-M

I-M

No

No

No

30

30.2

30.3

WBZ

WBZ.2

WBZ.3

**ACCOUNTING PERIOD: 2024/2** FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Cogeco US (NH-ME), LLC 063733 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located

in the paper SA3 form. **Column 1:** List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example

**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.

WETA-simulcast).

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

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

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

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

**Column 6:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	Н	
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
WCSH	44	N	Yes	0	Portland, ME
WCSH.2	44.2	I-M	Yes	0	Portland, ME
WCVB	20	N	No		Boston, MA
WCVB.2	20.2	I-M	No		Boston, MA
WWJE	17	I	No		Derry, NH
WENH	11	E	No		Durham, NH
WENH.2	11.2	E-M	No		Durham, NH
WENH.3	11.3	E-M	No		Durham, NH
WMEA	45	E	No		Biddeford, ME
WLVI.2	41.2	I-M	No		Cambridge, MA
WLVI	41	I	No		Cambridge, MA
WMEA.4	45.4	E-M	No		Biddeford, ME
WWDP	46.4	I-M	No		Norwell, MA

ACCOUNTING PERIOD: 2024/2 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 063733 Cogeco US (NH-ME), LLC PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

FORM SA3E. PAGE 5.							ACCOUNTING	PERIOD: 2024/
LEGAL NAME OF OWNER OF		ГЕМ:					SYSTEM ID#	Namo
Cogeco US (NH-ME), I	LC						063733	Name
SUBSTITUTE CARRIAGI	E: SPECIA	L STATEMEN	NT AND PROGRAM LOG	i				
In General: In space I, ident substitute basis during the a explanation of the programm  1. SPECIAL STATEMEN  • During the accounting per	ccounting pening that must represent the concerning of the concerning that must be concerned as the concerning the concerning that the concerning penind the concerning the conc	eriod, under spe st be included in NING SUBST	ecific present and former FC in this log, see page (v) of the TTUTE CARRIAGE	C rules, regula e general instr	ations, or a uctions loc	uthorizations ated in the p	s. For a further aper SA3 form.	Substitute Carriage: Special Statement and
broadcast by a distant sta						Yes	<b>X</b> No	Program Log
<b>Note:</b> If your answer is "No log in block 2.	", leave the	rest of this pag	ge blank. If your answer is	'Yes," you mu	st comple	te the progra	am	
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love I Column 2: If the prograr Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	of every no distant state gulations, of every no distant state gulations, of the state of the st	nnetwork televion and that your authorization of use general of BA Basketball: deast live, entestation broadcaph's location (thous, if any, the when your system of program carrillisted programons in effect during and the state of the state	ision program (substitute pour cable system substitute so See page (vi) of the generategories like "movies", or 76ers vs. Bulls."  r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the tem carried the substitute program was carried by your ed by a system from 6:01:  was substituted for programing the accounting period	d for the progeral instructio "basketball".  lo." m. station is licer station is iden program. Use cable system. 15 p.m. to 6:2 mming that ye; enter the letters.	ramming on some located List specionsed by the tified). numerals, List the tire 8:30 p.m. sour system ter "P" if the	of another stands and the paper of the program of t	ation or onth ely	
		E PROGRAM	1		EN SUBST		7. REASON FOR	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES TO	DELETION	
						_		
						_		
	-							
	-					<u> </u>		
	-							
						_		

**ACCOUNTING PERIOD: 2024/2** FORM SA3E, PAGE 6. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 063733 Cogeco US (NH-ME), LLC PART-TIME CARRIAGE LOG J In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for parttime carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in Part-Time column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. · Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.– 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN HOURS HOURS** DATE **FROM** TO DATE **FROM** TO

	SA3E. PAGE 7. AL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	Namo					
Co	geco US (NH-ME), LLC			063733	Name					
all a (as pag	Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s)  during the accounting period.  ST,503,563.00  IMPORTANT: You must complete a statement in space P concerning gross receipts.									
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe:  Complete block 1, showing your minimum fee.  Complete block 2, showing whether your system carried any distant television stations.  If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee.  If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.										
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b k 3 below.	e entered	d on line 1	of						
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be elow.	entered o	on line 2 in	block						
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be er	ntered on li	ne						
	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 fe system's gross receipts for the accounting period.  Line 1. Enter the amount of gross receipts from space K	e is 1.064	4 percent o							
	Line 1. Effect the amount of gross receipts from space R  Line 2. Multiply the amount in line 1 by 0.01064  Enter the result here.	`	φ r	,505,505.00						
	This is your minimum fee.	\$		79,837.91						
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colur "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting period of the property of the p	nn 4, you od?	u must che	ck						
Block 3	Line 1. <b>BASE RATE FEE:</b> 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	_ (	\$	71,989.58						
	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	_		5,219.02						
	Line 3. Add lines 1 and 2 and enter here	\$		77,208.60						
Block 4	Line 1. <b>BASE RATE FEE/3.75 FEE or MINIMUM FEE</b> : 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	_	\$	79,837.91	Cable systems					
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, ente zero.	r		0.00	submitting additional deposits under					
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)	_		0.00	Section 111(d)(7) should contact the Licensing					
	Line 4. <b>FILING FEE</b>									
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	\$		80,562.91	appropriate form for submitting the additional fees.					
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See page	e (i) of the							

Name	LEGAL NAME OF OWN	ER OF CABLE	SYSTEM:	SYSTEM ID#
Name	Cogeco US (NH	I-ME), LLC		063733
M Channels	to its subscribers  1. Enter the total	and (2) the	(1) the number of channels on which the cable system carried television broadcast station cable system's total number of activated channels, during the accounting period.	s 25+
	on which the ca	ble system	carried television broadcast stations	320
N Individual to Be Contacted		CTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual tement of account.)		
for Further	Name <b>Adria</b>	anna Mad	ciejewska Telephone 617-7	86-8800
Information	Address 3 Bat (Number	tterymar r, street, rural	ch Park, Suite 200 oute, apartment, or suite number)	
		cy, MA 0	2169	
	Email		Dbreezeline.com Fax (optional)	
0	CERTIFICATION (	This statem	ent of account must be certifed and signed in accordance with Copyright Office regulations	S.
Certifcation	• I, the undersigned	d, hereby ce	rtify that (Check one, but only one, of the boxes.)	
	(Owner other t	han corpor	ation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or	
			n corporation or partnership) I am the duly authorized agent of the owner of the cable system that the owner is not a corporation or partnership; or	n as identified
	(Officer or par in line 1 of	•	n officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of	the cable system
		, and correc	nt of account and hereby declare under penalty of law that all statements of fact contained here to the best of my knowledge, information, and belief, and are made in good faith. ]]	in
		X	/s/ Sean Brushett	
		(e.g., /s/	n electronic signature on the line above using an "/s/" signature to certify this statement.  John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the b ton, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compa	
		Typed	or printed name: Sean Brushett	
		Title:	Chief Operations Officer (Title of official position held in corporation or partnership)	
		Date:	February 27, 2025	

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 th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephor 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 search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law

	TEM ID# 063733	lame						
Cogeco US (NH-ME), LLC	163733							
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."								
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.								
During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmission made by satellite carriers to satellite dish owners?	ns							
X NO								
YES. Enter the total here and list the satellite carrier(s) below								
Name Mailing Address Name Mailing Address								
INTEREST ASSESSMENTS								
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	ent.	Q						
Line 1 Enter the amount of late payment or underpayment		terest essment						
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-							
x	days							
Line 3 Multiply line 2 by the number of days late and enter the sum here								
x 0.00274								
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,  space L, (page 7)	_							
(interest charge	)							
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance pleat contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ase							
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.								
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the origin filing.	nal							
Owner								
Address								
First community served								
Accounting period								
ID number								

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

ACCOUNTING PERIOD: 2024/2

DSE SCHEDULE. PAGE 10.

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

The term "distant signal equivalent" (DSE) generally refers to the numerica 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 accoun (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 lead stations are not sounted at all in computing DSEs	

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 C 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 or 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 particula 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  $\varepsilon$  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, ir whole or in part, over the cable system that would have been subject to the FCC's syndicated exclusivity rules in effect on June 24, 1981

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

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

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

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

Substitution of Grandfathered Stations. Under section 76.65 of the former FCC rules, a cable system was not required to delete any statior 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 Syndicatec 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 pursuan to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 198I, on a substitute and/o 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 ir
  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.

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

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

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

Each of the second, third, and fourth DSEs 0.701% of gross receipts The fifth and each additional DSE 0.330% of gross receipts

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

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

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

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

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

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

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

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

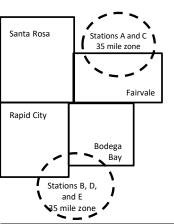
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

### **EXAMPLE:**

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

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



	Distant Stations Carried		Identification o	f Subscriber Groups	
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
nin	A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
s	B (independent)	1.0	Santa Rosa	Stations A, B, C, D ,E	\$310,000.00
)-	C (part-time)	0.083	Rapid City	Stations A and C	100,000.00
	D (part-time)	0.139	Bodega Bay	Stations A and C	70,000.00
	E (network)	0.25	Fairvale	Stations B, D, and E	120,000.00
	TOTAL DSEs	2 472		TOTAL GROSS RECEIPTS	\$600,000,00

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x .01064
 \$6,384.00

		, - ,			
First Subscriber Group		Second Subscriber Group		Third Subscriber Group	
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)	
Gross receipts	\$310.000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00
DSEs		DSEs		DSEs	1.389
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03

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

DSE SCHEDULE. PAG	E 11. (CONTINUED)										
4	LEGAL NAME OF OWNER OF CABLE	E SYSTEM:			S'	YSTEM ID#					
1	Cogeco US (NH-ME), LL	C				063733					
	SUM OF DSEs OF CATEGORY "O" STATIONS:										
	<ul> <li>Add the DSEs of each station</li> </ul>										
	Enter the sum here and in line	1 of part 5 of thi	s schedule.		10.00						
	Instructions:										
2	In the column headed "Call S	<b>Sign":</b> list the ca	ll signs of all distant stations	identified by t	he letter "O" in column 5						
Computation	of space G (page 3). In the column headed "DSE"	: for each indep	endent station, give the DSE	as "1.0": for	each network or noncom-						
of DSEs for	mercial educational station, giv			,							
Category "O"			CATEGORY "O" STATION	IS: DSEs							
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
	WCVB	0.250									
	WCVB.2	1.000									
	WGBH	0.250									
	WGME	0.250									
Add rows as	WLVI	1.000									
	WLVI.2	1.000									
necessary. Remember to copy	WSBK	1.000									
all formula into new	WCSH	0.250									
rows.	WCSH.2	1.000									
TOWS.	WSBK.3	1.000									
	WSBK.4	1.000									
	WMFP	1.000									
	WWDP	1.000									

Name	Cogeco US (NH	H-ME), LLC					S	98TEM ID# 063733	
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2: Fi figure should corr Column 3: Fi Column 4: D be carried out at Column 5: Fi give the type-valu Column 6: M	ne call sign of all distar or each station, give the respond with the inform or each station, give the ivide the figure in colu- least to the third decin- or each independent so ue as ".25."	ne number of hours nation given in space total number of h mn 2 by the figure in all point. This is the tation, give the "typuum 4 by the figure	your cable system to a J. Calculate onlours that the station column 3, and g "basis of carriage e-value" as "1.0." in column 5, and	n carried the state y one DSE for e on broadcast over ive the result in a e value" for the since For each networ give the result in	ion during the accounting ach station. er the air during the accord decimals in column 4. Thi	unting period. is figure must cational station, ess than the		
Capacity	CATEGORY LAC STATIONS: COMPUTATION OF DSEs								
	1. CALL SIGN	2. NUMBEI OF HOU CARRIE SYSTEM	RS O	JMBER F HOURS FATION N AIR	4. BASIS OF CARRIAG VALUE		6. DS	E	
			÷	=		x	=		
			÷ ÷	=		<u>x</u>	=		
			<u> </u>			x x	<u>-</u>		
			=	=		x	=		
			÷	=		x	=		
			÷	=		X X	<u>=</u>		
	Add the DSEs of e	F CATEGORY LAC Steach station. here and in line 2 of pa		<del>)</del> ,	<b>&gt;</b>	0.00			
Computation of DSEs for Substitute-Basis Stations	Was carried by tions in effect of Broadcast one space I).     Column 2: For at your option. This Column 3: Ent Column 4: Divi	y your system in substion October 19, 1976 (a or more live, nonnetwore each station give the s figure should correster the number of days ide the figure in colum	tution for a program as shown by the lett book programs during number of live, non- pond with the inforn in the calendar yea n 2 by the figure in o	that your system or "P" in column 7 that optional carrianetwork programs nation in space I. r. 365, except in a column 3, and give	was permitted to of space I); and ge (as shown by carried in substates leap year.	ograms) if that station: o delete under FCC rules the word "Yes" in column 2 itution for programs that volumn 4. Round to no less the general instructions in	of were deleted	m).	
		SU	BSTITUTE-BAS	IS STATIONS	: COMPUTA	TION OF DSEs			
	1. CALL 2. SIGN	. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	
		÷		=		÷		=	
		÷ ÷				÷ ÷			
		÷							
		÷		=		÷		=	
	Add the DSEs of e	F SUBSTITUTE-BASI each station. here and in line 3 of pa		÷,	<b>&gt;</b>	0.00			
5		OF DSEs: Give the amo		in parts 2, 3, and	4 of this schedule	and add them to provide	the tota		
Total Number	1. Number of DS	SEs from part 2●			<b>.</b>	•	10.00		
of DSEs		SEs from part 3 ●				•	0.00		
	3. Number of DS	SEs from part 4 ●					0.00		
	TOTAL NUMBER (	OF DSEs				<b></b> ►		10.00	

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2024/2

LEGAL NAME OF C		SYSTEM:					S	YSTEM ID# 063733	Name
schedule.	"Yes," leave the re	emainder of		7 of the DSE sche	edule blank a	nd complete p	art 8, (page 16) of	the	6
If your answer if	"No," complete blo	ocks B and C		FEL EVICION MA	ADVETO				Computation of
effect on June 24, Yes—Com	1981?	schedule-	major and sma	TELEVISION MA	fined under s		·	gulations in	3.75 Fee
		BLO	CK B: CARF	RIAGE OF PERM	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulati e DSE Sche	ons prior to Ju edule. (Note: T	part 2, 3, and 4 of ne 25, 1981. For fu he letter M below ro Act of 2010.)	ırther explana	ation of permit	ted stations, see th	ne	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC r. A Stations carrier 76.61(b)(c)] B Specialty static C Noncommeric D Grandfathered instructions for E Carried pursua *F A station pre	ed pursuant on as define al education d station (76. or DSE schee ant to individ viously carri	ulations cited b to the FCC ma d in 76.5(kk) (1 al station [76.5 65) (see parad dule). ual waiver of F ed on a part-tir vithin grade-B	ne or substitute ba contour, [76.59(d)(	se in effect of 6.57, 76.59(b) e)(1), 76.63(a) referring batitution of g	n June 24, 198 b), 76.61(b)(c), a) referring to 7 g to 76.61(d) grandfathered s	76.63(a) referring 76.61(e)(1 stations in the		
Column 3:		e stations ide	entified by the	n parts 2, 3, and 4 o			worksheet on page	e 14 of	
1. CALL	2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE	
SIGN WGBH	BASIS	0.25	SIGN WSBK	BASIS	1.00	SIGN WMFP	BASIS	1.00	-
WGME	D	0.25	WSBK.3	M	1.00				
WCSH	A/G	0.25	WSBK.4	M	1.00				
WCSH.2	М	1.00	WWDP	Α	1.00				
WCVB	A/G	0.25	WLVI	Α	1.00				
WCVB.2	M	1.00	WLVI.2	M	1.00				
				MARIUTATION OF	0.75.555			10.00	-
		<u>E</u>	SLOCK C: CC	MPUTATION OF	3./5 FEE				-
Line 1: Enter the									
Line 2: Enter the	sum of permitte	a uses tro	m block B ab	ove					
Line 3: Subtract (If zero, I	line 2 from line 1 leave lines 4–7 b	. This is the lank and pi	e total numbe oceed to par	r of DSEs subjec t 7 of this schedul	t to the 3.75 le)	rate.	n <del></del>		
Line 4: Enter gro	oss receipts from	space K (p	page 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply I	ine 4 by 0.0375 a	and enter s	um here				x		permited/ partially nonpermitted carriage?
Line 6: Enter tota	al number of DSI	Es from line	e 3				"		If yes, see part 9 instructions.
Line 7: Multiply I	ine 6 by line 5 ar	nd enter he	re and on line	2, block 3, space	e L (page 7)			0.00	

**ACCOUNTING PERIOD: 2024/2** LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Cogeco US (NH-ME), LLC 063733 **BLOCK A: TELEVISION MARKETS (CONTINUED)** 6 3. DSE 1. CALL 2. PERMITTED 3. DSE 1. CALL 2. PERMITTED 1. CALL 2. PERMITTED 3. DSE SIGN BASIS SIGN BASIS SIGN BASIS Computation of 3.75 Fee

Name	LEGAL NAME OF OWN  Cogeco US (NH								S	**************************************
Worksheet for Computating the DSE Schedule for Permitted 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								981 ne enterei	
					ED	ON A PART-TIME AN				
	1. CALL SIGN	2. PRIC		COUNTING ERIOD		4. BASIS OF CARRIAGE		RESENT DSE	6. P	ERMITTED DSE
	Oloiv	DOL		LITIOD		OARTHAGE		JOL		DOL
Computation of the Syndicated Exclusivity Surcharge	If your answer is	"Yes," comple "No," leave bl	ete blocks B and C locks B and C blan BLOC vithin a top 100 maj	k and complete K A: MAJOR	TE	rt 8 of the DSE schedu ELEVISION MARK as defned by section 7 No—Proceed to	RKET n 76.5 of FCC rules in effect June 24, 1981?			
					71					
	BLOCK B: C	arriage of VHF	F/Grade B Contour	Stations	4	BLOCK	C: Compu	tation of Exem	pt DSEs	5
	Is any station listed in commercial VHF stati or in part, over the ca	ion that places			Ш	Was any station listed nity served by the cab to former FCC rule 76	le system p	•	•	
	Yes—List each station below with its appropriate permitted DSE  X No—Enter zero and proceed to part 8.  Yes—List each station below with its appropriate permitted DSE  X No—Enter zero and proceed to part 8.							tted DSE		
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	SN	DSE
		-								
		<u>_</u>	TOTAL DSEs	0.00				TOTAL DS	SEs .	0.00

Name			STEM ID#
	,	Cogeco US (NH-ME), LLC	003733
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ _\$	
of the Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$	1
Surcharge		C. Multiply line B by 3.000 and enter here	
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$	
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here	
		F. Multiply line D by line E and enter here	
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)	
		Syndicated Exclusivity Surcharge	<u></u> .
	Instruc	ctions:	
8		ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part 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.	
Computation of		ir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. Ir answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below	
Base Rate Fee	blank		
		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	
	_	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
	Ŀ	X Yes—Complete part 9 of this schedule. No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶ _\$	_
	Section	Enter the total number of permitted DSEs from block B, part 6 of this schedule.	
	2	(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)	_
	Section		
	3	If the figure in section 2 is <b>4.000 or less,</b> compute your base rate fee here and leave section 4 blank.  NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.	
		A. Enter 0.01064 of gross receipts  (the amount in section 1)	_
		B. Enter 0.00701 of gross receipts	
		(the amount in section 1)	
		C. Subtract 1.000 from total DSEs	
		(the figure in section 2) and enter here	
		D. Multiply line B by line C and enter here	-
		E. Add lines A, and D. This is your base rate fee. Enter here	
		and in block 3, line 1, space L (page 7)	0.00
		Base Rate Fee	<u>:::::</u> !.

LEGAL NA	ME OF OWNER OF CABLE SYSTEM:  Cogeco US (NH-ME), LLC	SYSTEM ID# 063733	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	7,503,563.00	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC?  Yes—Complete section 3 below.		
	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 DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge.		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1) ▶ \$		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ \$		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	▼ Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

DSE SCH	EDULE. PAGE 17. ACCOUNTING	PERIOD: 2024/
LEGAL N	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name
Coge	co US (NH-ME), LLC 063733	Name
Section 4	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.	0
•	A. Enter 0.01064 of gross receipts	8
	(the amount in section 1) <b>&gt;</b>	
	B. Enter 0.00701 of gross receipts	Computation
	(the amount in section 1) <b>\$</b>	of
	C. Multiply line B by 3.000 and enter here	Base Rate Fee
	D. Enter 0.00330 of gross receipts (the amount in section 1) \$	
	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here	
	F. Multiply line D by line E and enter here	
	G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)  Base Rate Fee  ▶ \$ 0.00	
exclusi	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 Fe and
station DSEs	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.  : Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	Syndicated Exclusivity Surcharge
NOTE:	If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, cable system is wholly located outside all major television markets, complete block A only.	for Partially Distant Stations, and
Step 1	Identify a Subscriber Group for Partially Distant Stations  For each community served, determine the local service area of each wholly distant and each partially distant station you to that community.	for Partially Permitted Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were located 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.)	
subscr	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.	
groups		
	section:	
• Give subscr	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.	
, -	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,	

page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form.

2) any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B,

• Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions

• Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding

• Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.

part 6 of this schedule.

in the paper SA3 form.

## SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 063733 Cogeco US (NH-ME), LLC Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

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

LEGAL NAME OF OWNE  Cogeco US (NH-M		E SYSTEM:				S	063733
В	LOCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EAC	CH SUBSCRII	BER GROUP	
		SUBSCRIBER GROU	JP			SUBSCRIBER GRO	UP
COMMUNITY/ AREA	Roches	ter		COMMUNITY/ ARE	A Acton		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
				WGBH	0.25	-	
						-	
						-	
otal DSEs	4		0.00	Total DSEs	1	ļ	0.25
	roup	¢ 1762	3,315.00		and Graus	¢ 0	65,196.00
iross Receipts First G	roup	\$ 1,763	,315.00	Gross Receipts Sec	ond Group	\$ 9	196.00
ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	2,567.42
	THIRD	SUBSCRIBER GROU	JP		FOURTH	SUBSCRIBER GRO	UP
OMMUNITY/ AREA	Deerfiel	ld		COMMUNITY/ ARE	A Alton		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
NGME	0.25			WGBH	0.25		
VCSH	0.25					-	
VCSH.2	1.00						
						-	
otal DSEs	1		1.50	Total DSEs	1		0.25
Gross Receipts Third C	Group	\$ 261	,562.00	Gross Receipts Fou	ırth Group	\$ 2,7	16,723.00
Base Rate Fee Third G	Group	\$ 3	,699.79	Base Rate Fee Fou	ırth Group	\$	7,226.48
Base Rate Fee: Add th	ne <b>base rat</b>	e fees for each subso	riber group	as shown in the boxe	s above.		
Enter here and in block			. 5,049	2.0 25/10		\$	71,989.58

	LLC						063733
BLOCK	( A: C(	OMPUTATION OF	BASE RA	ATE FEES FOR EA	CH SUBSCRI	BER GROUP	
FI	FTH S	UBSCRIBER GRO	JP		SIXTH	SUBSCRIBER GRO	UP
COMMUNITY/ AREA <b>Eps</b>	som			COMMUNITY/ ARE	A Alexand	ria	
CALL SIGN DS	E	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
WGME 0.	.25			WGBH	0.25		
				WSBK.3	1.00		
				WWDP	1.00		
				WBTS.2	1.00		
				WMFP	1.00		
				WCVB	0.25	-	
				WCVB.2	1.00	-	
				WHDH	1.00		
				WHDH.2	1.00		
				WLVI	1.00		
				WLVI.2	1.00		
				WBZ.2	1.00		
				WBZ.3	1.00		
				WSBK	1.00		
				WBZ	0.25		
otal DSEs	_		0.25	Total DSEs			12.75
ross Receipts First Group	\$	713	,778.00	Gross Receipts Sec	cond Group	\$ 5	30,416.00
Base Rate Fee First Group	s	1	.898.65	Base Rate Fee Sec	cond Group	\$	32.114.04
SEVE		UBSCRIBER GRO	, <b>898.65</b>	Base Rate Fee Sec	EIGHTH	SUBSCRIBER GRO	<b>32,114.04</b> UP
SEVE	NTH S	UBSCRIBER GRO		Base Rate Fee Sec	EIGHTH	SUBSCRIBER GRO	-
SEVE  DMMUNITY/ AREA Wo  CALL SIGN DS	INTH SI	UBSCRIBER GRO			EIGHTH	SUBSCRIBER GRO	-
SEVE  DMMUNITY/ AREA Wo  CALL SIGN DS  CVB 0.	INTH SI	UBSCRIBER GROI	UP	COMMUNITY/ ARE	EIGHTH :	SUBSCRIBER GRO	UP
SEVE OMMUNITY/ AREA Wo  CALL SIGN DS VCVB 0 VCVB.2 1.	NTH SI	UBSCRIBER GROI	UP	COMMUNITY/ ARE	EIGHTH :	SUBSCRIBER GRO	UP
SEVE OMMUNITY/ AREA Wo  CALL SIGN DS /CVB 0. /CVB.2 1.	NTH SI	UBSCRIBER GROI	UP	COMMUNITY/ ARE	EIGHTH :	SUBSCRIBER GRO	UP
SEVE  DMMUNITY/ AREA  Wo  CALL SIGN  CVB  CVB  CVB.2  1.  LVI  1.  LVI  1.	NTH SI DIfebor SE .25 .00 .00 .00 .00	UBSCRIBER GROI	UP	COMMUNITY/ ARE	EIGHTH :	SUBSCRIBER GRO	UP
SEVE   OMMUNITY/ AREA   Wo   CALL SIGN   DS   CVB   0.   CVB.2   1.   LVI   1.   LVI.2   1.   SBK   1.	SE   .25   .00   .00   .00	UBSCRIBER GROI	UP	COMMUNITY/ ARE	EIGHTH :	SUBSCRIBER GRO	UP
SEVE   OMMUNITY/ AREA   Wo   CALL SIGN   DS   VCVB   0.   VCVB.2   1.   VLVI   1.   VLVI   1.   VLVI.2   1.   VSBK   1.   VSBK.3   1.	NTH SI Ifebor .25 .00 .00 .00 .00 .00 .00 .00	UBSCRIBER GROI	UP	COMMUNITY/ ARE	EIGHTH :	SUBSCRIBER GRO	UP
SEVE  OMMUNITY/ AREA  Wo  CALL SIGN  JCVB  OMMUNITY/ AREA  UCVB  IVCVB	BE   .25   .00   .	UBSCRIBER GROI	UP	COMMUNITY/ ARE	EIGHTH :	SUBSCRIBER GRO	UP
SEVE  OMMUNITY/ AREA  Wo  CALL SIGN  VCVB  0.0  VCVB.2  1.0  VLVI  1.0  VLVI.2  1.0  VSBK  1.0  VSBK.3  1.0  VSBK.4  1.0  VMFP  1.0	BE   .25   .00   .	UBSCRIBER GROI	UP	COMMUNITY/ ARE	EIGHTH :	SUBSCRIBER GRO	UP
SEVE  OMMUNITY/ AREA  Wo  CALL SIGN  CVB  CVB  ICVB.2  1.  ILVI  1.  ILVI  ISBK  1.  ISBK.3  1.  ISBK.4  1.  IMFP  1.  IMF  1.  IMFP  1.	SE .25 .00 .00 .00 .00 .00 .00 .00 .00 .25	UBSCRIBER GROI	UP	COMMUNITY/ ARE	EIGHTH :	SUBSCRIBER GRO	UP
SEVE	BE   .25   .00   .	UBSCRIBER GROI	UP	COMMUNITY/ ARE	EIGHTH :	SUBSCRIBER GRO	UP
SEVE	SE .25 .00 .00 .00 .00 .00 .00 .00 .00 .25	UBSCRIBER GROI	UP	COMMUNITY/ ARE	EIGHTH :	SUBSCRIBER GRO	UP
SEVE	SE .25 .00 .00 .00 .00 .00 .00 .00 .00 .25	UBSCRIBER GROI	UP	COMMUNITY/ ARE	EIGHTH :	SUBSCRIBER GRO	UP
SEVE  OMMUNITY/ AREA  Wo  CALL SIGN  CVB  CVB  CVB  CVB  CVB  CVB  CVB  CV	SE .25 .00 .00 .00 .00 .00 .00 .00 .00 .25	UBSCRIBER GROI	UP	COMMUNITY/ ARE	EIGHTH :	SUBSCRIBER GRO	UP
SEVE	SE .25 .00 .00 .00 .00 .00 .00 .00 .00 .25	UBSCRIBER GROI	UP	COMMUNITY/ ARE	EIGHTH :	SUBSCRIBER GRO	UP
SEVE COMMUNITY/ AREA  Wo CALL SIGN DS VCVB 0. VCVB.2 1. VLVI VLVI.2 1. VSBK 1. VSBK.3 1. VSBK.4 1. VSBH 0. VWDP 1.	SE .25 .00 .00 .00 .00 .00 .00 .00 .00 .25	UBSCRIBER GROI	UP	COMMUNITY/ ARE	EIGHTH :	SUBSCRIBER GRO	UP
SEVE	SE .25 .00 .00 .00 .00 .00 .00 .25 .00	CALL SIGN	DSE	COMMUNITY/ ARE	EIGHTH  EA Amesbul  DSE	SUBSCRIBER GRO  TY  CALL SIGN	UP DSE
COMMUNITY/ AREA WO  CALL SIGN DS  WCVB 0.  WCVB.2 1.  WLVI 1.  WLVI.2 1.  WSBK 1.  WSBK.3 1.  WSBK.4 1.  WMFP 1.  WGBH 0.	SE .25 .00 .00 .00 .00 .00 .00 .25 .00	CALL SIGN	DSE S.50	COMMUNITY/ ARE  CALL SIGN  Total DSEs	EIGHTH  EA Amesbul  DSE	SUBSCRIBER GRO  TY  CALL SIGN	DSE DSE O.000

	IE), LLC						063733	
В		COMPUTATION OF SUBSCRIBER GRO		TE FEES FOR EACH		IBER GROUP SUBSCRIBER GROU	LID	
COMMUNITY/ AREA			UF	COMMUNITY/ AREA		SUBSCRIBER GRO	UF	9
COMMUNITY AREA	Noches	) (e)		COMMONT TO AREA	ACIOII			Computat
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicate
		_						Exclusivi
								Surcharg
								for
						<b>_</b>		Partially Distant
								Stations
						<del>                                     </del>		Gtationo
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	s 1,763	,315.00	Gross Receipts Seco	nd Group	\$ 9	65,196.00	
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		O. op			
							2.22	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
							•	
	THIRD	SUBSCRIBER GRO	UP			SUBSCRIBER GROU	UP	
COMMUNITY/ AREA	THIRD Deerfie		UP	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GRO	UP	
OMMUNITY/ AREA			UP	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			UP DSE	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GROU	UP DSE	
	Deerfie	ld			FOURTH Alton			
	Deerfie	ld			FOURTH Alton			
	Deerfie	ld			FOURTH Alton			
	Deerfie	ld			FOURTH Alton			
	Deerfie	ld			FOURTH Alton			
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	Deerfie	ld			FOURTH Alton			
	Deerfie	ld			FOURTH Alton			
CALL SIGN	Deerfie	ld			FOURTH Alton			
CALL SIGN	Deerfie	CALL SIGN	DSE	CALL SIGN	FOURTH Alton DSE	CALL SIGN	DSE	
CALL SIGN	Deerfie	CALL SIGN	DSE	CALL SIGN  Total DSEs	FOURTH Alton DSE	CALL SIGN	DSE	
Fotal DSEs Gross Receipts Third (	Deerfie	CALL SIGN	0.00 ,562.00	Total DSEs Gross Receipts Fourt	FOURTH Alton  DSE	\$ 2,7	0.00 16,723.00	
otal DSEs	Deerfie	CALL SIGN	DSE	CALL SIGN  Total DSEs	FOURTH Alton  DSE	CALL SIGN	DSE	
CALL SIGN	Deerfie	CALL SIGN	0.00 ,562.00	Total DSEs Gross Receipts Fourt	FOURTH Alton  DSE	\$ 2,7	0.00 16,723.00	

		o	0115000				00:::	
	ID			TE FEES FOR EACH		COMPUTATION OF		BL
9	JP	SUBSCRIBER GROU			717	SUBSCRIBER GROU		
Computa		ia	Alexandr	COMMUNITY/ AREA			Epsom	OMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate			0.25	WBTS				
and								
Syndica								
Exclusiv								
Surchar								
for								
Partial								
Distan								
Station								
	0.25		•	Total DSEs	0.00			otal DSEs
	30,416.00	\$ 53	d Group	Gross Receipts Seco	778.00	<b>\$</b> 713,	roup	iross Receipts First G
			d Croup	Page Pate Fee Society	0.00	•	-0.110	lana Bata Esa First Cr
	4,972.65			Base Rate Fee Secon	0.00	\$		
	4,972.65	SUBSCRIBER GROU	EIGHTH S			SUBSCRIBER GROU	SEVENTH	5
	4,972.65	SUBSCRIBER GROU	EIGHTH S	Base Rate Fee Second COMMUNITY/ AREA		SUBSCRIBER GROU		5
	4,972.65	SUBSCRIBER GROU	EIGHTH S			SUBSCRIBER GROU	SEVENTH	OMMUNITY/ AREA
	<b>4,972.65</b>	SUBSCRIBER GROU	EIGHTH S	COMMUNITY/ AREA	JP	SUBSCRIBER GROU	Wolfebo	SOMMUNITY/ AREA
	<b>4,972.65</b>	SUBSCRIBER GROU	EIGHTH S Amesbur	COMMUNITY/ AREA	JP	SUBSCRIBER GROU	Wolfebo	OMMUNITY/ AREA
	<b>4,972.65</b>	SUBSCRIBER GROU	EIGHTH S Amesbur	COMMUNITY/ AREA	JP	SUBSCRIBER GROU	Wolfebo	OMMUNITY/ AREA
	<b>4,972.65</b>	SUBSCRIBER GROU	EIGHTH S Amesbur	COMMUNITY/ AREA	JP	SUBSCRIBER GROU	Wolfebo	SOMMUNITY/ AREA
	<b>4,972.65</b>	SUBSCRIBER GROU	EIGHTH S Amesbur	COMMUNITY/ AREA	JP	SUBSCRIBER GROU	Wolfebo	OMMUNITY/ AREA
	<b>4,972.65</b>	SUBSCRIBER GROU	EIGHTH S Amesbur	COMMUNITY/ AREA	JP	SUBSCRIBER GROU	Wolfebo	SOMMUNITY/ AREA
	<b>4,972.65</b>	SUBSCRIBER GROU	EIGHTH S Amesbur	COMMUNITY/ AREA	JP	SUBSCRIBER GROU	Wolfebo	SOMMUNITY/ AREA
	<b>4,972.65</b>	SUBSCRIBER GROU	EIGHTH S Amesbur	COMMUNITY/ AREA	JP	SUBSCRIBER GROU	Wolfebo	SOMMUNITY/ AREA
	<b>4,972.65</b>	SUBSCRIBER GROU	EIGHTH S Amesbur	COMMUNITY/ AREA	JP	SUBSCRIBER GROU	Wolfebo	5
	<b>4,972.65</b>	SUBSCRIBER GROU	EIGHTH S Amesbur	COMMUNITY/ AREA	JP	SUBSCRIBER GROU	Wolfebo	SOMMUNITY/ AREA
	<b>4,972.65</b>	SUBSCRIBER GROU	EIGHTH S Amesbur	COMMUNITY/ AREA	JP	SUBSCRIBER GROU	Wolfebo	SOMMUNITY/ AREA
	<b>4,972.65</b>	SUBSCRIBER GROU	EIGHTH S Amesbur	COMMUNITY/ AREA	JP	SUBSCRIBER GROU	Wolfebo	SOMMUNITY/ AREA
	<b>4,972.65</b>	SUBSCRIBER GROU	EIGHTH S Amesbur	COMMUNITY/ AREA	JP	SUBSCRIBER GROU	Wolfebo	COMMUNITY/ AREA
	<b>4,972.65</b>	SUBSCRIBER GROU	EIGHTH S Amesbur	COMMUNITY/ AREA	JP	SUBSCRIBER GROU	Wolfebo	SOMMUNITY/ AREA
	<b>4,972.65</b>	SUBSCRIBER GROU	EIGHTH S Amesbur	COMMUNITY/ AREA	JP	SUBSCRIBER GROU	Wolfebo	SOMMUNITY/ AREA
	4,972.65  JP  DSE  0.25	CALL SIGN	EIGHTH S Amesbur	COMMUNITY/ AREA	JP  DSE  0.00	SUBSCRIBER GROUPS CALL SIGN	Wolfebo	SOMMUNITY/ AREA
	4,972.65  JP  DSE	CALL SIGN	DSE 0.25	CALL SIGN WGME	JP DSE	SUBSCRIBER GROUPS CALL SIGN	DSE	CALL SIGN

Name	YSTEM ID# 063733					.E SYSTEM:		LEGAL NAME OF OWNE Cogeco US (NH-M
				TE FEES FOR EACH				Bl
9		SUBSCRIBER GROU	TENTH	COMMUNITY ASS.		SUBSCRIBER GROU	NINTH	COMMUNITY ASS.
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and								
Syndicated Exclusivity								
Surcharge							··	
for								
Partially								
Distant								
Stations								
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$		Base Rate Fee Secon	0.00	s	•	
	JP	SUBSCRIBER GROU			JP	\$ SUBSCRIBER GROU	•	El
							•	El
	JP				JP		•	El
	JP <b>0</b>	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	LEVENTH	EI COMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	LEVENTH	EI COMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	LEVENTH	EI COMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	LEVENTH	EI COMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	LEVENTH	EI COMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	LEVENTH	EI COMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	LEVENTH	EI COMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	LEVENTH	EI COMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	LEVENTH	EI COMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	LEVENTH	EI COMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	LEVENTH	COMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	LEVENTH	EI COMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	LEVENTH	EI COMMUNITY/ AREA
	DSE	SUBSCRIBER GROU	DSE	CALL SIGN	JP 0	SUBSCRIBER GROU	DSE	CALL SIGN
	DSE DSE O.00	SUBSCRIBER GROU	DSE	CALL SIGN  CALL SIGN  Total DSEs	JP  O  DSE  O  O  O  O  O  O  O  O  O  O  O  O  O	CALL SIGN	DSE	CALL SIGN  CALL SIGN  Total DSEs

NI	YSTEM ID# 063733							LEGAL NAME OF OWNE Cogeco US (NH-M
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	RTEENTH			SUBSCRIBER GROU	RTEENTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and								
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Surcharge							<u>.</u>	
for								
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Distant								
Stations								
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	0.00	H		Total DSEs	0.00		<del></del>	Total DSEs
_		\$		Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	· · · · · · · · · · · · · · · · · · ·	Group	Gross receipts occorr				•
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	0.00	\$		Base Rate Fee Secon	0.00	\$		
	0.00		Group	Base Rate Fee Secon		\$ SUBSCRIBER GROU	roup	<b>3ase Rate Fee</b> First G
	0.00	\$	Group	Base Rate Fee Secon			roup	Base Rate Fee First G
	<b>0.00</b>	\$	Group	Base Rate Fee Secon	JP		roup	Base Rate Fee First G
	0.00 JP	\$ SUBSCRIBER GROU	Group	Base Rate Fee Secon S COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TEENTH	Base Rate Fee First G FII COMMUNITY/ AREA
	0.00 JP	\$ SUBSCRIBER GROU	Group	Base Rate Fee Secon S COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TEENTH	Base Rate Fee First G FII COMMUNITY/ AREA
	0.00 JP	\$ SUBSCRIBER GROU	Group	Base Rate Fee Secon S COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TEENTH	Base Rate Fee First G FII COMMUNITY/ AREA
	0.00 JP	\$ SUBSCRIBER GROU	Group	Base Rate Fee Secon S COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TEENTH	Base Rate Fee First G FII COMMUNITY/ AREA
	0.00 JP	\$ SUBSCRIBER GROU	Group	Base Rate Fee Secon S COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TEENTH	Base Rate Fee First G FII COMMUNITY/ AREA
	0.00 JP	\$ SUBSCRIBER GROU	Group	Base Rate Fee Secon S COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TEENTH	Base Rate Fee First G FII COMMUNITY/ AREA
	0.00 JP	\$ SUBSCRIBER GROU	Group	Base Rate Fee Secon S COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TEENTH	Base Rate Fee First G FII COMMUNITY/ AREA
	0.00 JP	\$ SUBSCRIBER GROU	Group	Base Rate Fee Secon S COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TEENTH	Base Rate Fee First G FII COMMUNITY/ AREA
	0.00 JP	\$ SUBSCRIBER GROU	Group	Base Rate Fee Secon S COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TEENTH	Base Rate Fee First G FII COMMUNITY/ AREA
	0.00 JP	\$ SUBSCRIBER GROU	Group	Base Rate Fee Secon S COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TEENTH	Base Rate Fee First G FII COMMUNITY/ AREA
	0.00 JP	\$ SUBSCRIBER GROU	Group	Base Rate Fee Secon S COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TEENTH	Base Rate Fee First G FII COMMUNITY/ AREA
	0.00 JP	\$ SUBSCRIBER GROU	Group	Base Rate Fee Secon S COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TEENTH	Base Rate Fee First G FII COMMUNITY/ AREA
	0.00 JP	\$ SUBSCRIBER GROU	Group	Base Rate Fee Secon S COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TEENTH	Base Rate Fee First G FII COMMUNITY/ AREA
	0.00 JP	\$ SUBSCRIBER GROU	Group	Base Rate Fee Secon S COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	TEENTH	FII COMMUNITY/ AREA CALL SIGN
	0.00  JP  Ose	\$ SUBSCRIBER GROU	DSE	Base Rate Fee Secon  S COMMUNITY/ AREA  CALL SIGN	JP 0	SUBSCRIBER GROU	TEENTH DSE	Base Rate Fee First G FII COMMUNITY/ AREA

		IDED CDOUR	CLIDOOD	TE EEE0 E00 E10:	DAGEDA	CMDUTATION OF	001/ 1 /	
	JP	IBER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU		
9	0	_ JEST GROUP		COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computa								
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate						-		
and						-		
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	0.00			Total DSEs	0.00			otal DSEs
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		<u> </u>	a Oroup	Gross rescipts essent	<u> </u>	•	Гоар	1000 1 1000 1 1101 01
	0.00			<b>5</b> . 5 . 6	0.00			<b>D. ( F</b> 5' 10
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	ase Rate Fee First Gr
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۵		SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GROU	SEVENTH	
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LEGAL NAME OF OWNI Cogeco US (NH-N		LE SYSTEM:				S	YSTEM ID# 063733	Name 9
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	YSTEM ID# 063733	31						LEGAL NAME OF OWNE Cogeco US (NH-M
				E FEES FOR EACH				
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ase Rate Fee First (	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
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Name	YSTEM ID# 063733	31					R OF CABL	Cogeco US (NH-M
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Name	YSTEM ID# 063733							LEGAL NAME OF OWNE Cogeco US (NH-M
		RIBER GROUP	SUBSCRI	TE FEES FOR EAC	BASE RA	COMPUTATION OF	OCK A: C	BL
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	YSTEM ID# 063733						E), LLC	Cogeco US (NH-M
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LEGAL NAME OF OWN Cogeco US (NH-I		LE SYSTEM:					063733	Name
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		SUBSCRIBER GROUP	<b>&gt;</b>	H		SUBSCRIBER GROUP	<b>D</b>	٥
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Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
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Name	YSTEM ID# 063733					.E 3131EWI.		LEGAL NAME OF OWNE Cogeco US (NH-M
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
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Name	YSTEM ID# 063733					.E SYSTEM:		LEGAL NAME OF OWNE Cogeco US (NH-M
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
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	0	SUBSCRIBER GROUP	TY-EIGHTH	ONE HUNDRED FOR COMMUNITY/ AREA	0	SUBSCRIBER GROUP	SEVENTH	ONE HUNDRED FORTY-
	0	SUBSCRIBER GROUP	TY-EIGHTH	ONE HUNDRED FOR COMMUNITY/ AREA	0	SUBSCRIBER GROUP	SEVENTH	ONE HUNDRED FORTY-
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	0	SUBSCRIBER GROUP	TY-EIGHTH	ONE HUNDRED FOR COMMUNITY/ AREA	0	SUBSCRIBER GROUP	SEVENTH	ONE HUNDRED FORTY-
	0	SUBSCRIBER GROUP	TY-EIGHTH	ONE HUNDRED FOR COMMUNITY/ AREA	0	SUBSCRIBER GROUP	SEVENTH	ONE HUNDRED FORTY-
	0	SUBSCRIBER GROUP	TY-EIGHTH	ONE HUNDRED FOR COMMUNITY/ AREA	0	SUBSCRIBER GROUP	SEVENTH	ONE HUNDRED FORTY-
	0	SUBSCRIBER GROUP	TY-EIGHTH	ONE HUNDRED FOR COMMUNITY/ AREA	0	SUBSCRIBER GROUP	SEVENTH	ONE HUNDRED FORTY-
	0	SUBSCRIBER GROUP	TY-EIGHTH	ONE HUNDRED FOR COMMUNITY/ AREA	0	SUBSCRIBER GROUP	SEVENTH	ONE HUNDRED FORTY-
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	O.00  JP  Ose  O.00  O.00	SUBSCRIBER GROUNDERS CALL SIGN	-SECOND  DSE	Dase Rate Fee Second ONE HUNDRED FIFTY COMMUNITY/ AREA  CALL SIGN  Total DSEs	0.00  JP	SUBSCRIBER GROUND CALL SIGN	DSE	ONE HUNDRED FIFTOMMUNITY/ AREA  CALL SIGN  otal DSEs
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		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
ο .	1	SUBSCRIBER GROUP	TY-EIGHTH			SUBSCRIBER GROUP	SEVENTH	ONE HUNDRED FIFTY-
Computation of Base Rate Fee	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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and								
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	JP 0	\$ SUBSCRIBER GROU	DSE	Base Rate Fee Secor  ONE HUNDREI  COMMUNITY/ AREA  CALL SIGN	JP 0	SUBSCRIBER GROU	Y-NINTH	ONE HUNDRED FIFT

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Cogeco US (NH-ME), LLC 063733 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 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 First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . . THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group . . . . . . . . . . . . . . . . . . Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Cogeco US (NH-ME), LLC 063733 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 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 First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIFTH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . . SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group . . . . . . . . . . . . . . . . . . Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Cogeco US (NH-ME), LLC 063733 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 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 First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. NINTH SUBSCRIBER GROUP TENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY **SURCHARGE** SURCHARGE Second Group . . . . . . . . . . . . . . . . **ELEVENTH SUBSCRIBER GROUP** TWELVTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group . . . . . . . . . . . . . . . . . . Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

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