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

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
2/6/2025	\$					
	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 Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.							
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
	SERVICE ELECTRIC CABLEVISION, INC.							
				655320242				
				6553 2024/2				
	4949 LIBERTY LANE, SUITE 400 ALLENTOWN, PA 18106							
С	INSTRUCTIONS: In line 1, give any business or trade names used to inames already appear in space B. In line 2, give the mailing address of	•						
System	1 IDENTIFICATION OF CABLE SYSTEM:	Tine System, ir di	iorent nom the address giv	от тораос В.				
	SUNBURY, PA MAILING ADDRESS OF CABLE SYSTEM:							
	2 (Number, street, rural route, apartment, or suite number)							
	(City, town, state, zip code)							
D		, amb , that frot as we		list on none 1h				
D Area	Instructions: For complete space D instructions, see page 1b. Identify with all communities.	only the irst com	munity served below and re	list on page 1b				
Served	CITY OR TOWN	STATE						
First	Sunbury PA							
Community	Below is a sample for reporting communities if you report multiple channel line-ups in Space G.							
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#				
Sample	Alda	MD	A	1				
	Alliance	MD MD	B B	3				
	Gering	IVID	В	3				

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

Main Twp.

Marian Heights Borough

ACCOUNTING PERIOD: 2024/2 FORM SA3F PAGE 1b LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 6553 SERVICE ELECTRIC CABLEVISION, INC. Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas," 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form **∆rea** of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN **STATE** CH LINE UP SUB GRP# Sunbury PA AA First 2 Beaver Twp. PA AA Community **Beavertown Borough** PA AA 2 PA AC 4 Bloomsburg 9 Buffalo Twp. PA AD Catawissa Borough PA AC 4 See instructions for PA 4 Catawissa Twp. AC additional information on alphabetization. AA 1 Centre Twp. PA Cleveland Twp. PA AC 3 Coal Twp. PA AB Conyngham PA AB Add rows as necessary. Cooper Twp. 9 PA AD **Danville Borough** PA AD 9 Delaware Twp. PA AD 9 Derry Twp. PA AD 9 East Buffalo Twp. PA **AD** 9 7 E. Cameron Twp. PA AB AD PA 9 E. Chillisquaque Twp. Franklin Twp. (Columbia) PA ΑE 5 Franklin Twp. (Snyder) PA AA 1 PA AA 1 Freeburg Borough Gregg Twp. PA AD 10 Hemlock Twp. AC 4 PA Herndon PA AA 1 Jackson Twp. (Northumberland) PA AA 1 Jackson Twp. (Snyder) PA AA 1 Jordan Twp. PA AA 1 Kelly Twp. PA AD 9 **Kulpmont Borough** AB PA Lewis Twp. PA AD 9 Lewisburg Borough PA AD 9 AD 9 Liberty Twp. PA Limestone Twp. (Union Co.) PA AA 1 Limestone Twp. (Montour Co.) PA AD 9 Little Mahanoy Twp. AA PΔ 1 Locust Twp. PA AC 3 **Lower Augusta** PA AB Lower Mahanoy Twp. PA AA 1 9 Mahoning Twp. PA AD

PA

PA

AC

AB

4

			4.0
McEwensville Borough	PA	AD	10
Middleburg	PA	AA	1
Middlecreek Twp.	PA	AA	1
Milton Borough	PA	AD	9
Monroe Twp.	PA	AA	1
Montour Twp.	PA	AF	6
Mt. Carmel Borough	PA	AB	7
Mt. Carmel Twp.	PA	AB	7
Mt. Pleasant Twp.	PA	AC	4
N. Centre Twp.	PA	AC	4
New Berlin Borough	PA	AA	1
Northumberland Borough	PA	AA	1
Orange Twp.	PA	AC	4
Penn Twp.	PA	AA	1
Point Twp.	PA	AG	8
Ralpho Twp.	PA	AB	7
Riverside Borough	PA	AD	
	PA	AC	3
Roaring Creek Twp.			
Rockfeller Twp.	PA	AA	1
S. Centre Twp.	PA	AC	4
Scott Twp.	PA	AC	4
Selinsgrove Borough	PA	AA	1
Shamokin City	PA	AB	7
Shamokin Dam Borough	PA	AA	1
Shamokin Twp.	PA	AB	7
Snydertown Borough	PA	AB	7
Spring	PA	AA	2
Turbot Twp.	PA	AD	9
•			
Turbotville Borough	PA	AD	10
Upper Augusta Twp.	PA	AA	1
Upper Mahanoy Twp.	PA	AA	1
Union Twp.	PA	AG	8
Valley Twp.	PA	AD	9
W. Cameron Twp.	PA	AB	7
W. Chillisquaque Twp.	PA	AD	9
Washington Twp. (Northumberland)	PA	AA	1
Washington Twp. (Snyder)	PA	AA	1
Washingtonville Borough	PA	AD	10
	PA		
Watsontown Borough		AD	10
West Hemlock Twp.	PA	AD	9
White Deer Twp.	PA	AD	9
Zerbe Twp.	PA	AA	1
Rush Twp.	PA	AD	9
Union Twp. (Snyder)	PA	AA	1
		I	1

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SERVICE ELECTRIC CABLEVISION. INC.

SYSTEM ID# 6553

Ε

Secondary Transmission Service: Sub-

scribers and

Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1			BLOCK 2		
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS		RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE		
Residential:						
 Service to first set 	25,697	\$	19.95			
 Service to additional set(s) 	50,241	ļ	=			
 FM radio (if separate rate) 		ļ				
Motel, hotel	24	\$	585.69			
Commercial	46	\$	1,097.84			
Converter		ļ				
 Residential 	37,806	\$	4.95			
Non-residential		1				
		†····				

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2			
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE
Continuing Services:		Installation: Non-residential		
• Pay cable	\$ 17.95	Motel, hotel		
 Pay cable—add'l channel 		Commercial		
 Fire protection 		Pay cable		
Burglar protection		Pay cable-add'l channel		
Installation: Residential		Fire protection		
• First set	\$35/\$61	Burglar protection		
 Additional set(s) 	\$17/\$26	Other services:		
 FM radio (if separate rate) 		Reconnect	\$ 35.00	
Converter	\$ 35.00	Disconnect		
		Outlet relocation	\$ 43.00	
		Move to new address	\$35/\$43	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 6553 SERVICE ELECTRIC CABLEVISION, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located 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 AA 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CARRIAGE SIGN CHANNEL OF (Yes or No) NUMBER STATION (If Distant) **WYOU** 22 Ν NO SCRANTON, PA (CBS) **WBRE** 28 Ν NO WILKES BARRE, PA (NBC) See instructions for additional information on alphabetization. 33 WITF Ε NO HARRISBURG, PA (PBS) **WNEP** 16 Ν NO SCRANTON, PA (ABC) WNEP-2 16.2 I-M NO SCRANTON, PA (Antenna) **WPIX** YES 0 **NEW YORK, NY (CW)** 11 1 **WQMY** 53 ı NO WILLIAMSPORT, PA (MyTV) **WQPX** 64 ı NO SCRANTON, PA (ION) **WSWB** 38 ı NO SCRANTON, PA (CW) WSWB-2 38.2 I-M NO SCRANTON, PA (MeTV) WSWB-3 38.3 I-M NO SCRANTON, PA (Comet) **WWOR** 9 1 YES 0 **NEW YORK, NY (MyTV)** WOLF ı 56 NO **HAZLETON, PA (FOX) WVIA** 44 Ε YES 0 SCRANTON, PA (PBS) WVIA-2 44.2 E-M YES 0 SCRANTON, PA (PBS Kids)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 6553 SERVICE ELECTRIC CABLEVISION, INC. PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located

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

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

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

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

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

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

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

	<u> </u>	1 7		•	<u> </u>
		CHANN	IEL LINE-UP	AA- PAGE 2	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WVIA-3	44.3	E-M	YES	0	SCRANTON, PA (PBS Create)
WBRE-2	28.2	I-M	NO		WILKES BARRE, PA (LAFF)
WBRE-3	28.3	I-M	NO		WILKES BARRE, PA (RewindTV)
WYOU-2	22.2	I-M	NO		SCRANTON, PA (ION Mystery)
WYOU-3	22.3	I-M	NO		SCRANTON, PA (Get TV)
WYOU-4	22.4	I-M	NO		SCRANTON, PA (Cozi)
WBRE-4	28.4	I-M	NO		WILKES BARRE, PA (True Crime
WSWB-4	38.4	I-M	NO		SCRANTON, PA (Nest)
WOLF-4	56.4	I-M	NO		HAZLETON, PA (Charge)
WQPX-2	64.2	I-M	NO		SCRANTON, PA (Bounce)
WQPX-4	64.4	I-M	NO		SCRANTON, PA (Grit TV)

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under 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, 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	AB		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WYOU	22	N	NO		SCRANTON, PA (CBS)
WBRE	28	N	NO		WILKES BARRE, PA (NBC)
WPVI	6	N	YES	0	PHILADELPHIA, PA (ABC)
WITF	33	E	NO		HARRISBURG, PA (PBS)
WNEP	16	N	NO		SCRANTON, PA (ABC)
WNEP-2	16.2	I-M	NO		SCRANTON, PA (Antenna)
WPIX	11	I	YES	0	NEW YORK, NY (CW)
WQMY	53	I	NO		WILLIAMSPORT, PA (MyTV)
WQPX	64	I	NO		SCRANTON, PA (ION)
WSWB	38	I	NO		SCRANTON, PA (CW)
WSWB-2	38.2	I-M	NO		SCRANTON, PA (MeTV)
WSWB-3	38.3	I-M	NO		SCRANTON, PA (Comet)
WWOR	9	I	YES	0	NEW YORK, NY (MyTV)
WOLF	56	I	NO		HAZLETON, PA (FOX)
WVIA	44	E	NO		SCRANTON, PA (PBS)
WVIA-2	44.2	E-M	NO		SCRANTON, PA (PBS Kids)

G

Primary Transmitters: Television

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 6553 SERVICE ELECTRIC CABLEVISION, INC. PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

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- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
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Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast)

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

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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.

•	0 .	• *	•	•	
		CHANN	EL LINE-UP	AB - PAGE 2	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WVIA-3	44.3	E-M	NO		SCRANTON, PA (PBS Create)
WBRE-2	28.2	I-M	NO		WILKES BARRE, PA (LAFF)
WBRE-3	28.3	I-M	NO		WILKES BARRE, PA (RewindTV)
WYOU-2	22.2	I-M	NO		SCRANTON, PA (ION Mystery)
WYOU-3	22.3	I-M	NO		SCRANTON, PA (Get TV)
WYOU-4	22.4	I-M	NO		SCRANTON, PA (Cozi)
WBRE-4	28.4	I-M	NO		WILKES BARRE, PA (True Crime
WSWB-4	38.4	I-M	NO		SCRANTON, PA (Nest)
WOLF-4	56.4	I-M	NO		HAZLETON, PA (Charge)
WQPX-2	64.2	I-M	NO		SCRANTON, PA (Bounce)
WQPX-4	64.4	I-M	NO		SCRANTON, PA (Grit TV)

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

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

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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	AC		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WYOU	22	N	NO		SCRANTON, PA (CBS)	
WBRE	28	N	NO		WILKES BARRE, PA (NBC)	
WCAU	10	N	YES	0	PHILADELPHIA, PA (NBC)	
WPVI	6	N	YES	0	PHILADELPHIA, PA (ABC)	
WITF	33	Е	YES	0	HARRISBURG, PA (PBS)	
WNEP	16	N	NO		SCRANTON, PA (ABC)	
WNEP-2	16.2	I-M	NO		SCRANTON, PA (Antenna)	
WPIX	11	I	YES	0	NEW YORK, NY (CW)	
WQMY	53	ı	NO		WILLIAMSPORT, PA (MyTV)	
WQPX	64	I	NO		SCRANTON, PA (ION)	
WSWB	38	ı	NO		SCRANTON, PA (CW)	
WSWB-2	38.2	I-M	NO		SCRANTON, PA (MeTV)	
WSWB-3	38.3	I-M	NO		SCRANTON, PA (Comet)	
WWOR	9	I	YES	0	NEW YORK, NY (MyTV)	
WOLF	56	I	NO		HAZLETON, PA (FOX)	
WVIA	44	Е	NO		SCRANTON, PA (PBS)	
WVIA-2	44.2	E-M	NO		SCRANTON, PA (PBS Kids)	

G

Primary Transmitters: Television

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 6553 SERVICE ELECTRIC CABLEVISION, INC. PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections

76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

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

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

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

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

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

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

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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 LID	AC DACE 2	
		CHANN	EL LINE-UP	AC - PAGE 2	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WVIA-3	44.3	E-M	NO		SCRANTON, PA (PBS Create)
WBRE-2	28.2	I-M	NO		WILKES BARRE, PA (LAFF)
WBRE-3	28.3	I-M	NO		WILKES BARRE, PA (RewindTV)
WYOU-2	22.2	I-M	NO		SCRANTON, PA (ION Mystery)
WYOU-3	22.3	I-M	NO		SCRANTON, PA (Get TV)
WYOU-4	22.4	I-M	NO		SCRANTON, PA (Cozi)
WBRE-4	28.4	I-M	NO		WILKES BARRE, PA (True Crime)
WSWB-4	38.4	I-M	NO		SCRANTON, PA (Nest)
WOLF-4	56.4	I-M	NO		HAZLETON, PA (Charge)
WQPX-2	64.2	I-M	NO		SCRANTON, PA (Bounce)
WQPX-4	64.4	I-M	NO		SCRANTON, PA (Grit TV)

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

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

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		CHANN	EL LINE-UP	AD	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WYOU	22	N	NO		SCRANTON, PA (CBS)
WBRE	28	N	NO		WILKES BARRE, PA (NBC)
WITF	33	E	NO		HARRISBURG, PA (PBS)
WNEP	16	N	NO		SCRANTON, PA (ABC)
WNEP-2	16.2	I-M	NO		SCRANTON, PA (Antenna)
WPIX	11	I	YES	0	NEW YORK, NY (CW)
WQMY	53	I	NO		WILLIAMSPORT, PA (MyTV)
WQPX	64	I	NO		SCRANTON, PA (ION)
WSWB	38	ı	NO		SCRANTON, PA (CW)
WSWB-2	38.2	I-M	NO		SCRANTON, PA (MeTV)
WSWB-3	38.3	I-M	NO		SCRANTON, PA (Comet)
WWOR	9	I	YES	0	NEW YORK, NY (MyTV)
WOLF	56	I	NO		HAZLETON, PA (FOX)
WVIA	44	E	NO		SCRANTON, PA (PBS)
WVIA-2	44.2	E-M	NO		SCRANTON, PA (PBS Kids)

G

Primary Transmitters: Television

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 6553 SERVICE ELECTRIC CABLEVISION, INC. PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

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

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

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		CHANN	EL LINE-UP	AD - PAGE 2	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WVIA-3	44.3	E-M	NO		SCRANTON, PA (PBS Create)
WBRE-2	28.2	I-M	NO		WILKES BARRE, PA (LAFF)
WBRE-3	28.3	I-M	NO		WILKES BARRE, PA (RewindTV)
WYOU-2	22.2	I-M	NO		SCRANTON, PA (ION Mystery)
WYOU-3	22.3	I-M	NO		SCRANTON, PA (Get TV)
WYOU-4	22.4	I-M	NO		SCRANTON, PA (Cozi)
WBRE-4	28.4	I-M	NO		WILKES BARRE, PA (True Crime)
WSWB-4	38.4	I-M	NO		SCRANTON, PA (Nest)
WOLF-4	56.4	I-M	NO		HAZLETON, PA (Charge)
WQPX-2	64.2	I-M	NO		SCRANTON, PA (Bounce)
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G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

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		CHANN	EL LINE-UP	AE	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WBRE	28	N	NO		WILKES BARRE, PA (NBC)
WCAU	10	N	YES	0	PHILADELPHIA, PA (NBC)
WPVI	6	N	YES	0	PHILADELPHIA, PA (ABC)
WITF	33	E	NO		HARRISBURG, PA (PBS)
WNEP	16	N	NO		SCRANTON, PA (ABC)
WNEP-2	16.2	I-M	NO		SCRANTON, PA (Antenna)
WPIX	11	l	YES	О	NEW YORK, NY (CW)
WQMY	53	I	NO		WILLIAMSPORT, PA (MyTV)
WQPX	64	I	NO		SCRANTON, PA (ION)
WSWB	38	I	NO		SCRANTON, PA (CW)
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WSWB-3	38.3	I-M	NO		SCRANTON, PA (Comet)
WWOR	9	I	YES	0	NEW YORK, NY (MyTV)
WYOU	22	N	NO		SCRANTON, PA (CBS)
WOLF	56	I	NO		HAZLETON, PA (FOX)
WVIA	44	Е	NO		SCRANTON, PA (PBS)

G

Primary Transmitters: Television

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 6553 SERVICE ELECTRIC CABLEVISION, INC. PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

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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.

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		CHANN	IEL LINE-UP	AE - PAGE 2	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WVIA-2	44.2	E-M	NO		SCRANTON, PA (PBS Kids)
WVIA-3	44.3	E-M	NO		SCRANTON, PA (PBS Create)
WBRE-2	28.2	I-M	NO		WILKES BARRE, PA (LAFF)
WBRE-3	28.3	I-M	NO		WILKES BARRE, PA (RewindTV)
WYOU-2	22.2	I-M	NO		SCRANTON, PA (ION Mystery)
WYOU-3	22.3	I-M	NO		SCRANTON, PA (Get TV)
WYOU-4	22.4	I-M	NO		SCRANTON, PA (Cozi)
WBRE-4	28.4	I-M	NO		WILKES BARRE, PA (True Crime
WSWB-4	38.4	I-M	NO		SCRANTON, PA (Nest)
WOLF-4	56.4	I-M	NO		HAZLETON, PA (Charge)
WQPX-2	64.2	I-M	NO		SCRANTON, PA (Bounce)
WQPX-4	64.4	I-M	NO		SCRANTON, PA (Grit TV)

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under 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, 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	AF - PAGE 1	
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
WCAU	10	N	YES	0	PHILADELPHIA, PA (NBC)
WBRE	28	N	NO		WILKES BARRE, PA (NBC)
WITF	33	E	NO		HARRISBURG, PA (PBS)
WNEP	16	N	NO		SCRANTON, PA (ABC)
WNEP-2	16.2	I-M	NO		SCRANTON, PA (Antenna)
WPIX	11	I	YES	0	NEW YORK, NY (CW)
WQMY	53	I	NO		WILLIAMSPORT, PA (MyTV)
WQPX	64	I	NO		SCRANTON, PA (ION)
WSWB	38	I	NO		SCRANTON, PA (CW)
WSWB-2	38.2	I-M	NO		SCRANTON, PA (MeTV)
WSWB-3	38.3	I-M	NO		SCRANTON, PA (Comet)
WWOR	9	I	YES	0	NEW YORK, NY (MyTV)
WYOU	22	N	NO		SCRANTON, PA (CBS)
WPVI	6	N	YES	0	PHILADELPHIA, PA (ABC)
WOLF	56	I	NO		HAZLETON, PA (FOX)

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under 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, 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	AF - PAGE 2	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WVIA	44	E	NO		SCRANTON, PA (PBS)
WVIA-2	44.2	E-M	NO		SCRANTON, PA (PBS Kids)
WVIA-3	44.3	E-M	NO		SCRANTON, PA (PBS Create)
WBRE-2	28.2	I-M	NO		WILKES BARRE, PA (LAFF)
WBRE-3	28.3	I-M	NO		WILKES BARRE, PA (RewindTV)
WYOU-2	22.2	I-M	NO		SCRANTON, PA (ION Mystery)
WYOU-3	22.3	I-M	NO		SCRANTON, PA (Get TV)
WYOU-4	22.4	I-M	NO		SCRANTON, PA (Cozi)
WBRE-4	28.4	I-M	NO		WILKES BARRE, PA (True Crime
WSWB-4	38.4	I-M	NO		SCRANTON, PA (Nest)
WOLF-4	56.4	I-M	NO		HAZLETON, PA (Charge)
WQPX-2	64.2	I-M	NO		SCRANTON, PA (Bounce)
WQPX-4	64.4	I-M	NO		SCRANTON, PA (Grit TV)

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under 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, 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	AG	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WYOU	22	N	NO		SCRANTON, PA (CBS)
WBRE	28	N	NO		WILKES BARRE, PA (NBC)
WITF	33	E	NO		HARRISBURG, PA (PBS)
WNEP	16	N	NO		SCRANTON, PA (ABC)
WNEP-2	16.2	I-M	NO		SCRANTON, PA (Antenna)
WPIX	11	I	YES	0	NEW YORK, NY (CW)
WQMY	53	I	NO		WILLIAMSPORT, PA (MyTV)
WQPX	64	I	NO		SCRANTON, PA (ION)
WSWB	38	ı	NO		SCRANTON, PA (CW)
WSWB-2	38.2	I-M	NO		SCRANTON, PA (MeTV)
WSWB-3	38.3	I-M	NO		SCRANTON, PA (Comet)
WWOR	9	I	YES	0	NEW YORK, NY (MyTV)
WOLF	56	I	NO		HAZLETON, PA (FOX)
WVIA	44	E	NO		SCRANTON, PA (PBS)
WVIA-2	44.2	E-M	NO		SCRANTON, PA (PBS Kids)

G

Primary Transmitters: Television

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 6553 SERVICE ELECTRIC CABLEVISION, INC.

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located

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

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

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

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

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

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

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

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CHANNEL LINE-UP AG - PAGE 2								
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
WVIA-3	44.3	E-M	NO		SCRANTON, PA (PBS Create)			
WBRE-2	28.2	I-M	NO		WILKES BARRE, PA (LAFF)			
WBRE-3	28.3	I-M	NO		WILKES BARRE, PA (RewindTV)			
WYOU-2	22.2	I-M	NO		SCRANTON, PA (ION Mystery)			
WYOU-3	22.3	I-M	NO		SCRANTON, PA (Get TV)			
WYOU-4	22.4	I-M	NO		SCRANTON, PA (Cozi)			
WBRE-4	28.4	I-M	NO		WILKES BARRE, PA (True Crime)			
WSWB-4	38.4	I-M	NO		SCRANTON, PA (Nest)			
WOLF-4	56.4	I-M	NO		HAZLETON, PA (Charge)			
WQPX-2	64.2	I-M	NO		SCRANTON, PA (Bounce)			
WQPX-4	64.4	I-M	NO		SCRANTON, PA (Grit TV)			

G

Primary Transmitters: Television

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 6553 SERVICE ELECTRIC CABLEVISION, INC. PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM LOCATION OF STATION CALL SIGN LOCATION OF STATION S/D AM or FM S/D

FORM SA3E. PAGE 5.						ACCOUNTING	PERIOD: 2024/2		
LEGAL NAME OF OWNER OF	CABLE SYST	EM:				SYSTEM ID#			
SERVICE ELECTRIC C	ABLEVIS	ION, INC.				6553	Name		
SUBSTITUTE CARRIAGI	E: SPECIA	L STATEME	NT AND PROGRAM LOC	i			ı		
In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the pages SA3 form									
explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.									
SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Note: If your answer is "No		rest of this pag	ge blank. If your answer is	"Yes," you mu	•	⊠No am	Program Log		
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 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progra ce, please of every no distant stat gulations, o tion. Do no Lucy" or "NE n was broad sign of the se adcast statio atth and day we "5/7." es when the Example: a er "R" if the and regulati ogramming	am on a separa attach addition innetwork televition and that your authorization of use general of the Basketball: dcast live, entestation broadca on's location (thons, if any, the when your system is substitute program carrillisted program cons in effect do	al pages. rision program (substitute pour cable system substitute pour cable system substitute is. See page (vi) of the ger categories like "movies", o 76ers vs. Bulls." or "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the tem carried the substitute of gram was carried by your sied by a system from 6:01:	rogram) that, d for the progueral instruction "basketball". lo." m. station is lice station is ider program. Use cable system. 15 p.m. to 6:2	during the accounting ramming of another sons located in the paper List specific programmed by the FCC or, in tiffied). The remaining the times accurated the times accurated by the times accurated as:30 p.m. should be cour system was required the "P" if the listed programmed by the specific programmed by the system was required to the system	tation er n onth eely			
		TE DDOODAN			EN SUBSTITUTE	7. REASON			
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	IAGE OCCURRED 6. TIMES FROM — TO	FOR DELETION			
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ACCOUNTING PERIOD: 2024/2 FORM SA3E, PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name SERVICE ELECTRIC CABLEVISION, INC. 6553 PART-TIME CARRIAGE LOG In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-J time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in 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 "4/10." • State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.– 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.– 12:00 p.m.' DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED CALL SIGN CALL SIGN HOURS HOURS FROM DATE DATE **FROM** TO TO

	L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#				
	RVICE ELECTRIC CABLEVISION, INC.		6553	Name			
Inst all a (as i page	COSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's second dentifed in space E) during the accounting period. For a further explanation of how to coe (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	ndary transmissiompute this amo	ion service unt, see 4,595,896.90	K Gross Receipts			
IMP	ORTANT: You must complete a statement in space P concerning gross receipts.	(Amount o	of gross receipts)				
InstruConConIf yo fee tIf yo accord	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: splete block 1, showing your minimum fee. splete block 2, showing whether your system carried any distant television stations. Sur system did not carry any distant television stations, leave block 3 blank. Enter the among block 1 on line 1 of block 4, and calculate the total royalty fee. Sur system did carry any distant television stations, you must complete the applicable paramanying this form and attach the schedule to your statement of account.	ts of the DSE S	chedule	L Copyright Royalty Fee			
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.	entered on line	1 of				
▶ If pa	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be e low.	ntered on line 2	in block				
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shoublock 4 below.	ld be entered or	n line				
1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.						
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064	\$	4,595,896.90				
	Enter the result here.						
	This is your minimum fee.	\$	48,900.34				
2 Block	 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 colum "Yes" in this block. Did your cable system carry any distant television stations during the accounting perio X Yes—Complete the DSE schedule. No—Leave block 3 below blank and c Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero 	n 4, you must ch	neck				
3	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00				
	Line 3. Add lines 1 and 2 and enter here	\$	86,627.65				
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	\$	86,627.65	Cable systems			
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.						
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)						
	Line 4. FILING FEE						
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$	87,352.65	appropriate form for submitting the			
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (S general instructions located in the paper SA3 form for more information.)	See page (i) of the	ne	additional fees.			

ACCOUNTING PERIOD: 2024/2 FORM SA3E, PAGE 8.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYS	TEM ID#						
	SERVICE ELECTRIC CABLEVISION, INC.	6553						
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.							
	1. Enter the total number of channels on which the cable system carried television broadcast stations							
	Enter the total number of activated channels on which the cable system carried television broadcast stations	7						
	and nonbroadcast services							
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)							
Be Contacted for Further Information	Name Robert M. Wieand Telephone 610-432-2210							
	Address 4949 Liberty Lane, Suite 400 (Number, street, rural route, apartment, or suite number)							
	Allentown, PA 18106 (City, town, state, zip)							
	Email robert.wieand@secv.com Fax (optional	 .						
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)							
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)							
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or							
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or							
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of the cable system in line 1 of space B.							
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]							
	/s/ Mark D. Walter							
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.							
	Typed or printed name: /s/Mark D. Walter							
	Title: Senior Vice President (Title of official position held in corporation or partnership)							
	Date: February 6, 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 this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nome
SERVICE ELECTRIC CABLEVISION, INC.	6553	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the beservice of providing secondary transmissions of primary broadcast transmitters, the system shall not inclusoribers and amounts collected from subscribers receiving secondary transmissions pursuant to section For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transminate by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	asic ude sub- 119." ı the	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underp For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	ayment.	Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	0274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.		
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the filing.		
Owner Address		
First community served		
Accounting period		
ID number		

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

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

• Independent: its type-value is	1.00
• Network: its type-value is	0.25
Noncommercial educational: its type-value is	0.25

Note that local stations are not counted at all in computing DSEs.

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

- Determine which distant stations were carried by the system pursuant to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 198l, on a substitute and/or
 part-time basis only and complete the log to determine the portion of
 the DSE exempt from the 3.75 percent rate.
- Subtract the number of DSEs resulting from this carriage from the number of DSEs reported in part 5 of the DSE Schedule. This is the total number of DSEs subject to the 3.75 percent rate. Multiply these DSEs by gross receipts by .0375. This is the 3.75 fee.

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

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

U.S. Copyright Office

COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE

SCHEDULE

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

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

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

0.330% of gross receipts

· If any of the stations were partially distant:

The fifth and each additional DSE

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

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

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

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

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

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

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

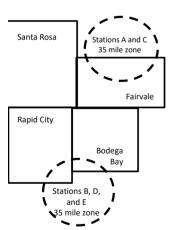
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

EXAMPLE:

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

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



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

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x .01064
 \$6,384.00

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

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

ACCOUNTING PERIOD: 2024/2

DSE SCHEDULE. PAGE	E 11. (CONTINUED)					
4	LEGAL NAME OF OWNER OF CABLE	SYSTEM:			S'	YSTEM ID#
1	SERVICE ELECTRIC CA	BLEVISION.	INC.			6553
	SUM OF DSEs OF CATEGOR					1
	• Add the DSEs of each station		15:			
	Enter the sum here and in line		schedule.		3.50	
				t		j
	Instructions:					
	In the column headed "Call S of space G (page 3).	ign": list the call	signs of all distant stations	identified by the	e letter "O" in column 5	
Computation	In the column headed "DSE":	for each indepe	ndent station, give the DSE	as "1.0": for ea	ach network or noncom-	
	mercial educational station, give					
Category "O"			CATEGORY "O" STATION	IS: DSEs		DSE
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	WPIX	1.000				
	WWOR	1.000	•••••••••••			
	WVIA	0.250				
	WPVI	0.250				
	WCAU	0.250				
A -1 -1	WITF	0.250		·		
nacaccary	WVIA-2	0.250		·		
Remember to conviall	WVIA-3	0.250				
formula into new	W V I A - 3	0.250				
rows.						
				 		
						
				·		
				ļ		ļ

	I	I		·	.1	L

	 p	 	

Name		WNER OF CABLE SYSTEM: ECTRIC CABLEVISIO	N, INC.				S	6553 6553
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2: figure should c Column 3: Column 4: be carried out a Column 5: give the type-v Column 6:	t the call sign of all distar For each station, give th correspond with the inforr For each station, give th Divide the figure in colur at least to the third decim For each independent so alue as ".25." Multiply the figure in colur	e number of h nation given ir e total numbe mn 2 by the fig aal point. This tation, give the umn 4 by the f	nours your cable system in space J. Calculate on it of hours that the station gure in column 3, and g is the "basis of carriage is "type-value" as "1.0."	n carried the stati ly one DSE for each on broadcast ove ive the result in control evalue" for the state For each network	on during the accounting pach station. In the air during the accourted the accourted the accourted the accourted the accounted the accounting part and accounting part accounting part accounted the accounting part accounting	nting period. figure must tional station, ss than the	
Capacity		(CATEGORY	Y LAC STATIONS:	COMPUTAT	ION OF DSEs		
	1. CALL SIGN	2. NUMBEI OF HOU CARRIE SYSTEM	R IRS D BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS O CARRIAC VALUE	F 5. TYPE	6. DS	SE.
			÷		=	x x	=	
			÷		=	x	=	
			÷		=	x	=	
			÷		=	x x	=	
			÷		=	x	=	
			÷		=	x	=	
	Add the DSEs o	OF CATEGORY LAC ST of each station. on here and in line 2 of pa		nedule,		0.00		
Computation of DSEs for Substitute-Basis Stations	Was carried tions in effect Broadcast or space I). Column 2: Fat your option. TColumn 3: EColumn 4: DCOlumn 4: D	ograms) if that station: o delete under FCC rules a the word "Yes" in column 2 o itution for programs that we turn 4. Round to no less to the general instructions in the	f ere deleted han the third).				
		SL		E-BASIS STATION		ATION OF DSEs	T	1
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBI OF DAY IN YEA	/S	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷		=		÷		=
		÷				÷		=
		÷		=		-		=
		÷		=		÷		=
	Add the DSEs o	÷ OF SUBSTITUTE-BASIS If each station. In here and in line 3 of pa		edule,	▶	0.00		-
5		R OF DSEs: Give the amo		boxes in parts 2, 3, and	4 of this schedule	and add them to provide th	e total	
Total Number	1. Number o	of DSEs from part 2 ●				-	3.50	
of DSEs	2. Number of	of DSEs from part 3 ●				<u> </u>	0.00	
	3. Number o	of DSEs from part 4 ●				-	0.00	
	TOTAL NUMBER	R OF DSEs						3.50

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

SERVICE ELE			IC.				s	YSTEM ID# 6553	Name
In block A: • If your answer if ' schedule.	ck A must be comp "Yes," leave the ren "No," complete bloo	mainder of p	below.	of the DSE schedu		complete part t	3, (page 16) of the		6
				TELEVISION MA					Computation of 3.75 Fee
effect on June 24, Yes—Com X No—Comp Column 1: CALL SIGN Column 2: BASIS OF	List the call signs under FCC rules instructions for th Satellite Television Enter the approprior (Note the FCC rules instructions carried 76.61(b)(c)] B Specialty static C Noncommerica D Grandfathered instructions for E Carried pursuants F A station previous G Commercial U M Retransmission	BLO of distant st and regulatic e DSE Sche n Extension iate letter in les and regu d pursuant to on as definer al educationa station (76. r DSE schee int to individi viously carrie HF station w n of a distant	CK B: CARF ations listed in ons prior to Jun dule. (Note: Th and Localism / dicating the bas lations cited be to the FCC man d in 76.5(kk) (7/ al station [76.58 65) (see paragi ule). ual waiver of FC ed on a part-tim rithin grade-B c t multicast stre	sis on which you ca elow pertain to those ket quota rules [76. 6.59(d)(1), 76.61(e) 9(c), 76.61(d), 76.63 aph regarding subs CC rules (76.7) te or substitute basi ontour, [76.59(d)(5)	MITTED DSE this schedule the ther explanation fers to an exenution of the control	eferring to 76.63(a) referri	m was permitted to stations, see the tream as set forth 6.63(a) referring to 61(e)(1) tions in the	o carry in the	
1. CALL SIGN	this schedule to d 2. PERMITTED BASIS	atermine the	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
WWOR	D	1.00	WVIA-2	M	0.25	SIGN	BASIS		
WPIX	D	1.00	WVIA-3	M	0.25				
WITF	С	0.25						• • • • • • • • • • • • • • • • • • • •	
WPVI	D	0.25							
WCAU	D	0.25							
WVIA	С	0.25							
								3.50	
			BLOCK C: CC	OMPUTATION OF	3.75 FEE				
	sum of permitted	I DSEs fron	n block B abo total number			ite.			
Line 4: Enter gro		·			,		x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	•						x		permited/ partially nonpermitted carriage?
Line 6: Enter tota				2, block 3, space				0.00	If yes, see part 9 instructions.

ACCOUNTING PERIOD: 2024/2

LEGAL NAME OF OWNER OF CABLE SYSTEM: SERVICE ELECTRIC CABLEVISION, INC. SYSTEM ID# 6553									
		BLOC	(A: TELEVI	SION MARKETS	S (CONTINU	JED)			_
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
									Computation 6
									0.70100
			<u> </u>	<u> </u>			<u> </u>		

ACCOUNTING PERIOD: 2024/2

Name	SERVICE ELEC								S	YSTEM ID# 6553
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: (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(3)). S—Substitute carriage under certain FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS									
		PERMIT	TED DSE EOR STA	ATIONS CARRI	ΕD	ON A PART-TIME AN	D SURSTIT	LITE BASIS		
									6. PI	ERMITTED DSE
	-			-						
									•••••	
										
7 Computation of the	,	"Yes," complet	e blocks B and C, b		art	8 of the DSE schedule.				
Syndicated			BLOC	K A: MAJOR	TE	ELEVISION MARKE	ΞT			
Exclusivity										
Surcharge	• Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? X Yes—Complete blocks B and C. No—Proceed to part 8									
	BLOCK B: C	arriage of VHF	-/Grade B Contour	Stations		BLOC	K C: Compu	tation of Exem	pt DSEs	
	BLOCK B: Carriage of VHF/Grade B Contour Stations Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole or in part, over the cable system? BLOCK C: Computation of Exempt DSEs Was any station listed in block B of part 7 carried in any community served by the cable system prior to March 31, 1972? (refer to former FCC rule 76.159)									
	Yes—List each st X No—Enter zero a		its appropriate perm art 8.	itted DSE		Yes—List each sta X No—Enter zero ar			e permitte	d DSE
	CALL SION	DSE	CALL SION	DSE		CALL SION	DSE	CALLEIG	:N	DSE
	CALL SIGN	DOE	CALL SIGN	DOE		CALL SIGN	DOE	CALL SIG	IIN	DOE
		 		 			 			
		†····		+			† 			
		†		†			† <u></u>			
		†					†			
		***************************************					†			
							<u> </u>			
	TOTAL DSEs 0.00									0.00

LEGAL NA	AME OF OWNER OF CABLE SYSTEM: SERVICE ELECTRIC CABLEVISION, INC.	SYSTEM ID#	Name
		6553	
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	4,595,896.90	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 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.	DE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1.)		
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge.		
	Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name		ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#									
		SERVICE ELECTRIC CABLEVISION, INC.	6553									
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		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$										
Exclusivity Surcharge		C. Multiply line B by 3.000 and enter here ▶ \$										
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$										
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here										
		F. Multiply line D by line E and enter here										
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)										
		Syndicated Exclusivity Surcharge.										
	Instruc	ttions:										
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 p checked "Yes," use the total number of DSEs from part 5.	art									
0		block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.										
Computation of	 If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block 											
Base Rate Fee	blank											
		is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers ocated within that station's local service area and others were located outside that area. For the definition of a station's "loc	cal									
		e area," see page (v) of the general instructions.										
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS											
	• 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 following sections.										
	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE											
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶ _\$										
	Section	Enter the total number of permitted DSEs from block B, part 6 of this schedule.										
	2	(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.) ▶										
	Section											
	3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.										
		A. Enter 0.01064 of gross receipts (the amount in section 1)▶ _\$										
		B. Enter 0.00701 of gross receipts (the amount in section 1)										
		C. Subtract 1.000 from total DSEs										
		(the figure in section 2) and enter here										
		E. Add lines A, and D. This is your base rate fee. Enter here										
		and in block 3, line 1, space L (page 7)	0.00									
		Base Rate Fee	0.00									

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2024/2

LEGAL N	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
SERV	ICE ELECTRIC CABLEVISION, INC.	6553	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.		
7	A. Enter 0.01064 of gross receipts (the amount in section 1)		8
	B. Enter 0.00701 of gross receipts (the amount in section 1) **Description** **Descripti		Computation 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	
IMPOR	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca	st signals shall	
instead Space	be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channe G.	el line-ups in	9
receipt	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee s from subscribers located within the station's local service area, from your system's total gross receipts. To take a		Computation of
	on, you must: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to	o the came	Base Rate Fee and
station DSEs a	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for : Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	the number of	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 properties a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B be able system is wholly located outside all major television markets, complete block A only.		for Partially Distant Stations, and
	oldentify a Subscriber Group for Partially Distant Stations		for Partially Permitted
	: For each community served, determine the local service area of each wholly distant and each partially distant stat to that community.	ion you	Stations
outside	: For each wholly distant and each partially distant station you carried, determine which of your subscribers were lo the station's local service area. A subscriber located outside the local service area of a station is distant to that station, 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. ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note the only one subscriber group when the distant stations it carried have local service areas that coincide.		
Compo	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your sys	tem's subscriber	
In each	section:		
	fy the communities/areas represented by each subscriber group. the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to al	of the	
	bers in the group.	or the	
1) your	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in	n parts 2, 3, and	
2) any	s schedule; or, portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in b 6 of this schedule.	lock B,	
•	he DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
• Calcu	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general is paper SA3 form.	nstructions	
• Comp	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (the or that group's complement of stations and total gross receipts from the subscribers in that group). You do not nee	at is, the total	

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

actual calculations on the form.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 6553 SERVICE ELECTRIC CABLEVISION, INC. 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.

COMMUNITY/ AREA Sub Group 1 COMMUNITY/ AREA Sub Group CALL SIGN DSE CALL SIGN DSE WWOR 1.00 WPIX 1.00 WPIX 1.00 WVIA 0.25 WVIA-2 0.25 WVIA-3 0.25 WVIA-3 0.25 SWVIA-3 0.25 SWVIA-3 0.25 SWVIA-3 0.25 SWVIA-3 0.25 SWVIA-3 SUB Group SUB Gross Receipts First Group \$ 1,285,424.04 See Rate Fee First Group \$ 22,687.73 See Receipts Second Group \$ 3	2.75 55,332.18 1,267.52	Compu o Base Ra an Syndi Exclu Surch fo Parti
COMMUNITY/ AREA	2.75 55,332.18 1,267.52 UBSCRIBER GROUP	Syndie Exclusion Surch fo Parti
CALL SIGN DSE CALL SIGN DSE WWOR 1.00 WPIX 1.00 WPIX 1.00 WVIA 0.25 WVIA-2 0.25 WVIA-3 0.25 WVIA-3 0.25 Total DSEs Gross Receipts First Group \$ 1,285,424.04 Base Rate Fee First Group \$ 22,687.73 Base Rate Fee Second Group \$ 5 THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Sub Group 3 CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE WWOR 1.00 WPIX 1.00	2.75 55,332.18 1,267.52	Compu o Base Ra an Syndi Exclu Surch fo Parti
WWOR	2.75 55,332.18 1,267.52	Base Raman Syndia Exclusion for Particular Dist
### ### ##############################	55,332.18 1,267.52 UBSCRIBER GROUP	fo Parti Dist
WVIA 0.25 WVIA-2 0.25 WVIA-3 0.25	55,332.18 1,267.52 UBSCRIBER GROUP	Syndio Exclusion Surch fo Parti
WVIA-2 0.25 WVIA-3 0.25	55,332.18 1,267.52 UBSCRIBER GROUP	Exclusion Surch for Particular Dist
WVIA-2 0.25 WVIA-3 0.25	55,332.18 1,267.52 UBSCRIBER GROUP	Exclusion Surch for Parti
Total DSEs 2.00 STOTAL DSES Gross Receipts First Group THIRD SUBSCRIBER GROUP THIRD SUBSCRIBER GROUP THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Sub Group 3 CALL SIGN DSE CALL SIGN DSE WWOR 1.00 WPIX MROR WPIX	55,332.18 1,267.52 UBSCRIBER GROUP	Surch fo Parti Dist
Total DSEs 2.00 Total DSEs Gross Receipts First Group \$ 1,285,424.04 Base Rate Fee First Group \$ 22,687.73 Base Rate Fee Second Group \$ COMMUNITY/ AREA Sub Group 3 CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE WWOR 1.00 WPIX 1.00 WPIX 1.00 WPVI 0.25 WCAU 0.25 WPVI 0.25 WPVI 0.25 WPVI 0.25	55,332.18 1,267.52 UBSCRIBER GROUP	fo Parti Dist
Gross Receipts First Group Sase Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Sub Group 3 CALL SIGN DSE CALL SIGN DSE WWOR 1.00 WPIX MPIX 1.00 WPIX MPIX 1.00 WPIX MPIX MPI	55,332.18 1,267.52 UBSCRIBER GROUP	Dist
Gross Receipts First Group \$ 1,285,424.04 \$ asse Rate Fee First Group THIRD SUBSCRIBER GROUP THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Sub Group 3 CALL SIGN DSE CALL SIGN DSE WWOR 1.00 WPIX WPIX 1.00 WPIX WPIX MRITH WPIX M	55,332.18 1,267.52 UBSCRIBER GROUP	Stati
Gross Receipts First Group \$ 1,285,424.04 \$ 22,687.73 Base Rate Fee Second Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Sub Group 3 CALL SIGN DSE CALL SIGN DSE WWOR 1.00 WPIX WPIX 1.00 WPIX WPIX MRITH	55,332.18 1,267.52 UBSCRIBER GROUP	
Gross Receipts First Group \$ 1,285,424.04 \$ 22,687.73 Base Rate Fee Second Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Sub Group 3 CALL SIGN DSE CALL SIGN DSE WWOR 1.00 WPIX WPIX 1.00 WPIX WPIX MRITH	55,332.18 1,267.52 UBSCRIBER GROUP	-
Gross Receipts First Group \$ 1,285,424.04 Gross Receipts Second Group \$ 22,687.73 Base Rate Fee Second Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Sub Group 3 COMMUNITY/ AREA Sub Group 3 CALL SIGN DSE CALL SIGN DSE WWOR 1.00 WPIX WPIX 1.00 WPIX WPIX MRITH WPIX M	55,332.18 1,267.52 UBSCRIBER GROUP	
Gross Receipts First Group Sase Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Sub Group 3 CALL SIGN DSE CALL SIGN DSE WWOR 1.00 WPIX MPIX 1.00 WPIX MPIX 1.00 WPIX MPIX MPI	55,332.18 1,267.52 UBSCRIBER GROUP	
Gross Receipts First Group S S S S S S S S S S S S S	55,332.18 1,267.52 UBSCRIBER GROUP	
Gross Receipts First Group Sase Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Sub Group 3 CALL SIGN DSE CALL SIGN DSE WWOR 1.00 WPIX 1.00 WPIX 1.00 WPIX 1.00 WPVI 0.25 WCAU 0.25 WCAU Gross Receipts Second Group Sase Rate Fee Second Group FOURTH St COMMUNITY/ AREA Sub Group WWOR 1.00 WPIX MRITH 1.00 WPIX	55,332.18 1,267.52 UBSCRIBER GROUP	=
THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Sub Group 3 CALL SIGN DSE CALL SIGN DSE WWOR 1.00 WPIX 1.00 WPIX 1.00 WPVI 0.25 WCAU 0.25 WCAU Sub Group \$ 22,687.73 Base Rate Fee Second Group \$ COMMUNITY/ AREA Sub Group COMMUNITY/ AREA Sub Group WWOR 1.00 WPIX MITF WPIX	1,267.52 UBSCRIBER GROUP	-
THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Sub Group 3 CALL SIGN DSE CALL SIGN DSE WWOR 1.00 WPIX 1.00 DSE WPIX 1.00 WPIX 1.00 WPIX 1.00 WPIX 1.00 DSE DSE WPIX 1.00 WPIX 1.00 WPIX 1.00 WPIX 1.00 WPIX 1.00 DSE DSE DSE WPIX 1.00 WPIX 1.00 WPIX 1.00 DSE DSE DSE WPIX 1.00 WPIX 1.00 DSE DSE DSE DSE DSE DSE DSE D	JBSCRIBER GROUP	
WWOR 1.00 WWOR 1.00 WPIX 1.00 WPIX 1.00 WPVI 0.25 WITF 0.25 WCAU 0.25 WPVI 0.25		•
WPIX 1.00 WPIX 1.00 WPVI 0.25 WITF 0.25 WCAU 0.25 WPVI 0.25	CALL SIGN DSE	
WPVI 0.25 WITF 0.25 WCAU 0.25 WPVI 0.25		
WCAU 0.25 WPVI 0.25		"]
WCAU 0.25 WPVI 0.25		

		<u></u>
		_
Total DSEsTotal DSEs	2.75	-
Gross Receipts Third Group \$ 52,222.53 Gross Receipts Fourth Group \$	551,535.69	-
Base Rate Fee Third Group \$ 1,104.77 Base Rate Fee Fourth Group \$		
II	12,634.30	1
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7) \$ \$	12,634.30	<u>-</u>

LEGAL NAME OF OWN SERVICE ELECTI							SYSTEM ID# 6553	Name
	BLOCK A:	COMPUTATION	OF BASE R	ATE FEES FOR EA	CH SUBSCRIB	ER GROUP		
	FIFTH	SUBSCRIBER GRO	UP	SIXTH SUBSCRIBER GROUP				•
COMMUNITY/ AREA	Sub Gro	oup 5		COMMUNITY/ ARI	COMMUNITY/ AREA Sub Group 6			9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WWOR	1.00			WWOR	1.00			Base Rate Fee
WPIX	1.00			WPIX	1.00			and
WPVI	0.25			WPVI	0.25		······	Syndicated
WCAU	0.25			WCAU	0.25		···········	Exclusivity
11070	0.23			WOAG	0.23			
					·····		······	Surcharge
								for
								Partially
								Distant
								Stations
			···					
	····				······		···········	
				1				
Total DSEs		1	2.50	Total DSEs			2.50	
Gross Receipts First 0	2roup	\$	1,457.42	Gross Receipts Se	cond Group	\$	32,549.23	
Gross Necelpts First C	эгоир	Ψ	11,757.72	Gross Receipts Se	cond Group	4	32,343.23	
				·				
Base Rate Fee First (Group	\$	242.38	Base Rate Fee Se	cond Group	\$	688.58	
	SEVENTH	SUBSCRIBER GRO	UP		EIGHTH	SUBSCRIBER GRO	OUP	
00144444			701				301	
COMMUNITY/ AREA	Sub Gro	oup /		COMMUNITY/ ARI				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WWOR	1.00			WWOR	1.00			
WPIX	1.00			WPIX	1.00			
WPVI	0.25							
					·····		·······	
					·····			
					······			
			0.05				0.00	
Total DSEs			2.25	Total DSEs			2.00	
Gross Receipts Third	Group	s 1,13	31,055.88	Gross Receipts Fo	urth Group	\$	157,494.13	
	•			.]]	•			
Base Rate Fee Third	Group	\$ 2	21,945.31	Base Rate Fee Fo	urth Group	\$	2,779.77	
	-		,		•	<u> </u>	, -	
				1.1				
Been Bets Erry A 111	ha h aar	food for an in the	oribo	oo obour in the	a abau-			
Base Rate Fee: Add t			criber group	as snown in the boxes	s above.	e		
Enter here and in bloc	κο, iine 1, sj	bace L (page /)				a a		

LEGAL NAME OF OWNER SERVICE ELECTR						S	6553 6553	Name
-	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCRI	BER GROUP		
	NINTH	SUBSCRIBER GROU	Р		TENTH	SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA	Sub Gro	oup 9		COMMUNITY/ AREA	Sub Gro	up 10		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WWOR	1.00			WWOR	1.00			Base Rate Fee
WPIX	1.00			WPIX	1.00			and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
			<u> </u>					
	 		1					
			1					
			†					
Total DSEs	-		2.00	Total DSEs		<u> </u>	2.00	
Gross Receipts First Gr	-oun	. 1 250	,428.31	Gross Receipts Seco	and Croup	¢	68,397.49	
Gloss Receipts Filst Gi	oup	\$ 1,250	,420.31	Gloss Receipts Sect	ona Group	\$	00,397.49	
Base Rate Fee First Gr	oup	\$ 22	,070.06	Base Rate Fee Seco	ond Group	\$	1,207.22	
E	LEVENTH	SUBSCRIBER GROU	Р		TWELVTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u> </u>					
			<u> </u>					
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
		[*	5.50		r	L*		
Base Rate Fee: Add th	e base r ate	e fees for each subser	ber aroup a	as shown in the hoxes	above			
Enter here and in block			group c	C C.IOMI III IIIO DONGO C		\$		

LEGAL NAME OF OWNE SERVICE ELECTR						•	SYSTEM ID# 6553	Name
		: COMPUTATION C SUBSCRIBER GRO		TE FEES FOR EACH		BER GROUP SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	Sub Gr	oup 1		COMMUNITY/ AREA	Sub Gro	oup 2	9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 1,28	5,424.04	Gross Receipts Secon	d Group	\$	55,332.18	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	Sub Gr	oup 3		COMMUNITY/ AREA	Sub Gro	oup 4		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$ 5	2,222.53	Gross Receipts Fourth	Group	\$	\$ 551,535.69	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group a	s shown in the boxes ab	ove.	¢	0.00	

Nonpermitted 3.75 Stations

SERVICE ELECTRIC	CABLI	EVISION, INC.					6553	Name
BL	OCK A:	COMPUTATION OF	F BASE RA	TE FEES FOR EACH	SUBSCRIE	BER GROUP		
	FIFTH :	SUBSCRIBER GROU	IP		SIXTH	SUBSCRIBER GRO	UP	0
COMMUNITY/ AREA	Sub Gro	up 5		COMMUNITY/ AREA	Sub Gro	Group 6		9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DOE	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate F
			•				······	and
			·					Syndicated
			·					Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
			ļ					
			<u> </u>					
			<u> </u>					
			ļ					
Γotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Grou	un	s 11	,457.42	Gross Receipts Second	d Group	\$ 32,549.23		
oroco recoupto rinot Oroc	чР	<u> </u>	,	Cross Resemble Second	a Oloup	<u>*</u>		
Base Rate Fee First Grou	up	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
		\$ SUBSCRIBER GROU	1	Base Rate Fee Second		\$ SUBSCRIBER GRO	'	
SE		SUBSCRIBER GROU	1	Base Rate Fee Second COMMUNITY/ AREA		SUBSCRIBER GRO	'	
SE	EVENTH :	SUBSCRIBER GROU	1		EIGHTH	SUBSCRIBER GRO	'	
SE COMMUNITY/ AREA	Sub Gro	SUBSCRIBER GROU	JP	COMMUNITY/ AREA	EIGHTH Sub Gro	SUBSCRIBER GRO	UP	
SE COMMUNITY/ AREA	Sub Gro	SUBSCRIBER GROU	JP	COMMUNITY/ AREA	EIGHTH Sub Gro	SUBSCRIBER GRO	UP	
SE COMMUNITY/ AREA	Sub Gro	SUBSCRIBER GROU	JP	COMMUNITY/ AREA	EIGHTH Sub Gro	SUBSCRIBER GRO	UP	
SE COMMUNITY/ AREA	Sub Gro	SUBSCRIBER GROU	JP	COMMUNITY/ AREA	EIGHTH Sub Gro	SUBSCRIBER GRO	UP	
SE COMMUNITY/ AREA	Sub Gro	SUBSCRIBER GROU	JP	COMMUNITY/ AREA	EIGHTH Sub Gro	SUBSCRIBER GRO	UP	
SE COMMUNITY/ AREA	Sub Gro	SUBSCRIBER GROU	JP	COMMUNITY/ AREA	EIGHTH Sub Gro	SUBSCRIBER GRO	UP	
SE COMMUNITY/ AREA	Sub Gro	SUBSCRIBER GROU	JP	COMMUNITY/ AREA	EIGHTH Sub Gro	SUBSCRIBER GRO	UP	
SE COMMUNITY/ AREA	Sub Gro	SUBSCRIBER GROU	JP	COMMUNITY/ AREA	EIGHTH Sub Gro	SUBSCRIBER GRO	UP	
SE COMMUNITY/ AREA	Sub Gro	SUBSCRIBER GROU	JP	COMMUNITY/ AREA	EIGHTH Sub Gro	SUBSCRIBER GRO	UP	
SE COMMUNITY/ AREA	Sub Gro	SUBSCRIBER GROU	JP	COMMUNITY/ AREA	EIGHTH Sub Gro	SUBSCRIBER GRO	UP	
SE COMMUNITY/ AREA	Sub Gro	SUBSCRIBER GROU	JP	COMMUNITY/ AREA	EIGHTH Sub Gro	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	Sub Gro	SUBSCRIBER GROU	JP	COMMUNITY/ AREA	EIGHTH Sub Gro	SUBSCRIBER GRO	UP	
SE COMMUNITY/ AREA	Sub Gro	SUBSCRIBER GROU	JP	COMMUNITY/ AREA	EIGHTH Sub Gro	SUBSCRIBER GRO	UP	
SE COMMUNITY/ AREA	Sub Gro	SUBSCRIBER GROU	JP	COMMUNITY/ AREA	EIGHTH Sub Gro	SUBSCRIBER GRO	UP	
CALL SIGN	Sub Gro	SUBSCRIBER GROU	JP	COMMUNITY/ AREA	EIGHTH Sub Gro	SUBSCRIBER GRO	UP	
SE COMMUNITY/ AREA	DSE	CALL SIGN	DSE	COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GRO up 8 CALL SIGN	DSE	

Nonpermitted 3.75 Stations

	6553						IC CABL	
	UP	BER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU		
9 Computation	COMMUNITY/ AREA Sub Group 10						Sub Gro	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
Syndicated								
Exclusivity								
Surcharge for					······································			
Partially								
Distant Stations								
Stations					<u> </u>			
					<u>.</u>			
	Total DSEs				0.00			Total DSEs
	68,397.49	\$	d Group	Gross Receipts Secon	,428.31	\$ 1,250	oup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First G
	UP	SUBSCRIBER GROU	TWELVTH		JP	SUBSCRIBER GROU	LEVENTH	E
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	COMMUNITY/ AREA	DSE	CALL SIGN	DSE	CALL SIGN
		CALL SIGN	DSE					
		CALL SIGN	DSE					
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		CALL SIGN	DSE					
		CALL SIGN	DSE					
		CALL SIGN	DSE					
	DSE	CALL SIGN		CALL SIGN	DSE		DSE	CALL SIGN

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

Computation of **Base Rate Fee** and **Syndicated Exclusivity** Surcharge for Partially Distant Stations

SERVICE ELECTRIC CABLEVISION, INC. 6553 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: First 50 major television market Second 50 major television market 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 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 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. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY **SURCHARGE SURCHARGE** First Group Second Group THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown